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April 1, 2021

Lian-Sheng Ma  
Science Editor  
Baishideng Publishing Group  
7041 Koll Center Parkway, Suite 160  
Pleasanton, CA 94566, USA

Re: Manuscript #64009: "Sarcopenia in geriatric patients from the plateau region of Qinghai-Tibet: a cross-sectional study"

Dear Dr. Ma,

Thank you very much for your decision letter and advice on our manuscript. We also thank the reviewer for the constructive comments and suggestions. We have revised the manuscript accordingly, and all amendments are indicated by red font in the revised manuscript. In addition, our point-by-point responses to the comments are attached below this letter.

This revised manuscript has been edited and proofread by *Medjaden* Bioscience.

We hope that our revised manuscript is now acceptable for publication in your journal and look forward to hearing from you soon.

With best wishes,

Yours sincerely,

Shi Qin Pan, MD  
289662520@qq.com

First of all, we would like to express our sincere gratitude to the reviewers for their constructive and positive comments.

## Replies to Reviewer 1

### Background

1. The authors should add information about the consequences of sarcopenia on elderly people to readers see the important of problem.

**Response:** Thank you for your insightful suggestion. Several sentences have been added in the background of the revised manuscript (Page 6, Lines 84-88) to address this issue.

### Methods

1. Study population: in the title the authors use “geriatric patients” why don’t the authors select the patients with the age of 60 or above but only patients over 60.

**Response:** We selected patients older than 60 years, based on the diagnostic criteria of AWGS. .

2. The authors should add information on how to evaluate depression (which scale the authors used) in the participants? The scale was validated in Tibet? Add references about that.

**Response:** The geriatric depression scale has been added, and is summarized in the Methods of the revised manuscript (Page 8, Lines 132-136). The scale has good reliability and validity among Chinese elderly patients, but there is no research about its validation in Tibet.

3. Add more detail about how to measure the level of dietary consumption of glee, beef and mutton (how is occasional, sometime and frequent level?)

**Response:** This point has been briefly mentioned in the Methods of the revised manuscript (Page 8, Lines 128-130).

### Discussion

1. There is conflict between the result and discussion. The authors said that “ In this study, the detected rate of sarcopenia 20%, which is higher than that of the general community (that is, outside Xining and non-hospitalized; 9.0-18.5%)<sup>[8-12]</sup>. This may be due to prolonged hospital stay” But the results of this study found that “the hospital stay had no association with the rate of sarcopenia”. So the authors should revise that sentence.

**Response:** The sentence has been revised in the Discussion of the revised manuscript (Page 12, Lines 225-226)。

2. Some interpretations of findings are not quite concise and clear. “The results of the binary logistic analysis showed that higher BMI was associated with less likelihood of developing sarcopenia (OR 0.63, 95% CI 0.51-0.77). Lower BMI is an indicator of reduced muscle mass <sup>[18]</sup>, and slight increases in fat are associated with higher protein intake <sup>[13]</sup>. Hence, geriatric hospitalized patients should maintain a higher BMI to protect against sarcopenia.” How about if BMI is too high (patients with pre- obesity or obesity)? The authors only compared mean of BMI between groups with and without sarcopenia but could they divided each group into 3 subgroups with BMI in normal range, low BMI and high BMI and compare together. I think it will be clearer and more concise to interpretation.

**Response:** The 3 subgroups according to BMI has been added in the revised manuscript (Page 22-24, Table 2, Table 3).

3. “The current results show that the rate of sarcopenia in widowed patients was 3.7-fold that of married patients. This may be because widowed patients are more often depressed [19], which is associated with sarcopenia [16]. In the present study, scores for mental depression were significantly higher among the widowed patients compared with the married patients, and higher depression levels were associated with sarcopenia relative to non-sarcopenia.” Please add explanation why patients with high score of depression were often associated with sarcopenia?

**Response:** The association between sarcopenia and depression has been added in the revised manuscript (Page 14, Line 263-266).

### Replies to Science editor

1. The “Author Contributions” section is missing. Please provide the author contribution.

**Response:** The “Author Contributions” was in the bottom of the first page (Page 1, Line 19-22, Page 2, Line 23).

2. The author did not provide the approved grant application form or funding agency copy of any approval document(s).

**Response:** The approval document has been uploaded as a supplementary material.

3. The “Article Highlights” section is missing. Please add the “Article Highlights” section at the end of the main text.

**Response:** The “Article Highlights” has been added in the revised manuscript (Page 15, Line 287-307, Page 16, Line 308-318).