Author’s response to reviews

Title: Cross-sectional study of associations between normal body weight with central obesity and hyperuricemia in Japan

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Cross-sectional study of associations between normal body weight with central obesity and hyperuricemia in Japan
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Dear Elizabeth Debney
BMC Endocrine Disorders Editorial Office

Thank you for your email of 17-Nov-2019, regarding our manuscript, "Cross-sectional study of associations between normal body weight with central obesity and hyperuricemia in Japan", and the valuable comments of the reviewers. I attach here our revised manuscript, as well as a point-by-point response to the editor comments.

We believe that the revised manuscript is a suitable response to the comments, and is significantly improved.
We trust that it is now suitable for publication in BMC Endocrine Disorders.
Thank you in advance for your kind consideration of this paper.

Yours sincerely,
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We wish to express our appreciation to editor comments, which have helped us significantly improve the paper.
In accordance with the editor comments, we have revised our paper as follows;

1. All sources of funding for the research reported should be declared in the “Funding” section of your declarations. Please also clarify the role of the funding body in the design of the study and collection, analysis, and interpretation of data and in writing the manuscript.

In accordance with this comment, we have added a sentence in our text “Funding” (Page 17). This study was supported by a grant from the Ministry of Education, Culture, Sports, Science and Technology of Japan [JSPS KAKENHI Grant Number JP17K09130]. The funder had no role on the design of study and collection, analysis, and interpretation of data and in writing the manuscript in this study.

2. Please ensure that no funding information is included in the "acknowledgements" section. If you have no further acknowledgements please put “Not Applicable” in the Acknowledgements section.

We included no funding information in the “acknowledgements” section.

3. All financial and non-financial competing interests must be declared in the "Competing interests" section. See our editorial policies (http://www.biomedcentral.com/submissions/editorial-policies#competing+interests) for a full explanation of competing interests. If you are unsure whether you or any of your co-authors have a competing interest please contact the editorial office.

The authors have no competing interests to declare.

4. Please remove any additional files you do not want published alongside your manuscript, including cover/response letters.

There is no.

5. We note that the current submission contains some textual overlap with other previously published works, in particular:

Lines 3-7 of page 8, lines 1-5 of page 9:

Lines 12-14 of page 8:
While we understand that you may wish to express some of the same ideas contained in these publications, please be aware that we cannot condone the use of text from previously published work.

If there is overlap in the Methods section, please ensure to summarize the methods and cite the source. Please re-phrase these sections to minimise overlap.

In accordance with this comment, we have revised our text “Method/Variables and measurements” (line 15 of page 7 to line 4 of page 9).

[11]. Hypertension was defined as systolic blood pressure ≥140 mmHg, diastolic blood pressure ≥90 mmHg, or under medication for hypertension [12].
Venous blood samples with drawn from participants to determine serum values of uric acid, high-density lipoprotein cholesterol (HDL-C), low-density lipoprotein cholesterol (LDL-C), triglyceride, blood glucose, and hemoglobin A1c (HbA1c) were stored at 4 °C, transported to and analyzed at a clinical testing laboratory (SRL Inc., Tokyo, Japan) within 24 hours.
Serum uric acid was measured using an enzymatic method (AU5400; Beckman Coulter, Brea, CA, USA). Although there was a need to define hyperuricemia in relation to increase uric acid level either by overproduction or due to decrease secretion, in the present study, hyperuricemia was defined as serum uric acid >7.0 mg/dL in men or ≥6.0 mg/dL in women, or being under medical treatment for hyperuricemia, which was based solely on serum uric acid levels [13-16]. Serum uric acid levels are lower in women than in men because female hormones decrease them [17, 18]. These cutoff values were selected as they are generally used in clinical laboratories and have been proposed in previous studies in relation to metabolic syndrome and CVD outcomes to define hyperuricemia [13-16, 19]. Both HDL-C and LDL-C were determined using a direct method and triglycerides were measured using an enzymatic method (AU5400; Beckman Coulter). Dyslipidemia was defined as LDL-C ≥140 mg/dL, HDL-C <40 mg/dL, triglyceride ≥150 mg/dL, or under medication for dyslipidemia [20]. Blood glucose values were determined using the hexokinase method (AU5400; Beckman Coulter), and HbA1c was measured using a latex agglutination method (JCA-BM9130; JEOL, Tokyo, Japan). Diabetes was defined as fasting plasma glucose (≥8 hours after the last caloric intake) ≥126 mg/dL, random plasma glucose ≥200 mg/dL, HbA1c (National Glycohemoglobin Standardization Program) ≥6.5%, or under medication for diabetes mellitus [21].

6. At this stage, please upload your manuscript as a single, final, clean version that does not contain any tracked changes, comments, highlights, strikethroughs or text in different colours. All relevant tables/figures/additional files should also be clean versions. Figures (and additional files) should remain uploaded as separate files.

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