

Format for ANSWERING REVIEWERS

December 7, 2014



Dear Editor,

Please find enclosed the edited manuscript entitled "Eating Disorders In Adolescents With Type 1 Diabetes- Challenges in Diagnosis and Treatment".

Authors: Orit Pinhas-Hamiel, Uri Hamiel, Yael Levy-Shraga.

Name of the journal: World Journal of Diabetes

ESPS Manuscript NO: 13549

The authors would like to thank the Editors-in-Chief and the Reviewers for the review of our manuscript. The manuscript has been improved according to the suggestions of the reviewers.

We have revised the manuscript (changes are highlighted) and address the comments of the Reviewers below. Enclosed please find a point-by-point letter specifying how we have dealt with the issues raised.

Reviewer 1:

1. A comprehensive review on eating disorders associated with T1DM, precipitating factors, consequences and possible treatment. Data are grouped according to the new DSM-V classification. The representation of the problem as a 3-circle model provides a suitable tool to distinctly analyze the process involved in disturbed eating.

[Reply: We thank the reviewer for his comment.](#)

2. Possibly a larger section should be dedicated to prevention at diabetes diagnosis. Weight gain is the rule following initiation of insulin treatment, but this gain matches previous weight loss. The problem is that patients must acquire complete information on the stoichiometric balance between CHO intake and insulin administration, as well as confidence with insulin administration. This is difficult in young adolescents, particularly in females, craving for thinness as a result of body image representation in the media. At diagnosis, psychological support becomes mandatory for both patients and families.

[Reply: As suggested we elaborated a larger section on prevention \(page 13-14\).](#)

Reviewer 2:

1. Pinhas-Hamiel et al have taken on an ambitious and important task in the present manuscript: to describe the challenges in diagnosis and treatment of eating disorders in adolescents with type 1 diabetes. Thus, this manuscript would be of general interest to the community of pediatricians and endocrinologists. The presentation is clear overall and well structured and the paper reads well.

[Reply: We thank the reviewer for his comment.](#)

2. Eating disorders are rather common in adolescents particularly girls. The authors should emphasize clinical data to suspect the presence of eating disorder in an adolescent with type 1 diabetes.

[Reply: The clinical data to suspect the presence of eating disorder in an adolescent with type 1 diabetes are detailed in pages 9-11. They include poor glycemic control, recurrent episodes of DKA in established diabetes, recurrent episodes of hypoglycemia, as well as frequently missed medical appointments, refusal to be weighed, preoccupation with appearance, a tendency to vegetarianism.](#)

3. The time of the onset of diabetes was not commented and is an important factor.

[Reply: We are thankful to the reviewer for this important remark. The association between the age of diabetes onset and development of eating disorder is now discussed in page 8, and inserted into the model \(level II\).](#)

4. In the study of predisposing factors, the first cycle, i.e. the premorbid state, should include the body weight prior to the onset of diabetes and personality but low self-esteem and body dissatisfaction could arise when the disease is present and is a common characteristic of other chronic diseases in adolescence. I think that they should be in the second or third cycle.

[Reply: We agree with this remark. This is the reason the arrow in the figure of the model crosses all cycles. We now explain and emphasize it in the figure and in the text as well \(page 7\).](#)

5. The importance of glycated hemoglobin in the suspicion should be emphasized

[Reply: The importance of poor metabolic control is detailed in page 10. We added more recent data to further emphasize this point.](#)

6. Measures of prevention should be specified and the importance of psychological advice when the children with type 1 diabetes enters adolescence.

[Reply: As suggested we elaborate the section on prevention pages 13-14.](#)

Thank you again,
Sincerely yours,

Orit Pinhas-Hamiel MD,
Yael Levy-Shraga MD.