Author's response to reviews

Title: Association of Self perception of weight with actual weight in adults presenting to primary care clinics in Pakistan: a cross sectional study

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Version: 2 Date: 26 October 2010

Author's response to reviews: see over
October 25, 2010

Executive Editor,
BMC series journals
BioMed Central

Subject: Response to Editorial comments on manuscript no: MS: 377339403542985

Dear Editor,

Thank you very much for sending the comments on our manuscript titled: “Association of Self perception of weight with actual weight in adults presenting to primary care clinics in Pakistan: a cross sectional study”

We are also thankful to the reviewer for reviewing the manuscript and providing useful feedback. We have revised the manuscript and incorporated all “Essential” and most of the “discretionary revision”, which have been “highlighted yellow” in the text. The point to point details of changes made are also attached in the continuation sheets.

The following requirements have also been fulfilled.

1. This study was performed in accordance with the Helsinki declaration which has been mentioned in the Methods section.

2. The manuscript has been copyedited by a native English colleague, Dr. Jenny Watson (Former lecturer, (part-time) Department of General Practice, Queen Mary, University of London).

3. The English copy of the questionnaire is attached with the manuscript as an additional file.

4. The revised manuscript conforms to the journal style.

I hope the manuscript will now fulfill the criteria for acceptance to your journal.

With thanks and best regards,

Dr. Seema Bhanji
Senior Instructor
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Referee 1:

**Major compulsory revisions**

**Comment #1:**
Written English is a major barrier - the paper was hard to read and the description of methods, ethics, and statistical analysis were particularly unclear. These sections should be re-written for clarity.

**Response # 1:**
As suggested the most of the introduction and the entire Methods section has been rewritten. The manuscript has been reviewed and copyedited by Dr. Jenny Watson [(MB BS DCH DRCOG MRCGP DTM&H), Lecturer, Department of Family Medicine, Aga Khan University Hospital, former General Practitioner, Hounslow, UK, and former Lecturer (part-time) Department of General Practice, Queen Mary, University of London].

**Comment # 2:**
The authors use a rather subjective way to determine misperception of weight, with response to a question — “Do you consider yourself as a) slim b) About right c) Overweight d) Obese. Given the existence of other research involving the topic of measuring or classifying misperception of weight, the authors should discuss the limitations of this question, which is likely to have been very subjective. The term "slim" in particular is a difficult word to define. Did the authors provide definitions to participants? Was any pilot-testing done on the questions included?

**Response # 2:**
I agree that assessing perception is rather subjective than objective. Therefore the question used to assess misperception for weight was formulated after a thorough literature search of the topic. It was then modified from NHANES III and IV (Johnson-Taylor et al) and studies performed by Howard NJ and Gutierrez-Fisac JL. The question was asked in Urdu and there is only one word in Urdu that describes both thin or slim therefore no definitions were needed for the participants. Pilot testing was done on patients at the clinic and there were no problems with this question. All this has been elaborated and incorporated in the Methods section.

**Comment # 3:**
3. Can the authors explain why they did not use previously published questions? The authors cite the work of Johnson-Taylor et al (2008), which used an interview to determine mis-perception in a much larger sample. Can the authors also explain why they chose to administer a questionnaire rather than conduct an interview given that participants also had their weight and height measured?
Response # 3.
As described in response # 2, the question was modified from Johnson-Taylor and other studies. Also a face to face interview was conducted for data gathering. This was initially not clear from the description in the Methods section, it has now been elaborated.
Referee 2:

Major Compulsory Revisions

Comment # 1.
TITLE
The title should be reconsidered: the content concentrates on the obese adult’s underestimation of their weight. Self-perception of weight has many more aspects, which are not discussed here, such as problems due to overestimation of weight (i.e., disordered eating/eating disorders).

Response # 1:
Title has been changes as suggested

Comment # 2a:
Abstract, Results
The statement “two-thirds of overweight/obese individuals were males” gives the wrong impression of the impact of gender in the prevalence of being overweight, because there are two times more males (317) than females (176) in the study. If the authors want to present percentages of the overweight/obese, it should be done within genders. Perhaps the authors meant to say that two-thirds of the males in the sample were overweight or obese?

Response # 2a:
Incorporated

Comment # 2b:
Abstract, conclusion
Do the authors refer to the overweight/obese people who haven’t received weight advice from health professionals when they conclude that “health professionals need to identify people of abnormal weight?” I don’t otherwise quite understand why this is mentioned in the conclusion, especially when the authors study weight perception of individuals. Moreover, it’s a bit old-fashioned to focus on tertiary prevention instead of preventing weight accumulation and maintaining a healthy weight.

Response # 2a:
Conclusion has been revised according to suggestions made.

3. METHODS

Comment # 3a:
Even though this has been mentioned as a limitation, it should be more clearly stated that the sample was diverse; it’s a nonprobability sample. There were more males than females, a greater number of younger participants than older, two-thirds were
highly educated, and 25% of the participants had co-morbid conditions. The proportions of overweight and obese participants were also relatively high both with respect to the population of Pakistan.

Response # 3a:
Incorporated in Methods section.

Comment # 3b:
I suggest again that the authors concentrate on obese people’s underestimation of their weight and not even try to make any generalizations on the grounds of this data. It’s important to take into account the characteristics when calculating adjusted odds ratios for factors associated with overweight/obese people’s weight misperception, but I wouldn’t waste space describing characteristics of the study population, which is not representative of the country.

Response # 3b:
Incorporated in the text

Comment # 3c:
If the authors choose to follow my suggestions, Table 1 should be reconstructed. For example, I don’t find it interesting to know the proportions of overweight/obese and normal-weight participants who don’t know their ideal weight within the group of people who answered so. It would be much more interesting to see what proportion of overweight/obese participants doesn’t know their ideal weight and/or haven’t received any weight advice from health professionals.

Response # 3c:
Table 1 has been reconstructed as suggested.

Comment # 4:
RESULTS, First paragraph
This is not a representative sample of the country, so why point out that half of those who were happy or didn’t think about their weight and two-thirds of them who knew their ideal weight, were overweight or obese? It just reflects the amount of obese participants in this data. It would also be much more informative to indicate that 61% of overweight/obese participants were happy with their weight instead of saying that half of the participants who were happy with their weight were overweight/obese.

Response # 4:
Changes made as suggested.

Comment # 5:
DISCUSSION, Ninth paragraph
Increased awareness of health risks associated with obesity doesn’t necessarily lead to healthier weight levels in high-risk groups. This issue should be discussed further.
Response # 5:  
Changes made as suggested.

Comment # 6:  
LIMITATIONS  
The results cannot be generalized to apply to the entire Pakistani population. See the reasons above.  
Response # 6:  
Agreed and incorporated.

Comment # 7:  
CONCLUSION  
I don’t agree that family physicians and primary care providers have a major role in preventing obesity by screening for obesity. They may have important role in dispensing advice about weight maintenance in the high-risk groups, as the authors say. Awareness of obesity may not lead to successful weight reduction.  
Revision # 7:  
Conclusion has been revised.

Minor Essential Revisions

1. ABSTRACT  
Comment # 1a:  
Introduction, line 2 onward  
I would remove the sentence concerning the motivation to lose weight – it’s not examined here and, in fact, to be motivated to lose weight is an entirely different matter than to be aware of being overweight. Succeeding in controlling weight is even more complicated.  
Response # 1a:  
Changes made as suggested

Comment # 1b:  
Abstract, Methods  
More precise determination of the questionnaire is needed: What sorts of data were collected using the questionnaire? Why do the writers want to mention that the questionnaire was pre-tested? Should it be pre-coded instead? The following phrases also need adjusting: BMI was used to categorize what? What kind of misperception? Here it is overweight and obese people’s underestimation of weight, isn’t it?  
Response # 1 b:  

Changes made in abstract.

Comment #1 c:
In general, I suggest more precision in the use of the terms misperception (of weight) and BMI (actual, measured) throughout the manuscript.

Response #1 c:
Done throughout the manuscript

Comment #2:
RESULTS, Second paragraph
Actual BMI should be the actual weight or weight categories based on BMI. Calculating Kappa should be mentioned in the Methods section.

Response #2:
Changes made in the text.

Comment #3:
DISCUSSION, Second paragraph
I would be very careful when comparing this study to the NHANES study, because of the assorted sample. And, in fact, under one-third is not a similar degree to about half.

Response #3:
Changes made.

Discretionary Revisions

INTRODUCTION
Comment 1a.
Introduction, first paragraph
There is a huge difference in prevalence of being overweight between WHO and Asian standards (males – 19% vs. 56%; females – 26% vs. 67%). Of course it’s due to the differing cut-off points, but some speculation and reasoning could be given, especially when the Asian cut-off points are used in this study.

Response #1a:
Changes incorporated as suggested

Comment 1b:
Introduction, third paragraph
The language of this paragraph should be checked (e.g., “This would help in identifying people at risk for weight perception” – Don’t we all have some kind of
Response # 1b:
Changes made.

2. DISCUSSION
Comment # 2a:
Discussion, Fourth and sixth paragraphs
The discussion - the handling way of the subject - is a bit limited. The authors don’t consider any positive effects of being happy with one’s weight, or negative effects of being unhappy with one’s weight. In addition, there is evidence that being overweight at an older age has some health benefits.

Comment 2b:
Discussion, Fifth paragraph
Are the results of males (84%) and females (52%) not perceiving themselves obese presented earlier in the text? New results are not usually presented as late as in the Discussion. And does it include all the participants or just overweight/obese by BMI? More specification is needed.

Response # 2b:
These results have been presented earlier in the Results section and are highlighted.

Comment on FIGURE 1
Authors should consider if Figure 1 (Self-perception of weight compared to actual weight) is necessary. If they choose to present it, the numbers of normal, overweight and obese participants as well as BMI cut off-points for what is considered overweight and obese should be added, especially when the Asian, not the WHO, definitions have been used.

Response to comment on Figure 1:
We would like to keep the figure as it gives an overview on general perception. The changes suggested have been incorporated.

Minor issues not for publication
Comment: Abstract, Results, lines 5-7: Confidence intervals are usually marked with an en-dash (3.4–12.1)

Response:
Changes made

Comment on Introduction: Rephrase the following sentences, “…As decreases
perception of…” and “…This makes it critical for obese…” and – this one in particular – “…Weight perception being a complex phenomenon and with ….,” and “…This would help in identifying people at risk for weight perception.”

Response:
Changes incorporated,

Comment: Actual weight is not “measured” but instead assessed/evaluated/categorized according to BMI.

Response: changes made in the text

Comment on Results, last paragraph: “…current weight” (not “weights;” a person has only one weight, not many)

Response: Changes made

Comment on: Authors’ contributions, last sentence: spelling mistake “abd” # “and” Reference 17: “socioecnomic” # “socioeconomic”

Response: Spelling checked and corrected