January 7, 2017

Dear Jing Yu,

Science Editor of *World Journal of Gastroenterology*

We thank the editor and reviewers for the opportunity to submit our revised manuscript **(**ESPS Manuscript NO: 31713**)** entitled: "Role of illness perception and self-efficacy in lifestyle modification among NAFLD patients". The manuscript has been corrected in accordance with the reviewer's every comments. All the corrections in the manuscript are in **<u>underlined bold</u>**.

Attached is a point-by point reply to the reviewers.

Sincerely,

Dr. Shira Zelber-Sagi

Reviewer 1: (Reviewer's code: 03576133)

1. "lifestyle" should be correctly written in the title.

   Answer: We would like thank the reviewer. The spelling mistake was corrected.

2. Body mass index of the study population is 32+/- 6, but HbA1c is 5.6 % and glucose level 85 mg/dl. These findings strongly suggest that a significant proportion of patients may have metabolic syndrome and therefore may be on oral antidiabetic medication.To clarify this issue, percentage of patients with metabolic syndrome may be added to data. Metabolic syndrome may also be mentioned in discussion.

   Answer: The study was aimed not to include diabetic patients (to avoid confounding) and the few that were recruited were those treated solely by Metformin, which is the fisrt line of treatment. We emphesized this now in the methods section of the study population (exclusion criteria). Therefore, we had just 13 diabetic patients, all teated solely by Metformin. For this reason, we believe that diabetes or the use of diabetic medications had no significant effect on our results. The information on diabetes was adedd to the results section. The metabolic syndrome was indeed prevalent as expecte among NAFLD patients. The percentage of patients with metabolic syndrome was added to data on Table 1 and to the results section.

3. Medication use regarding statins and antihypertensives may be added to baseline characteristics of the study patients.

   Answer: Data on medications was added to the baseline characteristics (please see Table 1).

Reviewer 2: (Reviewer's code: 03622349**)**

4. INTRODUCTION: The introduction is well written and reflects clearly the content of the article. However, on page 9, 2nd line, the authors mentioned that has no accepted pharmacological treatment. Nevertheless, there are some drugs used for treatments of hypertension and insulin resistance that have pleiotropic effects on hepatic steatosis, as evidenced in our work in 2010 (Comparative effects of telmisartan, sitagliptin and metformin alone or in combination on obesity, insulin resistance, and liver and pancreas remodelling in C57BL/6 mice fed on a very high-fat diet. Clin Sci (Lond). 2010; 119:239-50). I think it is important to comment and discuss a bit more about this fact.

   Answer: Thank you for this adittion, we added this indormation to the introduction section.

5. MATERIAL AND METHODS: On page 10, 1st line (study population), you commented that the diagnosis of hepatic steatosis was done by ultrasound and not by liver biopsy, which is considered the gold standard to diagnose

this disease. Why did you opt for the imaging technique, and not the liver biopsy?

Answer: Liver biopsy was not performed because of ethical reasons due to its invasive nature, and since it is not routinely performed in NAFLD patients at our Department. Still, the US is considered a highly validated method to diagnose NAFLD, routinely used in clinical practice and research.

6. The methods section does not inform the age of the patients selected for the study.

Answer: Thank you for that comment, we now added to the methods section of the study population that we recruited **adult patients (above the age of 18)**.

7. Do all patients have the same degree of hepatic steatosis? Would not it be more correct and easier for the interpretation of the results to divide them according to the different degrees of hepatic steatosis?

Answer: We compared the different variables between those with more severe steatosis verses those with a mild level (according to the median cutoff of the Hepato-renal Index, which was validated versus liver biopsy Am J Roentgenol 2009) and found no association between the amount of liver fat and diet score, self-efficacy etc. Please see the table below.

8. RESULTS: Can we compare the degree of hepatic steatosis among young patients (20 years of age) and elderly (60 years of age)? This also applies to description of disease perceptions, illness emotional representation,

perceived illness consequences, self-efficacy and reported nutritional habits among NAFLD patients. Discuss this.

Answer: Unfortunately, our data includes only one patient aged 20 or less, and 22 patients aged 60 or above, thus we don't have sufficient statistical power to compare the degree of hepatic steatosis and disease perceptions between the two age groups.

9. All tables should contain only horizontal rules.

Answer: All tables in the attached document were revised.

	Severe steatosis* (mean±SD)	Mild steatosis* (mean±SD)	P value
Self-efficacy	3.86±0.64	3.90±0.72	0.817
Illness consequences	3.08±0.63	3.19±0.65	0.401
Emotional representation	2.94±1.08	3.04±1.02	0.644
Diet score	7.33±1.44	6.20±2.18	0.098

* According to median cutoff of the Hepato-renal Index = 2.1