Reviewers report

Title: Nutritional Status and Dietary Intake of Urban Residents in Gondar, Northwest Ethiopia

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Reviewer: Getahun Ersino E Lombamo

Reviewers report:

Major Compulsory Revisions:
Considering the fact nutrition is emerging science in Ethiopia, it is very encouraging that your work tried to address nutrition related issues of adult population in urban settings. However, I have observed the following issues as needing revision and or explanation:

1. A one-day 24-h dietary recall can be used only to estimate MEAN intake of groups. To calculate prevalence of risk of nutrient inadequacy, you would need dietary data on usual intakes of individuals using a valid dietary assessment method. That means, a repeated measure of 24-h dietary recall is required in your case. Since you have data only for a single 24-h recall, it is important that you would want to change prevalence estimates (e.g. "inadequate intakes of calcium, retinol, thiamin, riboflavin, niacin and ascorbic acid were seen in 90.4%, 100%, 73%, 92.4%, 86.2% and 95.5% of the participants.") to mean intakes of groups. Then you can compare mean intakes between groups (e.g. gender or age groups) using independent t-test. For further details on dietary assessment methods, please consider a standard textbook titled 'Principles of Nutritional Assessment: 2nd edition' by Rosalind S. Gibson (2005).

2. Recommended Dietary Allowance (RDA) is no longer used as reference to estimate prevalence of inadequacy as it overestimates proportions of the population with inadequate intakes of nutrients. Your data do not allow you to estimate prevalence of inadequacy for reasons I mentioned on # 1. So please remove all RDA data used in the text and tables. Instead, use the Estimated Average Requirement (EAR) to compare your group mean intakes. For more information you can access online the PDF version of "DRIs: The Essential Guide to Nutrient Requirements" at http://www.nap.edu/catalog/11537.html.

3. If you have to generalize your results for the population from which your samples were drawn, please include more information on how subjects were recruited for the study (which households? was everyone >18 years old in the household considered for the study? etc.). Briefly provide the steps in the method section in way your study could be repeated.

4. In addition to ensuring the representativeness of the samples, each days of the week should be represented while collecting the 24-h dietary recall data. This is important to estimate mean nutrient intake of groups while accounting for the
day to day variation. You may want to include more details on this in your method.

5. Generally portion size estimation & memory lapse are common problems while using 24-h recall method in developing countries. Usually a modified 24-h recall method is suggested [Gibson and Ferguson (1999). An interactive 24-h recall method; and also in the Gibson (2005) book mentioned above]. Please include more details on how you tackled these problems to ensure the validity of the method in your study setting.

Minor Essential Revisions:
- Include the cut-off you used for waist and hip circumferences in the method.
- Label all table headings properly (in way they can stand independently).
- Note that any dietary method assesses only 'risk' of inadequacy not nutritional status or deficiency. So please adjust your statements in the abstract, text and conclusion sections with this context.
- Malnutrition by definition should include both under-nutrition and over-nutrition. Correct such expressions in some statements (e.g. result section on the abstract ‘Malnourished, overweight and obese subjects composed 12.9%, 21.3% and 5.9% of the participants, respectively.’). Please correct find correct in other places in the text. ‘Undernourished’ can be used instead.
- Being overweight should include 25 kg/m2 (i.e. # 25 kg./ m2).
- The word ‘retinol’ appears twice in the list (under discussion, 2nd paragraph from the last).
- Some sentences are also difficult to understand grammatically (under discussion: 1st paragraph 2nd sentence; 2nd from the last paragraph, 3rd sentences). Check for similar issues in the rest of the document.
- Be consistent in use of local names for some alcohols and don’t forget to define what they mean (e.g. Tela, or Tella?)

Discretionary Revisions:
- Last paragraph in the introduction seems a bit exaggerated or ambitious. We don’t have national data on dietary intakes but we have national & regional data on nutritional status of mothers and young children; nutrition education programs are somehow in place (Hawassa University has started nutrition training in undergraduate and graduate degrees), there are also community nutrition education efforts across the country through NGOs and the Health Extension programs. However, you can say that there is lack of data on dietary intake & nutritional status in your study population in that part of the country you have conducted your study.
- It would be great if you could report associations of monthly income food consumptions (e.g. income vs. frequency of fruit/vegetable consumptions; and also associations between BMI and income categories, BMI with consumption of some food groups..etc.)
• In Table 2: Please include only relevant data in tables: adult weight and height are better reported as index (as in BMI) rather than mean or median. Specially, weight is not normally distributed so reporting mean doesn’t help since it is affected by extreme values.
• Avoid long sentences (E.g. 2nd sentence under the introduction section; makes it difficult to understand the meaning. Try to improve the way sentences are assembled (some sentences contain dangling modifiers-phrases or clauses).

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interest.