Author's response to reviews

Title: Weight Gain and Smoking: Perceptions and Experiences of Obese Quitline Participants

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Author's response to reviews: see over
To the editors of BMC Public Health

Dear Editors,

We thank you for this opportunity to revise and resubmit our manuscript. We would like to thank the reviewers for their comments, concerns and helpful suggestions. We addressed each of their comments in the ‘response to reviewers’ and in the revised manuscript. This revision also includes suggestions of the editors (e.g. follow RATS criteria for qualitative research and the formatting requirements for submitting to BMC). Thank you for your consideration and we look forward to hearing from you.

Response to Reviewers:

Version: 2 Date: 17 -24 September 2014

Reviewer 1

I think this study is well-done from my point of view. The study subject is of great concern for many quitters and need to be in focus. The findings can improve the treatment in smoking cessation for the target group. Some comments:

1-In abstract the conclusion can be more clearly spoken and improved.  
We improved the paragraph with this replacement paragraph:

Weight gain is a concern for obese smokers interested in quitting. Understanding the relative importance of body weight and other challenges related to smoking cessation can help tailor interventions for the specific group of smokers who are obese and interested in smoking cessation.

2-Can you be sure that the participants meet the inclusion criteria? Is it verified or validated by anyone or only by verbal agreement?  
Since all data collection and treatment occurred by phone and verbal agreement, we cannot confirm the validity of the data. However, research indicates that self-reported smoking and body weight provides an approximate indicator of measured data. Most research shows that people tend to underestimate their weight so it is unlikely that our participants’ BMI falls below our criteria of 30 or greater. We added the following as a potential limitation: BMI was based on self-reported height and weight collected prior to being told about the study. It is possible individuals misreported their weight. However, studies have shown that self-reported weight is an excellent approximation of actual weight across a population (Nyholm 2007; Stunkard 1981).

3-Can the gift card influence the risk to give false information about above?  
This is possible, but unlikely since the data to assess eligibility was collected before a person was invited to participate in the study. The study offer did not mention eligibility criteria or that the study was specifically interested in obesity.

4-Table 1 section 3 put in Gender in headline.  
We added gender to the table.

Reviewer 2

This paper presents the results of a qualitative research project which sought to explore smoking and weight related issues among obese callers to two smoking cessation quitlines. Overall this is a well written paper on an important topic, and I found the results interesting. I believe the manuscript could be improved. Please consider the following suggestions.
1-Avoid using “some, many, several.” Given the nature of the data, the findings would be clearer if the exact numbers are provided.

While we understand the desire for this quantitative data, we chose not to include counts of various constructs for the following reasons: 1) providing frequencies requires a different type of analysis and different focus; 2) we believe adding quantitative data would distract from the primary focus of capturing themes and 3) various themes and constructs are captured differently within and between individuals and across different constructs. However, we do agree that the terms *some, many and several* beg for quantifying data. Therefore, we have minimized the use of the terms where possible by using a range such as ‘at least five’; ‘over half’; ‘up to 10’.

2-Consider providing a brief summary at the beginning of the Discussion section of the key findings. Perhaps frame as “Although there was variability across our sample, in general the following themes were most commonly expressed by the participants”

Thank you for this good suggestion. We added the following:

In summary, although there was variability across our sample, the following themes were most commonly expressed by the obese smokers who called a quitline: dissatisfaction with one’s weight and size; a recognition of the relationship between cessation and weight gain, tolerance for weight gain, importance of past experiences with cessation and the challenges of managing stress and other chronic diseases.

3-Why 29 Obese Smokers? I suspect this can be best answered by providing more context in the recruitment section.

We agree and added the following rationale for the sample size to the methods section under recruitment.

Our target sample size was based on qualitative research designs, the diversity of the sample, and our experience which indicated that we needed 25-30 participants to ensure that we captured multiple perspectives on all the topics of interest. We stopped recruitment at 29 individuals because we had sufficient participation across all the key variables in our samples.

4-Line 62-65. Provide more detail regarding recruitment and how ended up with n=29.

See above

5-Drop the line stating that Alere is the largest provider of quitline services and how many states are served.

We dropped all references to Alere, the Quitline vendor.

6-Line 67-71. Clarify if the screener was standard for the quitlines or specific to this study.

We clarified that study participants were tobacco users who called the state quitline between November 2009 and March 2010 and completed the *standard* quitline assessment questions plus two study questions about height and weight.

7-Typing errors
   - Line 81. Typo, “on a scale or”, should read, “on a scale of”
   - Line 139. Typo 6participants
   - Line 182. Typo 4stents

Thank you, we corrected these errors;

8-Line 101. It would be interesting to see this data presented by BMI category

Although this might be informative, we felt that such dissection of the data would detract from the primary aim of capturing the thoughts and salient themes of the population (obese male and female smokers). While it is
possible to segment the data, we feel that doing this would not necessarily add to the literature. If the reviewer and editors feel this is necessary, we will need to re-run the qualitative analyses. Reporting resultant themes separately by BMI could also reduce clarity and focus by increasing the manuscript size.

9-Line 140. Consider changing to “These unclear responses may highlight the difficulties obese smokers perceive facing when…”
We added the word ‘may’

10-Line 180 (Many participants were conflicted about where to focus their energies; to work on quitting smoking, losing weight or addressing other more concerning issues such as dealing with chronic disease and/or managing stressful life situations.) I was surprised with this statement as previous participant comments suggested high motivation to either quit smoking or address both smoking and weight.
We agree and this statement portrays the variability in individual’s thoughts and struggles when confronted with two difficult health concerns (smoking and being obese). We added the following:

Such sentiments reflect the potentially unique challenges obese smokers may face as they attend to multiple smoking and/or obesity related health issues all requiring difficult and sometimes conflicting lifestyle change.

11-Line 246. Consider adding “To the best of our knowledge, this paper is the first…”
We added this

12-Line 248. Is “or” the correct word here? Sentence is confusing.
We clarify by breaking up the sentence as follows:

A surprising finding was the number of obese smokers who did not express concerns about weight gain. Instead, they appear to recognize the need to balance their potential for gaining weight with the health benefits of quitting smoking.

13-Line 252. Do the current findings suggest results from studies regarding intolerance of moderate weight gain may be less true for obese smokers?

This is a good question. While it is possible, our data is not sufficient to test the hypothesis. Studies that have assessed tolerance for weight gain (or concerns about cessation related weight gain) vary in sample population (ie. females only or those with weight concerns), the questions used to measure tolerance, whether BMI is calculated and whether the data is reported separately by BMI. If reviewers and editors prefer, we could address this in the discussion section.

14-Line 254-256. Unclear how this sentence fits here (While not specifically articulated by our participants, the literature on smoking cessation and weight gain suggests that intolerance for moderate weight gain might put individuals at risk for failure to quit smoking or to relapse after quitting.
We agree and have replaced this sentence with the following:

However, a substantial proportion of participants acknowledged that smoking cessation was often associated with increased appetite and changes in their eating habits and talked about their attempts to control their weight through diet and exercise. Importantly, some studies have shown that restrictive dieting while attempting to quit smoking can undermine the quit attempt [20,50,51].

15-Line 262-268. Most of these citations are for normal weight or specific populations (College women). Are these relevant obese smokers? Do the current findings suggest anything which may be unique about obese smokers compared to normal weight, both as related to body image and also in general?
Thank you for this observation. We clarified with the following addition to the manuscript.
Although these studies were primarily conducted with women or special populations, most of whom were not obese, the obese smokers who do endorse similar concerns about their current weight or shape and the potential to gain more may benefit from such strategies.

16-Line 281. Consider changing “a lot of tough issues” to something less colloquial. Thank you. We made the following change:

Individuals in our study were balancing numerous challenges.

-Line 289. The sample is characterized as having limited health insurance, but only 14/29 were uninsured. Consider modifying to something which indicates that nearly half were uninsured. We made this change. Thank you.