Author’s response to reviews

Title: A qualitative study exploring why adults with intellectual disabilities and obesity want to lose weight and views of their carers.

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Author’s response to reviews:

Thank you for your prompt review of our manuscript. All authors found the comments and suggestions from the two referees very helpful and we believe that making the suggested changes has improved the quality of the manuscript.

To facilitate consideration of the revised manuscript for publication in BMC Obesity we have set out the referees’ comments below and listed the changes we have made to the manuscript. In the revised manuscript the changes to the text are highlighted in red text.

Reviewer #1

TOPIC : Needs to be refined – it’s too long and complicated to understand immediately. Avoid using and twice and rephrase to make your target population more prominent.

The title has now been changed to: “A qualitative study exploring why adults with intellectual disabilities and obesity want to lose weight and views of their carers.” The target audience is now more prominent and we believe the title is clearer. The word “and” has to be used twice as we are looking at both the views of the adults with ID and their carers. The alternative would be to label them as “obese adults” rather than “adults with obesity” which would mean defining someone by their weight or condition.

INTRODUCTION : Well written.
1. The references however need not be this many for a single statement. The authors should find the most important one or two or a key review and include it. E.g. Line 23 references 2-16, i.e. 14 references for the same point!.

Thank you for your support of the introduction. 14 references have been reduced to four. We feel that each of these studies provide value due to either their large sample size, recent year of publication and varied population groups studied.

2. Line 34 : this is about the methods - this section should either come after a brief statement about the methods you have used or in the methods section. The above suggestion about the references also valid here.

This sentence has been moved from the introduction to the end of the design section of the method. The references have been reduced from eight to four (two relating to adults with ID, and two relating to carers).

METHODS : Needs re-structuring and major revisions

1. Suggest to start the methods with the study design and include the ethical considerations (with which the current methods starts with - from line 47-54) at the end of the study design under the topic "ethical considerations". Line 50, include the name of the other study.

The method section now starts with the study design. Ethical considerations have been added after the design section of the method, under a separate sub-heading. The other intervention study has now been named as well as referenced in this paragraph.

2. Study design is not the questions used. It is the type of the study. Ref http://www.cebm.net/study-designs/

A cross-sectional, qualitative design was used to answer the questions and a statement to this effect has been added under the design subheading in the method section.

3. Sections, paragraphs or sentences should explain the study population, sample selection in detail.

We have now included a subheading, “study population,” in the method section, explaining the study population in detail.

4. As this is a qualitative study, you have to mention the qualitative method used for obtaining the themes, if you used any analytical software, how were the themes identified
Please refer: http://www.journals.elsevier.com/social-science-and-medicine/policies/guidelines-for-qualitative-papers/

A subheading titled “Data Analysis” has been added to the method section, detailing the method of thematic analysis used for obtaining the themes. No analytical software was used.

RESULTS - needs major revisions.

Overall impression: The data presented is valid and probably of use for interventions and other dealings with people with disability who are obese.

Thank you for your supportive comments here

However I feel that although this is a qualitative research your presentation style and data presented are of quantitative in nature. A bit more detailed exploration into the reasons given and identifying underlying themes for the first tier of themes identified etc. would make your argument stronger. E.g. answer to the question "why" did they picked a certain theme.

More detail regarding the identification of themes has been included in the results section. However, due to the nature of the population group being studied, there was often just one answer and little depth as to the reasons provided which made any deeper exploration of the reason, difficult. On reflection, taking more time over this question and using resources such as talking mats, could have enabled a more thorough data collection and allowed for sub-themes to be identified. This has now been added to the “limitations” section of the paper.

In research terms, all these statistical values are of minimal use due to the small size of your sample if we are looking at this in a quantitative aspect. If the authors want to highlight the statistical tests and significance as they have done I suggest you discuss more about the representativeness, randomness etc. of the sample selection and also about the dropouts. If not the results cannot be generalized. At least these should be well accounted or in the discussion section.

We agree that the small sample meant that finding statistical significance in the data was unlikely once we examined reasons according to gender, weight, age and level of ID. A paragraph acknowledging this has now been added to the limitations part of the discussion.

DISCUSSION and CONCLUSION - well written but major revisions needed.

Needs to be more structured. The opening sentence can be separated into two. (or in two paragraphs) One about the study on obesity and the other about the nature of the study proving that it is feasible to carry out such studies among the disabled.

The opening sentence has now been split into two sentences.
Line 29-36 is best suited in the methods section!

This paragraph has now been moved to the design section of the method.

The discussion is more like a well written literature review. I think it should be re-organized and reduced in content to match the objectives of this study and study population. Discuss with regards to your findings and within the scope of this research.

We have re-organised the discussion so that it firstly focuses on our findings and then how it relates to the evidence in the general population. We hope that it is now more coherent and better matches the study objectives.

The discussion has also been reduced in content by removing the 2nd and 7th paragraphs under the subheading, “Motivating factors for weight loss differ between adults with obesity and ID, and those without ID.” We agree that these paragraphs do not match the objectives of the study. We feel that the remaining points raised in the discussion are all valid and clearly show how our study fits into and extends the current literature.

Tables : Table 1: I suggest that you change the X and Y axis. Please obtain the support of an expert on this.

The X and the Y axis on Table 1 have been changed after taking the advice of an expert.

Figure 1 : Well presented.

Thank you

Reviewer #2: REVIEWER'S REPORT

Major Compulsory revisions:

The whole manuscript is rather clearly presented and looking well organized. Abstract, introduction, study design and methodological details are sufficiently described to enable reasonable reproduction. Whole discussion of results is rather clear and convincing. Conclusions are looking well supported by presented experimental data. The number of tables and figures is optimal. Quality of figure is satisfactory. Manuscript gives a representative set of up-to-date "References" to related studies.

We would like to thank the referee for their support of this paper

However, in my opinion, the lack of more detailed description on the past and actual use of antipsychotic drugs by all studied subjects - as the highly confounding factor which increasing the risk of obesity - reducing the significance and comparability of this study.
We agree that the use of antipsychotic medications is a confounding factor, increasing the risk of obesity and that the use of medication which can cause weight gain is higher in this population group. This information was not collected in the main study (Harris et al, 2015), from which our study was based. This study aims to explore solely the reasons why adults with ID seek weight loss and does not attempt to relate this to weight loss outcomes at this stage. Although antipsychotic medications would have an effect on weight loss outcomes, compared to outcomes in the general population, weight change is not an aim of this study.

Another limitation is that authors should considered the body fatness (determined by anthropometric methods) along with just measured actual BMI value as a measure of body weight appropriateness.

The main study (Harris et al, 2015) collects anthropometric data including body fat. However, as this study is focussed on reasons for wanting to lose weight and does not attempt to link this to outcome at this stage, we do not feel that adding body fat data to the study would add value. As this study is mainly qualitative in nature, exploring views, the notion of body weight (and hence BMI) is more known to adults with ID than body fat. BMI was also used as those with ID often are short in stature and, while they can be relatively light in weight, can still have a high BMI and hence, increased health risk.

LEVEL OF INTEREST

This article present good merit and interest for the public health system of mentally impaired persons.

QUALITY OF WRITTEN ENGLISH

English is looking clear and satisfactory.

STATISTICAL REVIEW

All statistical calculation and interpretation of collected data are adequate and properly used.

We would like to thank the referee for their support of this study.