Author’s response to reviews

Title: Association of weight misperception with weight loss in a diabetes prevention program

Authors:

Andrea L Hernan (andrea.hernan@greaterhealth.org)
Vincent L Versace (vincent.versace@flinders.edu.au)
Tiina Laatikainen (Tiina.Laatikainen@pkssk.fi)
Erkki Vartiainen (erkki.vartiainen@thl.fi)
Edward D Janus (edwarddj@unimelb.edu.au)
James A Dunbar (director@greaterhealth.org)

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Author’s response to reviews: see over
Dear Rita Aguirre,

Thank you for forwarding on Reviewer 2’s comments for the manuscript entitled “Association of weight misperception with weight loss in a diabetes prevention program” (Manuscript number: 2098848284953081).

We thank this reviewer for their valuable comments and suggestions for this manuscript.

Please find below our response to the reviewer’s comments. We have provided a point by point response to each of the reviewers concerns and have made changes where necessary to the manuscript using track changes.

Reviewer 1

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<td>First sentence of the discussion section: Please replace the word &quot;contributing&quot; with &quot;associated&quot; or similar. Your work cannot prove causality. It’s an important concept that must be highlighted.</td>
<td>The first sentence of the discussion has been amended as per the reviewer’s suggestion.</td>
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<td>Last paragraph of discussion section: I believe that you cannot state that &quot;(...) the advantages of using (...) outweigh the drawback of non-random approaches and provides for robust findings that are generalizable&quot;. You can still support this statement, but with data. That is why I asked you to comment on the characteristics of the reference population (your universe) and the similarities or difference with your sample (included patients). I know this is very difficult. I am not asking you to do this if you do not have such information. But if you cannot make any comparison, please do not state that you have robust findings that are generalizable. Acknowledging that your results should not be generalized (at least straightforwardly) will actually improve the quality of your paper.</td>
<td>We have amended the text to state that our results can only be generalised to intervention studies and not the wider population.</td>
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In addition, you must include in other weaknesses of the study design (post-hoc retrospective analysis of a prospective cohort). Also that there are possibly many other confounders not assessed (that could change the associations found).

The nature of the post-hoc retrospective analysis has been mentioned as a limitation of the study. Other potential confounders that could not be addressed during the analysis have also been mentioned as a limitation in the discussion section.

In the same line, it is preferable that in the conclusions you use the word "suggest" instead of "confirm".

The word “suggest” has replaced the word “confirm” in the first sentence of the conclusion.

Please make sure that the abstract reflects these observations.

There are no references to generalizability at a population level in the abstract. We have also used the word “associated” instead of “contributing” in the results section of the abstract.

Since you report few data, I think that showing results of adjustment by age and years of education (together with weight misperception in a multivariate analysis) would be interesting.

Both age and education were non-significant variables as previously stated. We have now included the numerical data and p-values in the text. The new text reads as follows and appears as the final paragraph of the results section:

| Age and years of formal education were non-significant explanatory variables of weight loss at three months (age: B=0.038, p=0.162; formal education: B=0.007, p=0.922) and 12 months (age, B=0.034, p=0.146; formal education: B=0.006, p=0.922) when included in multiple regression models with weight misperception. Weight misperception was significantly associated with weight loss at three months (B=0.190, p<0.001 in the model including age and B=0.205, p<0.001 in the model including formal education) and 12 months (B=0.158, p<0.001 in the model including age and B=0.173, p<0.001 in the model including formal education). |

We trust that our responses adequately address the issues raised by Reviewer 2 and that this manuscript is now acceptable for publication in BMC Public Health.

With Kind Regards,

Andrea Hernan
(Corresponding author)
Greater Green Triangle
University Department of Rural Health
Deakin University and Flinders University
PO Box 423
Warrnambool
VIC Australia 3280
Phone: +61 3 5563 3505
Fax: +61 3 5563 3144
Email: andrea.hernan@greaterhealth.org