Author's response to reviews

**Title:** Overweight and obese adults have low intentions of seeking weight-related care: a cross-sectional survey.

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Author's response to reviews: see over
**Point by point response, reviewer 1 comments:**

**Comment:** The aim of this study was to evaluate the relationship between intention to use weight-related care, readiness to lose weight and influencing factors, in a sample of Dutch subjects with elevated levels of weight-related health risk. The results are not especially novel but are clinically useful, indicating that only 55.1% of participants are ready to lose weight and that only 11% out of 55.1%, intended to use weight-related care from a care provider. The sample is not large but sufficient. Methods and statistical analyses are appropriate and well described. Limitations are appropriately identified and discussed. I have only a few queries and suggestions.

**Response:** Thank you for your reviewing our manuscript and for your positive comments.

**Comment:** Why the authors used a confirmatory factor analysis? The exploratory factor analysis is more appropriate when uses a new instrument.

**Response:** The questionnaire measured several predisposing factors of interest. We expected that nine items would belong together and measure the overall influence of the expectations regarding dietitians. The other items of the questionnaire were considered not to be a set, as they all measured a specific-topic each and could be seen as a single factor. Therefore, we did not use exploratory factor analysis, but used confirmatory factor analysis to assess whether the selection process of one scale succeeded.

**Comment:** It is obvious, but interesting that psychologist are indicated as the last category of care providers to give dietary advice. I think that authors should discuss this results in light of guidelines indicating an important role of the psychological support to improve weight loss expectations, motivation to lose weight and the weight loss.

**Response:** We have addressed this comment in the fifth paragraph of the discussion (line 322 – 326). The following sentences have been added: “Furthermore, respondents believed that psychologists were the least suitable to give dietary advice. However, for some people guidelines recommend psychological interventions to support behaviour change in weight management [4]. It may be possible that the potential role of the psychologist in weight management was quite unknown amongst the population.”

**Comments:**
- Level of interest: An article whose findings are important to those with closely related research interests.
- 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 interests

**Response:** Thank you for critically reviewing the manuscript. Prior to submission, the manuscript was checked by two native speakers. Furthermore, the second reviewer from the USA pointed out that the writing is clear and well organized an criticize the quality of written English as acceptable. As your comments on the quality of written English are not in line with the second reviewer, we asked the editors to make a decision regarding the quality of written English.

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**Point by point response, reviewer 2 comments:**

**Comment:**

**Response:**
Comment: The research question seems important and timely. Obesity is a worldwide epidemic and understanding how individuals view their level of need for weight reduction is important to develop strategies for motivating patients.
Response: Thank you for this positive comment.

Comment: The data seems sound. I was not sure how the authors picked their 1500 to survey from the 6,000 (line 113) although I assume it was like every fourth member etc. Maybe they could state why.
Response: The sample was drawn by stratification. From every age category a previously specified number of members were selected at random, with priority given to panel members who have not filled out a questionnaire in the last year. The following sentence (line 113-115) was changed in order to clarify this comment. Old sentence: “Specific selection criteria were applied in order to obtain ...” New sentence: “Stratified random sampling was used in order to obtain a sample of panel members that was representative by age and gender of the Dutch population aged 18 years and older.”

Comment: Also, they used an online survey and I also wondered why. Was it less expensive? Are the members of the consumer panel already surveyed online so they were both familiar with and had computer accessibility? The fact that it was online might perhaps create some bias, e.g. poorer individuals less likely to have computer access?
Response: We chose to collect data by means of an online survey as this was indeed less expensive than collecting data through paper questionnaires. We do not believe this have biased the response since the panel members were familiar with online surveys and the sample included respondents with a lower SES and elderly. In addition, results from another mixed method survey (online and paper questionnaires) showed that 99% of the panel members had access to a computer. We clarified this issue by expanding the following sentence of the discussion section (line 348-350): “A strength of this study was the representative sample of Dutch adults, who regularly receive online health care surveys. Since the panel members were familiar with online surveys, we do not expect this would have biased the response.”

Comment: I think the conclusions are for the most part valid and useful. A couple of minor concerns. First, I was confused by the statement on line 373; consequently care providers may offer evidence-based effective lifestyle advice with realistic levels of effort and outcomes. Not sure this is a natural consequence and also exactly what to do based on the findings and exactly what the authors mean by this statement. I think this could be left out of the conclusion both in the discussion and the abstract.
Response: The meaning of this sentence was discussed in the third paragraph of the discussion section (line 295-300). We agree that this is not a natural consequence, therefore we have clarified the sentence in the discussion and deleted this sentence both from the conclusion and the abstract. Old sentence (line 295-300): “Consequently, care providers can offer evidence-based effective lifestyle advice with realistic levels of effort and outcomes (5-10% weight loss is associated with meaningful improvements in health related risk factors [22,23]).” New sentence: “Care providers may in turn offer …”

Comment: Also there was a difference in men and women and perhaps they might add that strategies might be gender dependent.
Response: Thank you for your suggestion. The last paragraph of the conclusion is now extended with the sentence that is underlined (line 381): “Moreover, many people are not
ready to lose weight and they hold unrealistic perceptions of their weight. For this group, strategies may depend on gender and income. Obesity prevention initiatives should focus on increasing their awareness of the seriousness of their condition and offer individually appropriate weight management programmes.” This sentence was also added to the conclusion of the abstract (line 45).

Comment: Methods seem fine. (See 3). Minor concerns – It does appear like there are significant differences between those more severely obese e.g. >30 than those 25-30. There are more health related issues in those who are more severely obese then those who are in the overweight category. It might have been revealing to look at how the level of WRHR affected table 1.
Response: The level of WRHR was included as a determinant in table 1 to study the association between WRHR on readiness to lose weight and intention to use weight related care.

Comment: Statistics seem okay to me but I am not a statistician and would suggest that the analyses used be reviewed by someone with more expertise than I have.
Response: Thank you for your suggestion. We have asked a statistician of the institution to review the statistics used in the manuscript. He did not find any abnormalities.

Comment: Strengths are accessing the Dutch panel which seems to be a good representation of the larger sample. Weakness as noted is how generalizable this is to other populations or countries with much different cultures or levels of obesity. Do wonder at the stratification of <25 or >25 BMI. Since I think that the danger of obesity and how it might be viewed differs greatly as the BMI increases.
Response: It is true that the danger of obesity increases as BMI increases, especially in the presence of co-morbidities or other risk factors such as inactivity. Since the guideline do not recommend obesity prevention or lifestyle intervention for respondents with a BMI < 25, we did not show these results. Obesity prevention is indicated for adults with at least a mildly elevated level of weight related health risk (BMI>25). Therefore we examined the data for those respondents.

Comment: Writing and organization seems good.
Response: Thank you.

Comment: There seem to be no ethical or competing interests.
Response: Indeed there are no ethical or competing interests.

Some other general comments: I think this is a nice study that adds to the literature about an important health topic. The writing is clear and well organized.
Response: Thank you.

Comment: In the discussion section I think that the manuscript might be strengthened by including some analysis of how the findings the authors report are similar or different than other studies about self-perception and readiness to change among those overweight. For example, I did a very quick search found an article in Obesity 2012 by Sahasporin and White about self-perception. They also found gender and ethnicity differences in perception of weight. I think looking at some of their findings and incorporating into the discussion might be beneficial.
Response: Thank you for this suggestion. Self-perception was used as a determinant in this study. Results showed that accurately perceiving oneself as being overweight was significantly associated with readiness to lose weight. This result was now related to other studies in the discussion [line 339]: “Accurately perceiving oneself as being overweight or obese is considered to be an important aspect of weight change, which was in line with others [28].” Furthermore, we searched for other studies that examined readiness to change. The association between income and readiness for weight loss was now compared with another study. The following sentence was therefore added (line 334-335): “A survey of the U.S. population also reported that sociodemographics were associated with trying to lose weight [10].”

Comment: I also wonder why there were differences based SES. Based on what we know it is not surprising but, is it a health literacy issue, is it because higher proportions of individual from lower SES has higher BMIs making it more acceptable to be overweight. Would like to see the authors comment on that and also look at the barriers to see if there were different barriers for this group and for women. Might be helpful in deciding how to approach these groups.

Response: The issue on SES could be a health literacy issue and was further discussed by adding the following sentences (line 335-338): “One of the underlying explanations for differences in socio economic status on readiness to change may be related to beliefs and lack of knowledge about health risks, e.g. people with a low socioeconomic status might not see the health risk of being overweight [27].” Furthermore, the barriers to weight change were only examined by level of WRHR (figure 4). It would have been interesting to examine these barriers for SES and gender, however this was not the focus of our study. More information in how to approach these groups was included in the discussion as we did examine the association between determinants and the group of persons who experience barriers, i.e. those who were not ready to change weight (line 301-305): “Even though there was a large group that was willing to lose weight, there remained a sizable group of overweight and obese people who need encouragement to start losing weight. This group consisted mainly of individuals who were about 60 years of age, male, with a low level of education, a net monthly household income between €1450 < €2100, an inaccurate perception of their own weight, and a moderately elevated level of WHRH. “

Comments :
- Level of interest: An article of importance in its field
- Quality of written English: Acceptable
- Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.
- Declaration of competing interests: None

Response: Thank you for reviewing our manuscript.