Author’s response to reviews

Title: Assessing Protein Energy Wasting in a Malaysian Haemodialysis Population Using Self-Reported Appetite Rating: A Cross-Sectional Study

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Author’s response to reviews: see over
31st Mac 2015

Dr Liffert Vogt
Associate Editor
BMC Neprology

Dear Dr. Vogt,

Re: Submission of Revised Manuscript MS ID: 5211732951582230

On behalf of the authors, I wish to thank the Editor for the useful comments and suggestions to improve the manuscript. We have completed the second revision taking into account the point that has been raised.

We have attached herewith a separate document with detailed point-by-point responses to comments highlighted by the Editor. Changes to the manuscript were made and submitted as a revised manuscript. We very much look forward to a favorable reply. Please do not hesitate to contact us if further revisions or clarifications are needed.

Yours sincerely,

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RESPONSE TO EDITORS

Editor’s comments

The revised version of the paper has been much improved. However, the authors did not adapt their conclusion and still state that appetite rating was not related to PEW. This is very confusing because the frequencies of PEW seem to increase along lower appetite ratings. In their rebuttal the authors state that is not a statistically significant effect and the discussion thereafter. But the lack of statistical significance in my opinion does not exclude the possibility that there is still a trend. Obviously the low frequency of subjects with poor appetite have influenced the data. Why have the authors decided, despite this low frequency of poor appetite, to perform statistic analysis across the 4 groups for the other parameters (table 1 and 2.)? My advise would be that the authors adapt their conclusion by stating that they did observe a non-significant relation between PEW and appetite and that this relation might have become statistically significant when more patients could have been included. Clearly, the discussion section needs some adaptation when the authors do chose to adopt this conclusion.

Authors’ response

Thank you for your comments. The following amendments have been made to adopt our new conclusion:

Changes to Abstract:

Line 67-69: After dichotomizing appetite ratings into normal and diminished categories, there was a marginal positive association between diminished appetite and overall PEW diagnosis ($OR_{adj}$: 1.71; 95% CI: 0.94-3.10, $P=0.079$).

Line 77-80: A graded but non-significant increase in the proportion of PEW patients occurred as appetite became poorer. However, after dichotomization, a positive but marginally significant association was observed between diminished appetite and PEW diagnosis.

Changes to Results section:

Line 352-354: Diminished appetite had a marginal positive association with PEW diagnosis ($OR_{adj}$: 1.71; 95% CI: 0.94-3.10, $P=0.079$).
Changes to Discussion:

Lines 398-404: We observed an increased trend in the percentage of PEW prevalence with poorer appetite ratings but owing to too few patient numbers reporting 'poor' appetite, a larger patient population is warranted to test this observation. After dichotomization, PEW prevalence was similarly distributed in both diminished and normal appetite categories. However, the adjusted odds ratio for the dichotomized appetite indicated that there was a marginal positive association between diminished appetite and PEW diagnosis.

Lines 454-456: Given that appetite assessment has been proposed as a potential diagnostic tool for PEW by the ISRNM [7], we did observe a marginal positive association between diminished appetite and PEW.

Changes to Conclusion

Lines 471-477: Appetite assessment was consistent in linking diminished appetite with declining measures of nutritional status in the Malaysian haemodialysis population. A graded but non-significant increase in the proportion of PEW patients occurred as appetite became poorer. However, after dichotomization, a marginal positive association was observed between diminished appetite and PEW. Future mechanistic and longitudinal studies are needed to confirm this association and assess whether early detection and correction of diminished appetite could improve the nutritional status and subsequently reduce the PEW occurrence in HD patients.