Author’s response to reviews

Title: Does a restricted energy low glycemic index diet have a different effect on overweight women with or without polycystic ovary syndrome?

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Dear Editor

Thank you so much for your email dated 6 August 2018, regarding the accepting of our manuscript and the opportunity to revise the manuscript entitled “Does a restricted energy low glycemic index diet have a different effect on overweight women with or without polycystic ovary syndrome?” (MS number: BEND-D-19-00186).

We have carefully considered each comment of the reviewers and now submit a revised version. As instructed, we hereby submit a point-by-point response to the reviewer’s comments with the changes highlighted in the text. We hope our revised manuscript meets the approval of the editorial office and the reviewer.

Looking forward to hearing from you at your earliest convenience,

Sincerely yours,

Fahimeh Ramezani Tehrani
Point to point responses (R) to reviewer comments (C):

C1. In the Introduction section. The authors described that the energy restricted low glycemic index (LGI) diet has led to greater improvement in insulin resistance and glucose metabolism. However, I think that it may be helpful to showed the role of high glucose levels in metabolic patients. Please consider these references (PMID: 28958695, PMID: 27959274) and comment these in the Introduction.

R. Thank you for your suggestion. We cited these references as follows (Second paragraph of introduction):

“Evidence show that, high glycemic index diet, even if the patients do not provide too many calories per day, increases insulin synthesis which can result in increased hepatic synthesis of the insulin growth factor 1 (IGF-I). 5 A recent study demonstrated that a chronic high dietary advanced glycation end-products could lead to a vascular dysfunction and inflammatory activation, contributing to the development of vascular complications in subjects with type 2 diabetes. 6

C2) In the Discussion section. The authors excluded patients on insulin-sensitizing agents, contraceptive drugs, special diets or exercise for weight loss, antihypertensive, antipsychotic or on hormonal drugs; however, concerning the lipid abnormalities of PCOS, the authors didn't describe the lipid profile of these patients and if the patients were on lipid lowering therapies. Please consider these references (PMID: 29260404, PMID: 29258367, PMID: 30044162) and comment these in the Discussion.

R. Thank you for your valuable comment. We did not assess the lipid profiles of PCOS patients. But we excluded patients using lipid lowering therapies. This exclusion criterion added to methods. In addition, we added the following sentences to limitations section and cited references mentioned as follows:

“We did not also assess the lipid profiles of PCOS patients; however, since previous studies showed that lipid lowering therapies can improve PCOS clinical and ovarian dysfunction abnormalities 37, 38, 39, we excluded these patients from the study.”