Reviewer’s report

Title: Acceptability and impact on anthropometry of commercial available versus locally developed Ready-to-Use Therapeutic Food in pre-school children in Vietnam.

Version: 1 Date: 25 February 2013

Reviewer: Daniel Schwekendiek

Reviewer’s report:

Major concerns:
- As the title indicates, the authors focus on both the “acceptability and impact on anthropometry” of RUTF. In order to assess the “impact”, the authors merely use anthropometric measurements before and after the experiment. The main observation that anthropometric measurements have significantly improved invite various interpretations and explanations – some of which might have been outside the control of the researchers (spurious correlation such as history effects not to mention experimenter expectancy effects). I would have at least expected to see an anthropometric comparison with a non-exposed control group - or even better, of a placebo-controlled group, to rule out spurious correlation issues and experimenter biases. The results of the study are promising though.

- Minor comments.

INTRODUCTION:
- "Severe acute malnutrition (SAM)" is not defined, i.e. based on WHZ? BMI? MUAC? Which cut-Offs?
- “main underlying causes of malnutrition”: change into “main underlying causes of CHILD malnutrition”
- “mixture of milk powder” & “many studies, most in Africa, have demonstrated”: it makes me wonder if lactose intolerance, highly prevalent in Asia (including the two surveyed nations Cambodia and Vietnam), matters.
- “Acute malnutrition among children … is 17%”: The paper starts with “severe acute malnutrition” but now you refer to acute malnutrition. Please be more consistent.
- “About 7.1% of the children under 5 years of age are wasted in Vietnam, i.e. with a W/H <-2 Z-score.”: What is the reference population? There are two reference groups (NCHS/WHO and WHO standard).

ACCEPTABILITY TRIAL
- “Children were recruited from 2 kindergartens”: Please give some background information of the two sites.

ANTHROPOMETRY AND MORBIDITY DATA
- More information about the anthropometric measurement procedures need to be provided: MUAC was measured where (left arm vs. right arm, mid-point of upper arm vs. mid-point of biceps)? How was height measured (standing, lying down)?

RESULTS
- “22.7% (n=15) were classified as Moderate Acute Malnutrition (MAM)”: This is inconsistent to the introduction where you discuss SAM and severe SAM.

DISCUSSION
- “The study was indeed conducted in July, the warmest month of the year”: I wonder if the previous study in Cambodia was also conducted during the monsoon season.
- “This increase in HAZ-score most likely represents catch-up growth in these chronically undernourished children. There has been some debate on whether catch-up growth is possible after 2 years of life”: Please delete this whole paragraph. The debate on catch-up growth is related to stature in adulthood, i.e. whether or not children can reach their TERMINAL genotype-stature later. The authors’ study just covers 4 weeks, and height recovery of preschool children in the short or mid-run is well known.

Quality of written English: Acceptable

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