Reviewer's report

Title: Obesity in Prematurely Born Children and Adolescents: Follow up in Pediatric Clinic

Version: 1 Date: 17 September 2013

Reviewer: Whitney Warminski

Reviewer's report:

MAJOR COMPULSORY REVISIONS

1. Abstract – Findings, sentence 1: Childhood overweight and obesity seem to be used interchangeably throughout the article, but have different clinical definitions. Obesity is defined appropriately in Methods, but overweight is never defined. Consider clarifying or standardizing the terminology used. “Obesity” is defined as outcome in title of article, but overweight is not. Clarification needed on use of overweight and obesity in numerous locations throughout article.

2. Methods – paragraph 1, sentence 6: more information needed on the data obtained. Type of feeding during infancy or during childhood? Was information obtained from the record of one clinic visit or was the data from the entire chart? Was a single blood pressure record used in analysis or were multiple? Was BMI from one visit used or average of multiple visits and was it after age 2? Was weight/length data used for BMI in age <2 years?

3. Results – paragraph 1, sentence 2: As gestational age was determined to be a significant predictor of later obesity, provide more specific data and separate it from BW data. Was analysis done to determine the gestational age associated with highest risk of obesity? Also, was analysis done to determine the BW classification associated with highest risk of obesity? This is practical information that could be beneficial to healthcare providers. Also include this specific information in the Conclusion, as appropriate.

4. Discussion – paragraph 2, sentence 1; paragraph 4, sentence 4, 5 and 6: in-text citations seem incorrect. These sentences appear to be direct quotations from the literature references and should be cited appropriately.

MINOR ESSENTIAL REVISIONS

5. Abstract – Conclusion, sentence 3: “overweight infants and toddlers” – overweight = BMI 85-95th %ile and BMI is not measured until age 2. Confusion on use of terminology; consider revising.


7. Background – paragraph 3, sentence 3: Consider changing “dietary specialists” to “Registered Dietitian” for credibility of services provided.
8. Methods – paragraph 1, sentence 8: It may be useful to add which growth charts were used (CDC 2000, WHO, etc.). Note: CDC 2000 supposed to be used for ages 2-20. Also consider defining overweight, as previously mentioned in comment #1.

9. Methods – paragraph 3, sentence 2: Clarification needed on weight gains during what age period were used for correlation.

10. Results – paragraph 1, sentence 1: “preterm and/or LBW cases” – per Methods section, only gestational age was used to abstract subject charts. Clarify or eliminate “and/or LBW” from sentence.

11. Results – paragraph 2, Table 1: Table title – again, lack of continuity regarding use of “overweight.” Overweight is defined as BMI 85-95th %ile, not BMI >25. Clarification needed.

12. Discussion – paragraph 1, sentence 3: Consider stating “more research needed to determine optimum nutrition needs” rather than “lack of general consensus” as most texts/references are able to provide general feeding guidelines for this population.

13. Discussion – paragraph 2, sentence 1: reference #1 does not seem to be directly related to this sentence.

14. Conclusion – sentence 3: use of “overweight/obese infants/toddlers”; obesity/overweight defined by % of BMI, which is not measured until age 2. Provide clarification and consider changing language used.

Minor Issues Not for Publication

15. Background – paragraph 2, sentence 3: move citation to end of sentence

16. Background – paragraph 2, sentence 3: change “life-long” to lifelong and “wellbeing” to well-being.

17. Methods – paragraph 1, sentence 6: Confusion related to language use of “child’s postnatal” and “childhood data” – consider revision.

18. Methods – paragraph 1, sentence 7: write out Body Mass Index, then abbreviate BMI in parenthesis.

19. Results – paragraph 2: sentence 1 and 2 seem to be redundant. Consider revision.

20. Results – paragraph 2, Table 1: stylistic differences regarding use of italic font vs. regular in category headings

21. Results – paragraph 2, Table 1: Is the word “weight” missing after “low birth”? 

22. Abbreviations – BMI = Body Mass Index, not basic metabolic index

23. Abbreviations - OR = Odds Ratio, not odd ratio
24. Abbreviations – stylistic issues between capitalization, non-capitalization of terms.

DISCRETIONARY REVISIONS


26. Abstract – Conclusion, sentence 1: consider defining “excessive weight”

27. Background – paragraph 2, sentence 1: How are the growth patterns different? Lack of connection between this sentence and rest of paragraph.

28. Methods – paragraph 2, sentence 1: consider changing order to that of increasing BW – ELBW, VLBW, LBW.

29. Methods – paragraph 2, sentence 3: Consider moving sentence to a different place in manuscript for better readability.


31. Discussion – paragraph 1, sentence 1: Consider rephrasing sentence for better readability.

32. Discussion – paragraph 2, sentence 3: Consider rewording the sentence for better readability.

33. Discussion – paragraph 2, sentence 4: Concern when stating HTN and obesity should be “the” focus of PCP’s. Consider changing language used.

34. Discussion – paragraph 6, sentence 2: Consider eliminating or changing the word “safe.”

35. Conclusion – sentence 4: Consider rewording to a more definitive statement on what the intervention in clinic should be.

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.