

## Format for ANSWERING REVIEWERS

December 3, 2014

Dear Editor,

**Name of Journal:** World Journal of Hepatology

**ESPS Manuscript No:** 14555

**Title:** Non-alcohol Fatty Liver Disease in Asia: Prevention and Planning

**Authors List:** Sara Ashtari, Mohamad Amin Pourhoseingholi, Mohammad Reza Zali.

The manuscript has been improved according to the suggestions of reviewers:

1. Format has been updated
2. The manuscript has been checked with Cross Check and then revised based on, and some references that was requirement has been cited.
3. Revision has been made according to the suggestions of the reviewer:

**First reviewer:** This is a very interesting and exhaustive review and merits publication.

**Reply:** Thank you

**Second reviewer:**

**a. The authors should add the more recent consensus definition of metabolic syndrome (Circulation. 2009 Oct 20;120(16):1640-5).**

**Reply:** The American Heart Association/National Heart Lung and Blood Institute (AHA/NHLBI) published a new set of criteria of metabolic syndrome that abdominal obesity is not required as a risk factor. The definition provided by the AHA/NHLBI of abdominal obesity with IDF guidelines was quite different. So, in recent years AHA/NHLBI and IDF offered a new definition of criteria for metabolic syndrome that both side agreed that abdominal obesity should not be a necessity for diagnosis but that it is 1 of 5 criteria, so that the presence of any 3 of 5 risk factors constitutes a diagnosis of metabolic syndrome. (Table 3 on the manuscript: provides the criteria for clinical diagnosis of the metabolic syndrome). Based on: (Circulation. 2009 Oct 20;120(16):1640-5).

**b. They should also discuss in more detail the reasons why South Asians have more pronounced insulin resistance despite lower body mass index than Caucasians.**

**Reply:** Type 2 Diabetes Miletus (T2DM), is a disease with a rising prevalence worldwide and in Asian countries the prevalence rate of T2DM has increased during the past three decades. Increasing the T2DM in Asian countries for the following reasons is different from the countries because of the short time spread, and that can be seen in a younger age group and people with much lower body-mass index (BMI). Many ethnic studies on Asian population pointed out that, for any given BMI or waist circumference, Asian have more abdominal obesity or visceral fat (3-5%) than other ethnic groups. This orientation to abdominal fat and visceral adiposity can cause to increase fatty acid invasion to the liver, altered adipokine production, fatty liver, and hepatic insulin resistance. Improper accumulation of fat in the liver and skeletal muscle is important factors of insulin resistance, which can promote a vicious cycle with increased aberrant accumulation of fat in liver, hepatic insulin resistance and T2DM. This rapidly-growing prevalence of T2DM among the Asian countries is related to the rapid economic developments, aging, urbanization, changes in nutrition, and increases in sedentary lifestyles, the prevalence of



type 2 diabetes increases with the increasing prevalence of obesity and metabolic syndrome.

4. References and typesetting were corrected.

Thank you again for publishing our manuscript in the **World Journal of Hepatology**

**Sincerely yours,**

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