Author's response to reviews

Title: Prevalence of the metabolic syndrome among children from six cities of China

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Author’s response to reviews: see over
Dear Editor Silvestre and Dr. Laaksonen:

**Re: "Prevalence of the metabolic syndrome among children from six cities of China (MS: 3256618575860065)."**

Thank you so much for your email dated November 28, 2011. I would like to express our appreciations for the valuable comments from you and the reviewers.

We have revised our manuscript according to all the comments. The responses are below each comment and it is also highlighted using red font in the manuscript. We would like to resubmit this manuscript for consideration of publication.

If you have any questions, please feel free to contact me.

Thank you very much.

Best wishes,

Sincerely yours,

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Reviewer: Editor

1. Line 47-48. MetS abnormalities were also present in children under 10 years of age.
Response: We have revised the sentence to “Metabolic abnormalities were also present in children under 10 years of age.” (Page 2, Line 48)

2. Line 53. ?? nutritional transition.? The authors mean transition to a Western diet. Consider ?transition to a Western lifestyle?, because presumably decreases in energy expenditure and other factors also play a role.
Response: We have revised “nutritional transition” to “transition to a Western lifestyle” (Page 2, Line 53)

3. Line 75 ?an effective?
Response: We have added the word “an”, as “developing an effective intervention strategy and measurement” (Page 3, Line 75)

4. Line 90. less --> few
Response: We have changed the word “less” into “few”, as “As the number of students in group aged 12 and 13 was too few” (Page 4, Line 90)

Response: We have revised the sentence to” Obese children had significantly higher prevalence of MetS as compared to their counterparts with normal weight (p<0.01)” (Page 7, Line 181-183)
6. Line 191. A significantly higher?
Response:  
The sentence was changed to “A significantly higher prevalence of abdominal obesity and abnormal glucose level were found among boys than among girls” (Page 7, Line 192-193)

7. Line 199. three abnormalities?
Response:  
The word “abnormality” was changed into “abnormalities”. (Page 7, Line 201)

8. Line 215-216. ?varies depending on the criteria applied.
Response:  
The sentence was revised as “The prevalence varies depending on the criteria applied.” (Page 8, Line 217-218)

9. Line 236-237. ? which was quite near the prevalence of MetS in overweight?
Response:  
The sentence was revised as” which was quite near the prevalence of MetS in overweight and obese children reported in the French study [26] and Mexican study [28].” (Page 9, Line 238-239)

10. Line 214 -255. Split this paragraph into 2-3 paragraphs.
Response:  
We have split the paragraph into 2 paragraphs. (Page 9, Line 216-256)

11. Line 283-284. Many would argue that the MetS is not a diagnosis, especially in children. Change to: ?? cannot be applied to young children. Clustering of metabolic abnormalities in children may be important for the prevention of chronic diseases later in life: the earlier the better.
Response:
The sentence was revised as “The MetS can not be applied to young children. Identifying the Cluster of metabolic abnormalities in children may be important for the prevention of chronic diseases in later life, the earlier the better.” (Page 10, Line 284-286)

12. Line 291. ? when applying different criteria for the definition of the MetS.
Response:
The sentence was changed into “which were supported when applying different criterion for the definition of the MetS.” (Page 10, Line 292)

Reviewer: Mehmet Agirbasli

1- Puberty is an important factor in determining lipid levels among children and adolescents. Even though 11 years old girls were included in the study, no assessment for puberty were reported.
Response:
We had included the status of puberty in our multivariable-adjusted models. Now we have added the assessment of puberty in the Method part, Results part and the basic information in Table 1.
Method: “The information on the status of puberty was inquired by the trained interviewers.” (Page 4, Line 95-96)
Results: “Among children less than 10 years old, 0.5% of boys and 0.1% of girls showed the first nocturnal emission or menarche. The proportions were 1.7% for boys and 7.4% for girls aged 10-11 years, respectively.” (Page 6, Line 171 – Page 7, Line 173)
Table 1: The number of pubertal children was added. (Page 16, Line 435-436)

2- Certainly they should comment on the socioeconomical differences, puberty, methodological differences among the limitations.
Response:
We have included the puberty information in the Method and Results. We also
added the discussion about the socioeconomical differences and methodological differences as limitations "We presented the prevalence of MetS based on different criterion in order to be comparable with other studies. However, it should be cautious of the methodology differences between studies. Another limitation is that our study represents a group of Chinese children with a relatively high socioeconomic status and findings of this analysis might not be generalizable to other populations." (Page 10, Line 292-297)