Author’s response to reviews

Title: Factors for successful weight loss after bariatric surgery. Are there really any predictive factors for a successful weight loss after bariatric surgery? Results from a group of severely obese patients

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Author’s response to reviews:

Mauro Lombardo (Reviewer 1): The paper is interesting but shows several critical points:

1. The authors should declare that bariatric surgery is effective in cases of obesity with BMI > 40 and BMI > 35 with comorbidity and not in all cases of obesity.

Yes, we agree that most of the evidence regarding bariatric surgery benefits are from this subgroup of patients with severe obesity. We added a statement in the introduction about it.

2. The difference between the number of subjects considered and those who actually entered the study is considerable. The criteria for inclusion and exclusion are not well described. According to the reviewer suggestions, we included a description of the criteria for bariatric surgery currently used in our clinic in the material and methods section.

From a total of 368 patients that were evaluated in the obesity clinic during the data collection period, we just included 130; the main reason to exclude such a great number of patients was the incomplete information in their files, which is a common bias of retrospective studies. We decided to include only the patients with complete data, but we wanted to be clear about the large number of patients that do not complete the full initial evaluations in our center.
3. In general, bariatric subjects after one year almost always have a good efficacy in terms of \%EBWL. It is from the third year that it is assessed whether the intervention has been successful and if there has been weight regain. Please underline this aspect.

As suggested, we will included a comment on the evolution of weight regain trough time. We noticed that the initial results are in agreement with the published data, but since there is no established consensus on what is the best time to decide when the surgery has been successful, we decided to establish success at the first year after surgery because the aim of this study was to identify the cases of early success (1 year) and to look for predictors for it.

4. The differences between 80\% of subjects who had 50\% EBW and 20\% who did not have it are very few. In the discussion and in the title this aspect should be underlined rather than highlighting the differences.

The reason we decided to highlight these differences is because we intend to contribute to the characterization of patients who have an early surgery failure, identifying factors that are associated with it.

Jennifer Logue (Reviewer 2):
1. Please use patient first language through-out and avoid phrases such as "morbid obesity
We thank you for your comment. We have reviewed the manuscript and made the proper corrections.

2. There are several instances of clunky English:

Abstract -"proportion of hypertension"
P5 ln 50 "behaevoural problems"
P6 ln 28 "frequency of patient"
p9 ln 58 "recover some of the weight"
P10 ln 14 - overly long sentence

As suggested, we have reviewed and corrected the aforementioned paragraphs.

3. Was weight change from surgery or baseline entry to the programme?

The weight change considered to define successful surgery was from surgery. The variable “\%EBW loss before surgery” was from baseline entry to programme until surgery. We’ve made text corrections to ensure that the text is clearly understood.
4. Why such small numbers if this is only centre covering 40% of population? The whole Institute provide medical care to 40% of population; however patients can only be referred from other hospitals if the patient wishes to undergo bariatric surgery. Most patients do not want to have a surgery and many centers are not currently referring patients since it is a relatively new programme. We have paraphrased the sentence to avoid confusion.

From a total of 368 patients that were evaluated in the obesity clinic during the data collection period, we just included 130; the main reason to exclude a great number of patients was the lack of complete information registered in their files. We decided to include just the patients with complete data.

5. Give more details of the variables in the logistic regression model in the text.
As requested, we added them to the text.
The variables included were:

- Age

- Personal history of hypertension (SBP &gt; 140 mmHg, DBP &gt; 90 mmHg or use of antihypertensive medications registered in the file).

- Personal history of a previous abdominal surgery.

- Personal history of anxiety/depression disorders (previously diagnosed by a psychiatrist or use of anxiolytic/antidepressant drug registered in the file)

- Lack of a full time job (we included in this variable housewives, retired subjects and unemployed subjects)

- Type of bariatric surgery (gastric sleeve, RYGB, OAGB)

6. Table 1 the title is not great - it is simply baseline demographics and comorbidities

We agree. We changed the title “Basal demographic characteristics, comorbidities and type of bariatric surgery of studied population”

7. Abbreviation is usually RYGB not YRGB
We agree. The corrections were made in the manuscript.

8. In the discussion there needs to be more about the selection bias for types of surgery, discussion of the choice of p value cut off, limitations of self reports diet and physical activity (very low intake in the food diaries).
A more comprehensive discussion of the study bias was written considering your comments. We are aware that the retrospective nature of this study makes it difficult for a homogeneous distribution of confusing variables between each group and that this could influence the %
success in each of the types of bariatric surgery. In this regard, we made a comparison of important baseline variables between each of the types of surgery (Table attached as supplementary material), finding that the gastric sleeve group had a greater proportion of patients with hypertension and hypothyroidism. We do not have enough information to conclude that all patients were adequately replaced with thyroid hormone during the post-surgical year evaluated, so it could be a contributing factor to a lower success rate in patients in whom gastric sleeve was performed. On the other hand, in the bivariate analysis, we identified that previous hypertension was more prevalent in the “non-successful” group, so it could also be an influencing factor in the lower success rate in patients with gastric sleeve. This comment was also added to discussion.

We agree with the limitations of self-reports and a section in the discussion was added in this regard.

9. In the discussion 2-5 year results are mentioned. These should be in results (in detail) or not at all. Detailed information regarding the follow-up of the 26 patients in the non-successful group were added in the results and discussion section.

We would like to bring to your consideration the change of title of the article to the next, which seems more attractive and in accordance with the changes made to the manuscript after revisions:

"Should we be more aware of the early predictors of failure to lose weight after bariatric surgery? : Retrospective analysis from a group of severely obese patients"