Author's response to reviews

Title: Nutritional Rehabilitation in Anorexia Nervosa: Implications for Treatment

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Author's response to reviews:

June 25, 2013

Professor Secondo Fassino, Guest Editor
Professor Simon Harold, Executive Editor
BMC Psychiatry.

Dear Professors Fassino and Harold:

Please find attached our revised manuscript for the special issue of BMC Psychiatry, “Treatment resistance in eating disorders”. Our manuscript is entitled “Nutritional Rehabilitation in Anorexia Nervosa: Review of the Literature and Implications for Treatment”.

Please see below a point-by-point response to reviewers’ comments. You will find in yellow in the text what we amended. We modified also the legend of figure 3 since as you know we obtained permission to reuse it by the American Society for Nutrition (license number: 3154011169938).

Please let me know if you have any questions or need further information.

Sincerely,

Walter Kaye, MD
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Minor essential revisions

1. In the Introduction, there is one area that reads as an overstated generalization, and this is in regards to vegetarianism and anorexia nervosa. The statement that “patients with AN tend to consume mostly vegetarian diets...” and then later reference to “the AN patient’s preferred protein source foods (more often of a vegetable source)” seems to overestimate and overemphasize the prevalence of vegetarian preference and practice in patients with AN. We rephrased both sentences to tone down our statements as required.

While it is true that there is a much higher rate of self-described vegetarianism among those ill compared to recovered individuals (Bardone-Cone et. al., 2012), it is still only about ½ of patients. Additionally, it seems this preference reflects the illness driven selection of very low fat foods, rather than a true vegetarian perspective. It is indeed a consideration to be addressed in nutritional rehabilitation, but of those stating a vegetarian preference, clinically, often vegetarian protein sources are not preferred, particularly when it becomes clear that nutritionally adequate vegetarian protein sources need to include intake of higher fat vegetarian protein sources such as nuts, seeds, cheese to achieve adequate weight restoration. If it becomes clear that the vegetarian preference is an expression of the illness rather than a true preference, patients can often be transitioned to a more omnivore based diet. I recommend including the Bardone-Cone et. al. reference in the article as a more recent study.

We followed your suggestions to better specify that vegetarianism in anorexia nervosa is mainly motivated by losing weight and we added the paper you mentioned in the text.

2. In the Results, in the paragraph titled “AN eating behavior”, the statement “Consuming only low energy-dense vegetarian food may create a number of problems (28) such as a severe deficit in essential nutrient intake if the choice of fruits and vegetables are not combined in a way to maximize essential nutrient content” is not an adequately clear nutritionally based statement. I surmise the authors mean including multiple plant based sources of proteins in the diet in close proximity, each lacking in one or more essential amino acid but together presenting a full complement of amino acids so as to be adequate for protein synthesis in the body. This concept is not adequately communicated in the manuscript to convey to the reader that plant based protein sources are typically
inadequate protein sources and must be eaten in ways that maximize the essential amino acid content of each protein source.

We clarified this sentence to communicate more clearly this nutritional statement.

Discretionary revision.

1. The title could be improved by incorporating ‘review’ to more accurately indicate that the manuscript is not promoting new concepts or fields of study, but rather is reviewing knowledge in the field.

Done.

Reviewer: Madelyn Fernstrom

This is a much needed comprehensive and scholarly review. Importantly, includes recommendations for treatment and its implications. A thorough review of the macronutrient issue are well documented, and a relevant section on micronutrients is an area not often covered - and is much needed. The emphasis on behavioral responses to weight gain in AN is particularly relevant. The recommendations for refeeding at various times of recovery is fully supported by the large body of evidence. I have no major compulsory revisions. The manuscript can be approved in present form.

A minor issue, which I would suggest, but is not mandatory, is to provide a more expanded discussion of the variability in calories for refeeding in different studies (some of which are the authors' own). This might not be yet understood, which the authors allude to, in their discussion that nutrient intake is a key feature to focus on (in addition to calories).

We followed this suggestion discussing more widely that finding in our discussion.