Letter to the Editor

Reply — Letter to the editor☆

Dear Editor,

This letter is in response to the letter by Gumus and Ozen [1], which argued that our paper (Aydin K, on behalf of Turkish Cerebral Palsy Study Group, 2018) [2] has critical errors regarding the methodology.

Gumus and Ozen stated that when the high number of patients in the study cohort with Gross Motor Function Classification System (GMFCS) level IV (self-mobility with limitations; may use powered mobility) and V (transported in a manual wheelchair) was taken into consideration (56.6% of the study cohort), the use of a wall mounted stature meter in these patients is not only unpractical for both clinician and patient but also produce unreliable results in terms of measurement accuracy. However, as per study protocol, weight, height/length, head circumference, triceps skinfold thickness, and mid arm circumference measures were included, if possible, while height was not recorded unless an accurate measurement can be made. Tables include information about unknown data.

Gumus and Ozen also stated that the methodology used for the classification of malnutrition in our study as another point of debate, since they found calculations and interpretations regarding Gomez and Waterlow classifications for the assessment of malnutrition in our patients to be confusing. There are three classification systems for comparing a child, or a group of children, to the reference population including Z scores (standard deviation scores), percentiles and percent-of-median. The Gomez classification uses the percent-of-median, which is a convenient measure if the reference population distribution has not been normalized [3]. However, as noted in the in the paper by de Onis M, there is the distinction that percent-of-median is useful if the population has not been "normalized" (for example if we were using a published median of a specific population as the reference). If there was a particular population median that was of interest, we could have used that for the calculation. For our study the Gomez and Waterlow cut points were applied to the WHO (or Neyzi) percentiles which are normalized databases.

In fact, these two questions have already been raised by the referees after the peer review process, and replied by us with related revisions in the article before the paper has been accepted for publication.

Conflict of interest

None.

References

[1] Gumus E, Ozen H. Assessment of nutritional status in children with cerebral palsy. Clin Nutr ESPEN 2018;28:243—4.
[2] Aydin K, Turkish Cerebral Palsy Study Group. A multicenter cross-sectional study to evaluate the clinical characteristics and nutritional status of children with cerebral palsy. Clin Nutr ESPEN 2018;26:27—34.
[3] de Onis M. Measuring nutritional status in relation to mortality. Bull World Health Organ 2000;78:1271—4.

Kursad Aydin*on behalf ofTurkish Cerebral Palsy Study Group
Department of Pediatrics, Gazi University Faculty of Medicine, Ankara, Turkey

* Department of Pediatrics, Gazi University Faculty of Medicine, Teknikokullar 06500 Ankara, Turkey. Fax: +90 312 221 32 02.
E-mail address: kursadaydin@hotmail.com.

10 August 2019