Author's response to reviews

Title: Prevention of non-communicable disease in a population in nutrition transition: Tehran Lipid and Glucose Study Phase II (Study Protocols & Design)

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Version: 3 Date: 14 August 2008

Author's response to reviews: see over
The Trials Editorial Team,

Herewith our revised manuscript and Response to Reviewer's Report. We hope that the manuscript is now suitable for publication in the Trials.

Best Regards,

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Response to Reviewer's Report

Overall Design:

Agreed. Demographic characteristics of both intervention and control groups are included in table 3 and overall characteristics are added in page 10, last para and page 11, first para.

A map of areas of intervention and control groups is presented in Figure 1. It is also recorded that there was only less than 8% interference of students attended in schools in intervention and control areas. Page 12 para 3.

All members of each family, including those not having risk factors, were invited for baseline measurements and will be followed every 3 years.

In most of analysis we will consider each individual separately, however, for interfamilial relations we will consider intraclass correlations in analysis. This was added in page 4, first para of study population.

The staff members who deliver the interventions are different from those who collect the data. This is added in page 12, the last para.

Statistical considerations:

Agreed. Although the original calculation for sample size in this study was based on reducing hypercholesterolemia, however, in all subjects including those less healthy or normals, changes in other risk factors of NCD, and outcomes delineated in this study will also be followed and considered in statistical analysis.

Interventions:

Agreed and more details are added to the text. The details of school intervention has been given in page 13 para 2 and 4, focusing on food guide pyramid; nutrition concepts has also been included in page 13, para 1. Nutrition interventions in all participants are described in page 14 under public sites, clinics and in page under families. Nutrition concepts such as preparing low-fat foods and diaries, high fiber diets, less frying, eating more fruits and vegetables, avoidance of fast foods and unhealthy snacks, in conjunction with adequate physical activity are transformed in all education activities, page 11, para 3.

DASH and ADA nutrition principles and recommendations for diabetes, have been adopted for Tehranian in previous study (reference no. 44) and from declarations of appropriate societies in Iran. This was added in page 12, para 1.

The KAP study includes questions related to factors of weight change, fat sources, fibers, snacks, food varieties including diaries, grains, fruits, vegetables, nuts, meat, sweets, fats, etc. this was added in page 11 para 2.

It is noteworthy that all participants speak Persian and there is no language barrier. There are only 7.5% illiterate people. All others could read and understand materials which are provided for education. The illiterate individuals are older than 50 and are educated face-to-face by staff and other family members. This was added in page 11, para 1.
In schools, nutrition and anti smoking trainings have been written in pages 12-14. The age of adolescences were 12-18 years. This was added in page 12, para 3.

The school sessions were followed by activities of teachers, parents, and in particular a core called "health team" which is composed of one volunteer representative from each class of each high school and headed by one of the trained teachers. The team has an advisory role of anti smoking policies, nutrition guidance and physical activity in the school. This was added in page 13 para 4.

Other questions of respected reviewer depend on data extraction following years of implementation of study.