

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Enablers and barriers to implementing obesity assessments in clinical practice: a rapid mixed methods systematic review
AUTHORS	Atlantis, Evan; Chimoriya, Ritesh; Seifu, Canaan; Peters, Kath; Murphy, Gill; Carr, Bernadette; Lim, David; Fahey, P

VERSION 1 – REVIEW

REVIEWER	Daley, Amanda Loughborough University, School of Sport, Exercise and Health Sciences
REVIEW RETURNED	29-Jul-2022

GENERAL COMMENTS	<p>This review is very well written and presented and I have only a few comments to offer.</p> <p>Check the use of capital letters throughout – they are wrongly used.</p> <p>None White race should be non-White ethnicity.</p> <p>The results are very long and as such there is a lot of information for readers to digest – I would recommend reducing the amount of information presented.</p> <p>Whist the results section is very long, the discussion of these results is very short and as such the manuscripts is unbalanced.</p> <p>The findings need to be discussed in the context of previous literature, rather than re-stating the results per se in the discussion.</p> <p>The discussion requires a section in implications of the results. What do we learn from this study and what do we do next? There is a line on this in the conclusion but this comes too late.</p> <p>What are the strengths of this study? Are there any? Only limitations are presented?</p>
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REVIEWER	Zhu, Jingfen Shanghai Jiao Tong University, School of Public Health
REVIEW RETURNED	20-Aug-2022

GENERAL COMMENTS	<p>This systematic review used a mixed methods to find enablers and barriers to implementing obesity related anthropometric assessments in clinical practice. It has some practical significance for promoting the assessment of obesity in clinical practice. But All studies were conducted in developed countries, mainly in the United States and the United Kingdom, so the findings have limited significance for obesity assessment in clinical practice in other countries, especially developing countries. It should be added in the limitation.</p>
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VERSION 1 – AUTHOR RESPONSE

Review Comments to the Author

Reviewer: 1

Prof. Amanda Daley, Loughborough University

Comments to the Author:

This review is very well written and presented and I have only a few comments to offer.

We appreciate the reviewer's feedback.

Check the use of capital letters throughout – they are wrongly used.

We have made several corrections throughout and carefully checked that we used capitalization for abbreviations according to guidance from 'Scitable, by Nature Education (Nature Publishing Group) available here (see Using abbreviations): <https://www.nature.com/scitable/topicpage/effective-writing-13815989/>

"First write the full expression, then provide the acronym in parentheses. In the full expression, and unless the journal to which you submit your paper uses a different convention, capitalize the letters that form the acronym: "we prepared Gold NanoParticles (GNP) by . . ." These capitals help readers quickly recognize what the acronym designates."

We kindly ask the reviewer to bring any outstanding sections to our attention for further correction and the BMJ open research editor to advise us on the journal's convention, if necessary.

None White race should be non-White ethnicity.

We note the confusion caused by the different terms used for this variable. The studies from the UK consistently used the term 'ethnicity' whereas the studies from the US consistently used the term 'race' for classification of this variable. To avoid confusion and misrepresentation of the primary studies in the US, we have revised the manuscript and relevant sections in the supplement to read 'race/ethnicity'.

The results are very long and as such there is a lot of information for readers to digest – I would recommend reducing the amount of information presented.

Whilst the results section is very long, the discussion of these results is very short and as such the manuscripts is unbalanced. The findings need to be discussed in the context of previous literature, rather than re-stating the results per se in the discussion.

We acknowledge the above two points but respectfully suggest that the results section is concise, compared with the very extensive findings already presented in the 'Supplementary', and proportionate in length given that this study is an extremely comprehensive synthesis and integration of published evidence from **both** quantitative (n=22) and qualitative (n=3) studies, which is typical for mixed methods studies. For example, a mixed methods study recently published in BMJ open has ~2,400 words in the results section and only ~1,000 words in the discussion section: <https://bmjopen.bmj.com/content/8/9/e022357>

In our paper, the main document (introduction to conclusion) currently has ~5,000 words with an identical balance for word count in the results (~2,400) and discussion (~1,000) sections.

The discussion requires a section in implications of the results. What do we learn from this study and what do we do next? There is a line on this in the conclusion but this comes too late.

We have added another statement on implications at the end of one paragraph (page 17, end of second paragraph):

'Health care professionals should consider focusing on the health benefits of obesity assessments for clinical diagnosis and monitoring in all patients with visible signs of obesity, as part of their routine practice.'

We believe that we have adequately discussed the implications of our study findings at the end of each key finding. Below is a summary of examples:

Enablers (page 17)

'Health care professionals should be aware of these potential biases to ensure that they conduct routine obesity assessments in all high-risk patients regardless of their socio-economic status, race/ethnicity, and sex.'

Barriers (page 18)

'A recently validated brief diagnostic screening tool (EOSS-2 Risk Tool) for predicting weight related complications in patients with excess weight could provide health care professionals with a structured framework for further investigations including obesity assessments.57'

'Collectively, these findings strengthen the urgency for implementing recommendations to incorporate "formal teaching on the causes, mechanisms, and treatments of obesity" into standard curricula for health care professionals by academic institutions, professional bodies, and regulatory agencies.58 It would encourage better adherence to clinical practice guideline recommendations that BMI and WC measurements should be used for routine diagnosis and monitoring.3 10'

What are the strengths of this study? Are there any? Only limitations are presented?

Please note that we have presented this information in the 'strengths and limitations of this study' section (page 4) and 'limitations' section (page 18) accordingly. The first three bullet points (page 4) are statements about the strengths of the study, whereas the last two bullet points (note another bullet point was added following advice from the second reviewer) are statements about the limitations of the study.

Reviewer: 2

Dr. Jingfen Zhu, Shanghai Jiao Tong University, Shanghai Jiao Tong University

Comments to the Author:

This systematic review used a mixed methods to find enablers and barriers to implementing obesity related anthropometric assessments in clinical practice. It has some practical significance for promoting the assessment of obesity in clinical practice. But All studies were conducted in developed countries, mainly in the United States and the United Kingdom, so the findings have limited significance for obesity assessment in clinical practice in other countries, especially developing countries. It should be added in the limitation.

We agree with the reviewer's suggestion and have revised the 'strengths and limitations of this study' section (page 4) and 'limitations sectio

VERSION 2 – REVIEW

REVIEWER	Zhu, Jingfen Shanghai Jiao Tong University, School of Public Health
REVIEW RETURNED	02-Nov-2022
GENERAL COMMENTS	Well written.