Author’s response to reviews

Title: Association between delivery methods for enteral nutrition and physical status among older adults

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Version: 2 Date: 07 Oct 2019

Author’s response to reviews:

NUTN-D-19-00146
October, 2019

Dr. Francesca Maria Trovato
BMC Nutrition

Dear Dr. Francesca Maria Trovato

We are grateful for the opportunity to revise our paper (NUTN-D-19-00146) entitled “Association between delivery methods for enteral nutrition and physical status among older adults”. We appreciate your helpful comments, and revised our paper.

We attach the tracked change version manuscript, and separately list our point-by-point responses.
Yours sincerely,

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We thank the editor and reviewers for their careful reading of our revised manuscript. We have addressed the comments and are resubmitting the manuscript to BMC Nutrition. I hope that the manuscript is now suitable for publication in BMC Nutrition.

Editor Comments:

Dear Authors

the manuscript is considerably improved according to the reviewers comments. However there are minor concerns that need to be addressed before considering it for publication.

We appreciate the helpful comments, which have improved our manuscript.

Reading the paper the main concern is drawing the conclusions from the results obtained, already highlighted by the comment of reviewer N1:
"I am not convinced that a retrospective analysis of data can, as you suggest in the abstract conclusion, provide evidence of causative effect. Please reword this conclusion carefully taking care not to overstate your findings and their interpretation."

Eg. within clinical decision making PEG feeding may be offered to the most mobile/ambulatory patients.

This limitation was included in the abstract and in the conclusions but not sufficiently highlighted in the limitation of the paper. This is a crucial point because the outcome could be affected by the preselection of patients.

We agree with this concern. We have added this point in the limitation section in the discussion section as follows.

Page 14, Line 26

The study limitation includes that the allocation of PEG or nasogastric groups was completely based on the clinical decisions, and PEG feeding may be offered to the most mobile/ambulatory patients.

Table 3

I appreciate the death column was added, but I don't understand why the total number of patients was 181 in death+bedridden, 181 in death and 98 in the bedridden column.

Thank you for your comment. We have analyzed the outcome of bedridden among the patients who survived and continued to receive enteral nutrition at hospital discharge in order to focus on the physical status among patients continuing enteral feeding. We removed the row and added footnotes in Table 3 as follows.

a 181 patients were analyzed

b 98 patients who survived and continued to receive enteral nutrition at discharge were analyzed

Sincerely,