

Dear WJG editorial team,

Dated: 12<sup>th</sup> March, 2020

Re: Response to reviewer's comments (Manuscript NO: 54476)

We are very grateful for your consideration of our manuscript and feedback. We appreciate your comments and have acted upon them. Following are the detailed responses to each individual comment.

1. The title does not reflect the content of the paper since it underlines the aspect of clinical management in ArLD, but there is a lot of space dedicated to physiopathology. Therefore, the authors should modify the title as: Nutrition in alcohol-related liver disease: physiopathology and management.

Ans: Thank you. We have modified title now as suggested.

2. The abstract is ok, except for the use of some inappropriate terms such as "immunoparesis" (should be immunodepression), "malnurishment" (malnutrition), "nutritional depletion" (malnutrition or nutritional deficit). In addition, along all the manuscript there is a wrong use of ";" that should be ",". Finally, the sentence ... malnutrition remains key component .. should become ...malnutrition remains a key component..

Ans: Thank you - all changes have been implemented in abstract as suggested.

3. The introduction should be shortened, as for other parts of the manuscript, since some concepts are repeated. Change misuse with abuse and other orthographical mistakes. Eliminate the phrases "...are due to harmful alcohol consumption.", "where; whilst the contribution alcohol makes to the liver injury may be sub-ordinal to other pathology, it is nonetheless implicated in the disease process." Change "In contradistinction" with in contrast, means with mean, etc.

Ans: Thank you the comments. We have significantly shortened manuscript (by more than 1100 words) and there is no further repetition of concepts. Phrases and terms, mentioned here, have been either eliminated or changed. We hope this provides a better flow for the reviewer based on these comments and for readers.

4. The entire paragraph on the appetite is redundant and the problem related to the intestinal involvement are repeated in other part of the manuscript.

Ans: Thank you for comment and suggestion. The whole paragraph on appetite has been reviewed and adjusted accordingly.

Regarding: repetition of problems related to intestinal involvement:  
Concept of bacterial overgrowth and effect of bacterial translocation on skeletal muscles was found to be repeated in following sections, it has been adjusted now.

5. As far as the impaired energy metabolism, the first sentence is too strong since there are several formulas to calculate REE and the use of indirect calorimetry is not mentioned. The last paragraph needs English revision.

Ans: Many thanks for highlighting this. We have explained limitation of the use of Harris Benedict equation to calculate REE, especially in patients with ascites hopefully making it clearer for readers. The role of Indirect calorimetry has been described as suggested. Last paragraph also modified grammatically and whole manuscript checked using Microsoft word for spelling and grammar.

6. In the chapter of “Anthropometry” add the concept of sarcopenic obesity

Ans: Thank you for this important note. The concept of sarcopenic obesity mentioned now using following ref;

Ref; **Stenholm S**, Harris TB, Rantanen T, Visser M, Kritchevsky SB, Ferrucci L. Sarcopenic obesity-definition, etiology and consequences. Current opinion in clinical nutrition and metabolic care. 2008 Nov;**11(6)**:693.[PMID: [18827572](https://pubmed.ncbi.nlm.nih.gov/18827572/) DOI: [10.1097/MCO.0b013e328312c37d](https://doi.org/10.1097/MCO.0b013e328312c37d)]

7. The refeeding syndrome is a clinical condition mainly observed in patients with short bowel syndrome or severe chronic malnutrition usually associated to prolonged fasting. At page 15, it should be reported that this is uncommon and could occur only in extreme cases.

Ans: This Sentence is now on page 13 (due to deletions) and phrased as “...but refeeding syndrome needs to be considered as it can be encountered in extreme cases.. We hope this meets approval from reviewer.

8. At page 16, among the indications for initiating NG feeding, it should be added “refractory ascites” , which is the most serious clinical condition associated with malnutrition and protein wasting that justifies the use of this therapeutical approach (<https://doi.org/10.1016/j.dld.2019.05.034>).

Ans: Refractory ascites added as an indication of NG feeding. Role of NG in refractory ascites is already described in the section of clinical consequences hence avoided mentioning again encase of repetition.

9. Malabsorption associate with steatorrhea in the cirrhotic patient is related to biliary problems; therefore it should be underlined that in the post ethylic cirrhosis, and especially in this case, the pancreas insufficiency due to the alcoholic damage, could be involved (page 18).

Ans: Pancreatic enzyme insufficiency and biliary problems are described in detail in the malabsorption section (on page 15 and 16).

10. The conclusion should be drastically shortened (it is not another way to present a summary).

Ans: As above, whole manuscript including conclusion significantly shortened. Thank you for comment on this.

We hope our manuscript satisfies requirements now for publication in your esteemed journal. We also thank the reviewers for their detailed comments and time taken to read our manuscript. . Please let us know if any further changes are required.

Best Regards;

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