Author's response to reviews


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Author's response to reviews: see over
Dear Mrs. Olino and editorial team:

Thank You very much for your review of our revised manuscript and your comments. We are glad to hear that our last revision addressed the remaining questions and concerns of reviewer 2 to his satisfaction. We would like to thank you for your additional requests and Dr. O'Donovan for his helpful suggestions with regard to the trial registration.

In the following, we would like to address the most recent editorial office's requests as follows:

1) Trial Registration Number (TRN): We registered the trial with one of the eligible trial registries listed on the ICMJA website as requested (UMIN Clinical Trials Registry), and included the TRN in the abstract.

Page 3: Trial registration: UMIN Clinical Trials Registry UMIN000015622.

Since this led to a small exceedance of the abstract word limit, we had to make the following minor changes to the abstract that did not change the content:

Page 2, lines 36-38: "Anthropometric measures, body composition, and QoL (using the Pediatric Quality of Life Inventory 4.0), were assessed at baseline, at 3 months, and at 12 months. Laboratory values were measured at baseline and at 12 months."

Page 3, lines 48-50: "Additionally, although BMI (0.80±1.57 kg/m², 95% CI 0.31 to 1.29) and fat-free mass (4.02±6.27 kg, 95% CI 1.90 to 6.14) increased, but %body fat and waist circumference did not."
2) Conclusions: We completely acknowledge the Editorial Office’s request to present the conclusions as a separate section, rather than including them at the end of the discussion section. We apologize for this oversight and have revised the manuscript (using track changes) accordingly:

Pages 16-17, lines 360-379:
"CONCLUSION
In an era when obesity has become one of the most prevalent health concerns for children and adolescents, there is still a need for more data to determine the ideal design and the effectiveness of treatment interventions for this condition. This pilot study served to create and assess a program based on the 2008 PCCH recommendations in southwestern Ontario, Canada, where none existed before, and to estimate the costs associated with providing such an intervention.

The results of our study indicate that although the HIP Kids multidisciplinary lifestyle intervention program did not prevent the participants’ raw BMI score from increasing over the course of the intervention, it reduced participants’ BMI-Z scores, improved health-related QoL outcomes and prevented further increases in other measures of adiposity (%BF, WC). Our results also suggest that raw BMI may not correlate strongly enough with changes in adiposity to be a useful primary outcome parameter for determining the effectiveness of pediatric obesity intervention studies.

Future research into the development of effective intervention strategies in the studied population should focus on the following: (i) generating more data on health-related QoL outcomes; (ii) examining whether a community setting is more effective than a hospital setting and if this leads to a higher retention rate; and (iii) tailoring interventions to the gender-specific needs of obese adolescents. Lastly, to further improve retention, interventions should include a standardized, motivational pre-screening tool (a “Readiness to Change” assessment), and researchers may consider defining a maximal residential radius from the program site in their inclusion criteria."

Thank you very much for the opportunity to submit this revision of our manuscript for further consideration, and we hope that our response is addressing the Editorial Office's requests to your satisfaction.

Sincerely,

Dirk E. Bock M.D.