Author’s response to reviews

Title: Gender and Social Mobility Modify the Effect of Birth Weight on Total and Central Obesity

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Author’s response to reviews:

To Tracy Burrows
Nutrition Journal

Dear Editor,

Enclosed please find a revised version of the manuscript “Gender and Social Mobility Modify the Effect of Birth Weight on Total and Central Obesity” (NUTJ-D-17-00042), as well as the point by point reply to the reviewers. The corrections made in the text are written in red.

We thank you for the suggestions that certainly improved our manuscript.

Sincerely yours,

Profa. Dra. Juliana Rombaldi Bernardi
Universidade Federal do Rio Grande do Sul (UFRGS)
TITLE: Gender and Social Mobility Modify the Effect of Birth Weight on Total and Central Obesity.

The aim of this study was to evaluate total and central obesity according to gender, low birth weight (LBW) and social mobility, within the context of middle-income countries epidemiological transition. We hypothesize that there are more pronounced metabolic consequences of social mobility in women born with LBW. The authors use data from a birth cohort study in Ribeirão Preto, São Paulo, Brazil. Anthropometric measurements, schooling and smoking status were collected at 23-25 years. In total, 2063 subjects were included. This is an interesting study and the results presented may contribute to prevention policies.

Title: The title is appropriate to the study developed.

Introduction: The introduction is written in didactic form.

Objectives: The objectives are in accordance with the title, introduction, results and conclusion.

Methods: The study design was well performed.

Results: In general, as the text is well constructed. Please, explain the letters (a, b, c, and d) in table 1 and table 2.

In Table 2 and Table 3, different small letters (a, b) denote statistically significant differences in gender and birth weight and in social mobility (differences in columns for social mobility); different capital letters (A, B) denote statistically significant differences in social mobility and birth weight and in gender (differences in columns for gender); different Greek letters (α, γ) denote statistically significant differences in social mobility and gender and in birth weight (differences in lines for birth weight).
Discussion: WC in High-High group with LBW (values: 89.6 cm vs. 76.8 cm) were higher in males than females. Please, explain more about it.

The following text was added to the discussion, page 12:

The waist circumference (WC) in High-High group with LBW was higher among males than among females. Other studies conducted in Brazil also seem to agree about a higher risk of obesity among men who have always been in the higher socioeconomic strata, whereas the opposite was found in women (Gigante et al., 2008; Aitsi-Selmi et al, 2012; Wagner et al., 2017). These findings suggest that women are experiencing the social transition (or reversal of the social gradient) much faster than men (Aitsi-Selmi et al, 2012).

References:


(P 13. L38) I suggest that the penultimate paragraph ("Regarding study limitation ...") be moved to the last paragraph.

The penultimate paragraph was moved to the last paragraph as suggested.

Conclusions:

(P 14. L36) The metabolic profile was not evaluated in this study. So, I do not agree with this statement "Essentially, we found that the social mobility does not affect metabolic components of health and disease in the same direction" Thus, I think this line should be rewritten.

The statement was rewritten as suggested, on page 15.
Editor comments:

Please ensure you report results in a standardised way consistent with the journal ie P**<0.05 is not a typical format please adjust, in addition KG vs kg.

The expressions were standardised in a typical format as suggested (P and kg).

Could the authors please provide some additional information was height and weight measured at one time point only or were two measures taken to ensure accuracy in assessment.

The following information was included in the manuscript on page 5:

All anthropometric measurements were performed by trained personnel using standardized techniques. Height at adult age was measured to the nearest centimeter using a wood and Formica stadiometer resistant to deformation. Weight was measured with a Filizola® scale (São Paulo, SP, Brazil) with 100 g graduations and with 140 kg capacity. All measurements were obtained with the subjects wearing light clothing and no shoes.

Was the child's birth weight self reported or measured, this is unclear.

The following information was added to the manuscript on page 6:

The child's birth weight was measured with appropriate devices by the research team to all hospitals. The babies were naked and weighed in weekly calibrated scales with 10 g precision.

How were the classification of social mobility determined, is this a typical way to do this or something that authors decided? please add what defines each category.

The classifications were created by the authors, using maternal schooling and adult offspring schooling (both measured as years of study obtained by an interview), both classified as low (schooling between 0-8 years) or high (schooling ≥ 9 years). The choice of maternal schooling was established due to its significance in the contemporary socioeconomic context, with current association with material and nonmaterial goods, such as access to information and behavior in the presence of health challenges and social status. The four possible classifications of social mobility were: Stable Low-Low, Ascending Low-High, Descending High-Low and Stable High-High. The High-Low category was excluded from the analyses, because there were only 13 individuals in this category.
With the confounders such as smoking how was smoking assessed just yes or no or was there additional questions such as how many etc? was smoking self reported by a questionnaire or interview or? not clear?

The variable smoking during pregnancy was measured during a postpartum interview (information added in the text on page 7). The additional questions were age of beginning; duration; frequency before and during pregnancy of smoking and number of cigarettes. In this study we used the information as smoker and nonsmoker, regardless the number of cigarettes.

Please ensure you get an independent reviewer to look and correct English errors throughout the manuscript.

The English text was corrected as suggested.