



ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 8744

Title: Nutrition and exercise in the management of liver cirrhosis

Reviewer code: 02861208

Science editor: Qi, Yuan

Date sent for review: 2014-01-05 12:33

Date reviewed: 2014-01-13 11:53

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

In the introduction the authors mention obesity in Liver cirrhosis patients and make reference to a study that found excess caloric intake and high BMI in hepatitis C virus-related cirrhosis. Excess caloric intake and high BMI do not reflect obesity in patients with liver cirrhosis; not every patient with excess caloric intake has or will develop obesity and high BMI only reflects increased weight in relation to the patient’s size and this weight can be due to water retention and not necessarily obesity. The content from the heading “Assessment method for PEM in LC patients” requires the most changes in the manuscript. The title should read “Assessment methods for PEM in LC patients” or “Nutritional assessment in LC patients” The authors state that Harris-Benedict equations can be used as an assessment method for malnutrition, but it is only useful to assess resting energy expenditure and based on this, calculate the specific nutritional requirements for the patient's diet and they have been shown to underestimate caloric requirements in patients with chronic diseases. Harris-Benedict equations should be removed from the manuscript. The authors mention fat free acids levels in this section. Fat free acids levels are not a method for nutritional assessment but a marker and they have not been validated in patients with liver cirrhosis; this should be removed from the manuscript. Imaging methods for sarcopenia assessment are successfully addressed; but the authors also include bioimpedance analysis. First the authors state that bioimpedance analysis (BIA) has been recently used, but it has been widely used since the 90's and since then several studies in patients with liver cirrhosis have shown that the conventional analysis is biased by fluid retention even in compensated patients because body composition data is obtained from prediction equations based on healthy subjects. Phase angle derived from BIA is a nutritional marker and since is a direct measurement it is



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not biased by prediction equations; phase angle needs to be addressed. And BIA should be moved to PEM assessment and not sarcopenia assessment. The authors use “muscle strength” term but the proper term is “handgrip strength” and this heading lacks information. In the heading of “Nutritional management for LC patients” the authors mention the consequences of decreased dietary intake but they do not mention the recommended caloric and protein intake, this should be added based on international guidelines. Branched chain amino acids are broadly addressed and even though the authors make a very interesting review of this issue this heading looks like the main topic of the article and it takes focus from the exercise topic. It should be somewhat shortened. In the heading “Exercise management for LC patients” the authors mention the benefits obtained from exercise but recommendations of specific types of exercise and duration are not mentioned. This needs to be addressed deeply since is one of the two topics mentioned in the title.



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Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, RECOMMENDATION, CONCLUSION. It contains evaluation criteria and checkboxes for various grades and search results.

COMMENTS TO AUTHORS

This is an overall well written review. I have only a few minor comments: 1. Referring to the problem of obesity and sarcopenia in LC patients, the increasing problem of NAFLD and NASH in the industrial countries should be discussed 2. It would be nice to have figures or tables to quickly summarize the information. I.e. I suggest a table with strength and weakness of different methods to access sarcopenia. In addition a figure illustrating a practical approach to sarcopenic LC patients would be great including assessment and a stepwise management.