Author’s response to reviews

Title: Predictors of orthorexic behaviours in patients with eating disorders. A preliminary study

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Version: 1 Date: 10 Sep 2015

Author’s response to reviews:

Dear Professor Fassino,

We would like to thank the reviewers for their extremely careful reading and constructive review. We would like to describe the changes we have made following the reviewer’s suggestions. All changes to the manuscript are indicated in the text by highlighting (in yellow).

The manuscript id: BPSY-D-15-00089

Reviewer #1

INTRODUCTION


Thank you for noticing those oversights. We corrected both references according to your suggestion.
METHODS

Authors should describe the Cronbach’s alpha coefficients for each test they used, either explain the coefficients of the original versions or those they found in their current study.

We added into the text information about Cronbach’s α coefficients for all used measures in current study.

Why the authors only chose the comparative fit index (CFI) and chi-square when Hu and Bentler that they cited recommend to include other indexes as the Tucker-Lewis incremental fit index (TLI), the root mean square error of approximation (RMSEA) and the ratio of chi-square and degree of freedom (CMIN/DEF)?

Hu and Bentler (1999) examined the adequacy of the “rules of thumb” of several model fit indexes, however they concluded and recommended to report two indexes, i.e. one approximate fit index (e.g. CFI, TLI, RNI, values close to .95) with addition of Standardized Root Mean Square Residual (SRMR, value less than .09; Hu & Bentler, 1999; p. 27). On the other hand Kline (2010) suggested to always report appropriate χ2 statistic, and approximate fit indexes such as CFI, GFI, RMSEA, and SRMR. Whenever possible, the RMSEA value should be accompanied with the p value for close-fit hypothesis. Basing on those recommendations we added to the manuscript information about SRMR, RMSEA and p value for close-fit hypothesis. We did not added information about χ2/df since there are no universally agreed standards whether the model fits good or bad (e.g. Kenny, 2014).


Kenny DA. Measuring Model Fit. 2014; Retrieved from: http://davidakenny.net/cm/fit.htm

RESULTS

The frequency of subjects who score under the threshold of the ORTO test is very high. It can be explained because the authors used the cut-off of the general population. I don’t know if the Polish version of the ORTO-15 has provided other cut-offs as the Italian one; Donini et al proposed more restrictive cut-off to be used in high-risk populations, and from my point of view, patients with ED should be considered as highly at risk for ON. Could authors discuss this result in the discussion section?

Difference in cut-off scores between Polish and Italian versions of the ORTO test are the results of different factorial structure of the measures: the Polish version comprise only 9 items while
the Italian version comprise 15 items. Therefore, the discrepancy between possible total scores in both versions led to propose different cut-off for the Polish version.

Could authors provide the mean and SD of tests either in the text or in Table 1?

We added information about mean and SD for each test into the text.

Figure 1. Authors should provide the legend.

Legend of the Figure 1. is located at the end of the submitted manuscript.

Figure 1. Were there significant differences between Class 1 and 2? If so, even if "negligible for appearance", authors should include them in the figure.

Differences between classes were assessed using Welch test and information about significant differences was included in the manuscript.

SEM analyses in quite difficult to understand for the reader who is not used to to statistics, so the explanation of Table 3 is not clear. Authors should provide the SEM graphic instead or in addition to Table 3.

We provided a simplified SEM graphic representation of analyzed model. To enhance readability of the figure, we did not added on the figure information about correlations due to large number of predictors. However we described those correlations in text.

DISCUSSION

An important result of this research is that health orientation negatively predicted orthorexia. I think that authors have not discussed this result in depth.

Thank you for underscoring this point. We have tried to discuss this finding with more detail, suggesting some hypotheses.

Minor revisions:

Please, insert the abbreviations of test in the final list.

It is mentioned at the end of the manuscript.
The manuscript titled Predictors of orthorexic behaviours in patients with eating disorders. A preliminary study introduces a study which aimed to investigate ON tendency of ED patients and the predictors of ON tendency.

It is a very current and interesting topic, since the relationship, (the boundary also) between eating disorders and orthorexic behavior is not clear yet. So researches for discovering ON phenomenon and its place among psychological or psychosomatical disorders are needed. It is really good, that authors suggest practical points of their research. Their find these kind of researches important to develop specific treatment approach for individuals with orthorexic behavior.

Regrettably, we don’t have more detailed informations about patients' ED symptoms than the ones we have reported.

Two different latent classes were discovered in the study. However, these two groups can not cover all of the typical types of ED patients. It would be good to have more information about these groups, the further characteristics of the member of that groups (N, weight, etc.).

Figure 1. is also missing from the MS.

Information about groups distinguished in LCA were added into separate table (Table 3).

Figure 1 is located at the end of the submitted manuscript.

Authors use a cut-off point of ORTO scale, and try to estimate the prevalence of ON. It is risky to talk about prevalence rates in the case of ON, since it is not a diagnostical category, and the high prevalence rates, which are reported in some other studies too, and also in the present study ("82.7% strong preoccupation with a healthy food intake"), make the correctness of the cut-off point or the measured construct measured by the tests, questionable.

Thank you for your suggestion. We modified this part of the text avoiding speaking about "prevalence".

Discussion section: Explanation are not clear enough

There are some conclusions in the Discussion section, which are sometimes very speculative without evidences. For example when the authors try to explain their results with "In other words, orthorexic behaviours may represent a particular phase of the patients' ED course" or the explanation associated with the results of negative correlation between ON and health orientation.

We have tried to improve the discussion section and to avoid speculations. We have suggested some hypotheses for the negative correlation between ON and health orientation.
It is not clear how the authors got to the point that the ON is more common among patients with AN? We don't know the base of this statement. (references? Result of the present study?)

We modified this paragraph and added the references in the text.