Author's response to reviews

Title: A public health threat in Hungary; Obesity, 2013

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Version: 3 Date: 24 June 2014

Author's response to reviews: see over
Dear Prof. Duleva,

thanks for your comments and suggestions. See our answers and arguments below:

**Reviewer's report:**

*The topic of the paper is important for mapping trends of obesity in adult populations of Hungary.*

I have the following remarks:

**Introduction** - to outline the major health risks associated with obesity. The results and data from previous studies included in the introduction to be use in the discussion.

In the INTRODUCTION we described the previous Hungarian surveys (methods and main findings) because we focused only to Hungary.

In the DISCUSSION we made some (not wide-range) comparison to the neighboring countries.

There are enormous amount of publication about obesity, we did not want to repeat them instead of providing new data. We wanted to spare with spaces and with the time of readers as well, therefore only limited number of studies were included and for the same reason, we did not emphasize the importance of obesity, supposing that all of the readers are informed in this topic, which is mainly medical and not a public health issue.

*To be define more clearly the aim of the study.*

The AIM of the study was clearly described, CONCLUSIONS were summarized and English style was revised.

*It is not clear whether the study is representative, the author's state that they examined patients of primary care; patients with cardiovascular problems are presented in a larger percentage, which distorts the sample.*

The main goal of our study was to provide real and up to date facts about the recent prevalence of obesity in Hungary.

There are only limited numbers of countries where nationwide measurements are continuously performed. The sources of WHO database are not comparable; some (larger) countries provide (almost) representative data, while others present only local surveys.

Nationwide evaluations require financial resources, provided by governments or scientific/funding bodies. But they are too few. In most countries, without support, only local and not representative evaluations and measurements were performed.

The situation in Hungary is the same. We also did not get support for a population survey; therefore the invitation of enthusiastic GPs seemed the proper solution.

Our survey has much strength;

- inclusion of younger generation (it was facilitated), beside other visitors of GP surgeries,
- measurements of waist-circumference (previously there were no data from Hungary),
- smaller age groups (10y) were formed,
- high population-coverage (0.53%). [same coverage means in the UK cca. 300,000, in the USA 1.5 Million persons],
- geographical representation was almost complete,
- representativeness regarding educational level was very close to the national data (0-6%, depending from the grades),
- incidence of the registered morbidities was almost the same in different age categories (differences were: 3-6%).

Beside GP surgeries, other public opportunities for inclusion were also facilitated to reach younger persons.

We know that our method might be criticized although recently only these data are available from Hungary and are ready for comparison to other countries, where and when available. All of the limitations were correctly mentioned and properly discussed.

**Level of interest:** An article of importance in its field

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

English style was revised.

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**
'I declare that I have no competing interests'
Reviewer's report
Title:A public health threat in Hungary; Obesity, 2013
Version:1 Date:28 May 2014
Reviewer:Igor Svab

Dear Prof. Svab,

thanks for your comments and suggestions. See our answers and arguments below:

Reviewer's report:
Major:
The study is based on a sample of primary care attendees which is a population that is different from general population. It is therefore very questionable whether the comparisons with previous surveys can be made.

The main goal of our study was to provide real and up to date facts about the recent prevalence of obesity in Hungary. In the INTRODUCTION we described the previous Hungarian surveys (methods and main findings) because we focused only to Hungary.

There are only limited numbers of countries where nationwide measurements are continuously performed. The sources of WHO database are not comparable; some (larger) countries provide (almost) representative data, while others present only local surveys. Nationwide evaluations require financial resources, provided by governments or scientific/funding bodies. But they are too few. In most countries, without support, only local and not representative evaluations and measurements were performed.
The situation in Hungary is the same. We also did not get support for a population survey; therefore the invitation of enthusiastic GPs seemed the proper solution.
Our survey has much strength:
- inclusion of younger generation (it was facilitated), beside other visitors of GP surgeries,
- measurements of waist-circumference (previously there were no wc data from Hungary),
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Beside GP surgeries, other public opportunities for inclusion were also facilitated to reach younger persons.
We know that our method might be criticized although recently only these data are available from Hungary and are ready for comparison to other countries, where and when available.
All of the limitations were correctly mentioned and properly discussed.
I fail to see any important conclusions and policy recommendations as a result of the study. The CONCLUSIONS were summarized including policy recommendations as well.

Minor:
*English language should be corrected.*

English style was revised.

**Level of interest:** An article of limited interest

In Hungary and in almost all European and developing countries obesity become a serious public health issue. For proper management and also for making more understandable for policy makers, fresh national data are required.

**Quality of written English:** Needs some language corrections before being published
English style was revised.

**Statistical review:** No, the manuscript does not need to be seen by a statistician.
**Declaration of competing interests:**
No competing interest