

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	The association between psychological distress and dietary intake among evacuees after the Great East Japan Earthquake in a cross-sectional study: the Fukushima Health Management Survey
AUTHORS	Uemura, Mayu; Ohira, Tetsuya; Yasumura, Seiji; Ohtsuru, Akira; Maeda, Masaharu; Harigane, Mayumi; Horikoshi, Naoko; Suzuki, Yuriko; Yabe, Hirooki; Takahashi, Hideto; Nagai, Masato; Nakano, Hironori; Zhang, Wen; Hirotsaki, Mayumi; Abe, Masafumi

VERSION 1 - REVIEW

REVIEWER	Catherine Sauvaget Screening Group Prevention and Early Detection Section International Agency for Research on Cancer World Health Organization France
REVIEW RETURNED	01-Mar-2016

GENERAL COMMENTS	<p>The present paper used the Fukushima health management survey database to examine the association of a low consumption of 10 food groups and mental health stress as well as post-traumatic stress disorders.</p> <p>This is an interesting and well-written paper, using a large sample size sample. The reviewer acknowledges the huge efforts put on data collection and data processing.</p> <p>There are several major concerns on the methodology and interpretation of the results.</p> <p>In terms of methodology, it is not clear why the authors used an outdated dietary questionnaire developed at the end of 1970's for the cohort of the atomic bomb survivors of Hiroshima and Nagasaki. This food frequency questionnaire does not reflect the current Japanese diet; particularly it does not measure the consumption of processed food, of fast-food, and of recent Western food.</p> <p>In terms of results interpretation, the main message that the Authors are supposed to give here is that those depressed or suffering from post-traumatic stress (PTS) disorders tend to eat significantly less frequently certain types of food, as compared to those less depressed or with less PTS disorders. Since there is no information on the portion size, it is not possible to state that participants were likely to eat little. They may have fewer meals, but in larger quantity. The current conclusion is not supported by the analyses. Moreover, the message is not true in men for depression and PTS disorders (not significant), not true for women for juices (not significant); the distribution of percentage of low consumption according to PCL score (3rd column of Table 4) shows that, on the contrary, participants with PTS disorders tend to eat/drink more - or at the same frequency - fruit and vegetables juices, soybean products and</p>
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	<p>dairy products. Moreover, odds ratios did not differ after adjusting for disaster-related variables (Model 3), mostly reflecting an absence of association of disaster-related variables on both the dietary factors and the stress-related outcome.</p> <p>The Authors could also discuss a low intake frequency due to limited accessibility of certain foods, limited affordability, low availability, loss of trust among the consumers vis-à-vis locally grown vegetables, fruits, rice, milk. These points should be discussed in parallel to the potential stress factors.</p> <p>Minor comments:</p> <ul style="list-style-type: none"> - Regarding the dichotomy of the outcome variables, what was the rationale of the cut-off points? - Is there any information on the questionnaire respondent: the person him/herself or a proxy? The wife may answer for her husband, and vice versa - Why was adjustment for sex used "if appropriate"?
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REVIEWER	Nobuo Nishi National Institute of Health and Nutrition, National Institutes of Biomedical Innovation, Health and Nutrition, Japan
REVIEW RETURNED	07-Mar-2016

GENERAL COMMENTS	<p>As shown in the previous paper (ref. 16), dietary intake of evacuees of the Great East Japan Earthquake was associated with living conditions. Thus, socioeconomic conditions could have confounded the association between psychological distress and dietary intake. The authors should show stratified results by decreased income.</p> <p>The low response rate as described in the reference paper (J Epidemiol 2012; 22(5): 375-383) should be raised as a limitation. The authors should also discuss relatively high percentage of missing observations in psychological distress.</p> <p>In Table 1, vegetable juice and fruit juice should be shown separately from vegetables (non-juice) and fruits (non-juice), respectively.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Reviewer Name: Catherine Sauvaget

Institution and Country: Screening Group, Prevention and Early Detection Section, International Agency for Research on Cancer, World Health Organization, France

Competing Interests: None declared

[Reviewer 1's comment #1]

The present paper used the Fukushima health management survey database to examine the association of a low consumption of 10 food groups and mental health stress as well as post-traumatic stress disorders.

This is an interesting and well-written paper, using a large sample size sample. The reviewer acknowledges the huge efforts put on data collection and data processing.

There are several major concerns on the methodology and interpretation of the results.

In terms of methodology, it is not clear why the authors used an outdated dietary questionnaire

developed at the end of 1970's for the cohort of the atomic bomb survivors of Hiroshima and Nagasaki. This food frequency questionnaire does not reflect the current Japanese diet; particularly it does not measure the consumption of processed food, of fast-food, and of recent Western food.

[Authors' response]

We thank the reviewer for the important suggestion. Although the food items contained in the questionnaire convey a slightly outdated image, we think they are still being commonly consumed among modern Japanese people. Moreover, the Life Span Study conducted by the Radiation Effects Research Foundation in Hiroshima and Nagasaki is the only existing study pertaining to participants having sustained damage from radiation in Japan. We also would like to reference the fact that the validity of the food frequency questionnaire was verified in 1984-1985, and the questionnaire was shown to be of benefit when measuring habitual dietary intake (Sauvaget et al., J Epidemiol 2002;12:394-401).

However, as the reviewer pointed out, the questionnaire does not measure the consumption of items such as processed foods, fast-foods, or recently introduced Western foods, and it does not include all the items that may be eaten by the evacuees in their daily life.

We have to direct our attention to these items related to ready-to-eat foods etc. in our future studies. This is one of the limitations we have now raised in the manuscript.

[Changes in the revised manuscript]

Strengths and limitations of this study, P4:

We could not assess the associations between psychological distress and modern Japanese food, such as processed food, fast-food, ready-to-eat foods, or recently introduced Western food, as we used a Food frequency questionnaire (FFQ) of 19 items, in which some food items that might have been consumed by evacuees with higher probability were not included.

Discussion, P22, L296 – L22, L301:

Third, we used a FFQ of 19 items, in which some food items consumed by modern Japanese people, such as processed food, fast-food, ready-to-eat foods, and recently introduced Western foods, were not included. As evacuees with a low intake frequency for several fresh foods may compensate with these foods, the associations between psychological distress and these foods must be investigated in our further research.

[Reviewer 1's comment #2]

In terms of results interpretation, the main message that the Authors are supposed to give here is that those depressed or suffering from post-traumatic stress (PTS) disorders tend to eat significantly less frequently certain types of food, as compared to those less depressed or with less PTS disorders. Since there is no information on the portion size, it is not possible to state that participants were likely to eat little. They may have fewer meals, but in larger quantity. The current conclusion is not supported by the analyses.

[Authors' response]

We thank the reviewer for the well-directed comments. As was pointed out by the reviewer, participants with psychological distress may have fewer meals, but in larger quantities. Following from this suggestion, we stipulated that the participants with psychological distress tended to have a "low frequency" of certain food intakes, when compared to those with less psychological distress. Additionally, we have now avoided using the terms "poor dietary intake" and "low consumption" in the results section and conclusion, in order to state our message more accurately.

We have also raised the fact as one of this study's limitations, recognizing that portion size had not been considered in an active manner.

However, we think that it is possible to see the correlation between the frequency of food intake and

the amount of food intake. During the validation of the food frequency questionnaire, the results showed that the food frequency questionnaire moderately correlated with the 24-hour diary.

[Changes in the revised manuscript]

Title, P1:

The association between psychological distress and dietary intake among evacuees after the Great East Japan Earthquake in a cross-sectional study: the Fukushima Health Management Survey.

Abstract, P3, L11 - P3, L12:

low frequency

Abstract, P3, L18:

have a low intake frequency of certain foods,

Abstract, P3, L20 - P3, L21:

have a low intake frequency of certain foods,

Abstract, P4, L26 - P4, L27:

Psychological distress after the Great East Japan Earthquake among evacuees was associated with a low intake frequency of certain foods,

Strengths and limitations of this study, P4:

In addition, information on portion size was not included on the FFQ, which prevented us from calculating the amount of each food consumed, nor the participants' dietary nutrient intakes.

Methods, P8, L126:

low frequency

Methods, P9, L152:

a low frequency of consumption of certain foods,

Results, P10, L173:

the lower frequency

Results, P13, L177 - P13, L178:

low frequency of food consumption

Results, P13, L178 - P13, L179:

a low frequency of consumption

Results, P13, L181 - P13, L182:

a low frequency of food consumption

Results, P13, L183 - P13, L184:

a low frequency of food consumption

Results, P15, L187:

a low frequency of food consumption

Results, P15, L190 - P11, L191:

low frequency of food consumption

Results, P15, L196:

low frequency of food consumption

Results, P17, L199 - P17, L200:

a low intake frequency for rice and bread, fish, meat, vegetables (non-juice), fruits (non-juice), soybean products, milk, and yogurt or lactobacillus drinks

Results, P17, L201 - P17, L202:

low frequencies of vegetable-juice and fruit-juice intake

Discussion, P19, L213 - P19, L214:

a low intake frequency for certain foods,

Discussion, P19, L220 - P19, L221:

lower intake frequency for certain foods

Discussion, P19, L224 - P19, L225:

low frequency of intake for certain foods

Discussion, P20, L234:

low frequency of food consumption

Discussion, P20, L243 – P20, L244:

the low frequencies for various food groups

Discussion, P20, L246 – P20, L248:

a low frequency of intake of meat, vegetables (non-juice), fruits (non-juice), and soybean products were found only in women.

Discussion, P20, L251:

low frequency of intake of such foods

Discussion, P21, L259 – P21, L260:

low intake frequency of fish and vegetables

Discussion, P21, L261 – P21, L262:

low frequency of dietary intake

Discussion, P21, L275:

a low frequency of rice and bread intake

Discussion, P21, L277:

participants who had a low frequency of rice and bread intake

Discussion, P22, L299 – P22, L300:

a low intake frequency for several fresh foods

Discussion, P22, L301 – P22, L305:

Finally, there was no information on portion sizes. Therefore, we could calculate neither the amount of each food nor participants' dietary nutrient intakes. However, it was possible to see a correlation between the frequency of food intake and the amount of food intake because the FFQ was moderately correlated to a 24-hour diary.(15)

Discussion, P23, L306 – P23, L312:

In conclusion, non-specific mental health distress among evacuees after the Great East Japan Earthquake was associated with a low intake frequency of certain foods, such as rice and bread, fish, meat, vegetables (non-juice), fruit (non-juice), soybean products, milk, and yogurt and lactobacillus drinks. In an analogous fashion, traumatic symptoms were associated with a low intake frequency of foods, such as rice and bread, fish, meat, vegetables (non-juice), milk, and yogurt and lactobacillus drinks, and inversely associated with a low intake frequency of vegetable and fruit juices.

Table 1:

Participant characteristics according to frequency of food consumption status (2011 data).

Table 2:

Frequency of daily food consumption and percentage of participants with low frequency of food consumption according to psychological distress status.

Frequency of daily food consumption (times/day)

Table 3:

Odds ratios and 95% confidence intervals for low frequency of food consumption according to K6 score.

Participants with low-frequency consumption within group, n/ N a (%)

Table4:

Odds ratios and 95% confidence intervals for low frequency of food consumption according to PCL score.

Participants with low-frequency consumption within group, n/ N a (%)

[Reviewer 1's comment #3]

Moreover, the message is not true in men for depression and PTS disorders (not significant), not true for women for juices (not significant); the distribution of percentage of low consumption according to PCL score (3rd column of Table 4) shows that, on the contrary, participants with PTS disorders tend to eat/drink more - or at the same frequency - fruit and vegetables juices, soybean products and dairy products.

[Authors' response]

First of all, we apologize for the mistakes in Table 4 and the results section in our previous submission: first, we have revised the odds ratio for women for vegetable juice from 0.93 (0.87-1.00) to 0.93 (0.87-0.997) in Table 4, second, we have revised the sentence from “a low frequency of food consumption was more common in participants with $PCL \geq 44$ than in participants with $PCL < 44$ for vegetable-juice as well as fruit-juice” to “a low frequency of food consumption was more common in participants with $PCL < 44$ than in participants with $PCL \geq 44$ for vegetable-juice as well as fruit-juice” in the results section.

At the same time, we thank the reviewer for the valuable comments. Non-specific mental health distress was associated with a low frequency of only four food items limitedly in men, and traumatic symptoms also showed an association with four food items.

Compared with men, women showed closer associations between psychological distress and dietary intake in our study. Traumatic symptoms were inversely associated with low frequency of vegetable and fruit juice intake for women, which is now mentioned in our study.

In order to prevent misleading statements, we have now listed specific descriptions of the food items associated with psychological distress clearly, and have also stipulated in the results section and conclusion that the association between psychological distress and dietary intake was predominantly observed in women.

[Changes in the revised manuscript]

Abstract, P3, L23 - P4, L25:

These associations between dietary intake and non-specific mental health distress, as well as traumatic symptoms, were predominantly observed in women.

Abstract, P4, L26 - P4, L28:

Psychological distress after the Great East Japan Earthquake among evacuees was associated with a low intake frequency of certain foods, and the association was predominantly observed in women.

Results, P13, L183 - P13, L185:

Conversely, a low frequency of food consumption was more common in participants with $PCL < 44$ than in participants with $PCL \geq 44$ for vegetable-juice as well as fruit-juice (all $P < 0.05$).

Results, P15, L195 - P15, L197:

these positive associations between non-specific mental health distress and low frequency of food consumption were predominantly observed in women (all $P < 0.05$) (Model 2)

Results, P17, L208 - P17, L209:

these associations between traumatic symptoms and frequency of food consumption were predominantly observed in women (all $P < 0.05$) (Model 2)

Discussion, P19, L216:

These associations were predominantly observed in women.

Discussion, P23, L306- P23, L314:

In conclusion, non-specific mental health distress among evacuees after the Great East Japan Earthquake was associated with a low intake frequency of certain foods, such as rice and bread, fish, meat, vegetables (non-juice), fruit (non-juice), soybean products, milk, and yogurt and lactobacillus drinks. In an analogous fashion, traumatic symptoms were associated with a low intake frequency of foods, such as rice and bread, fish, meat, vegetables (non-juice), milk, and yogurt and lactobacillus drinks, and inversely associated with a low intake frequency of vegetable and fruit juices. The associations were predominantly observed in women, and were independent of lifestyle- and disaster-related factors.

[Reviewer 1's comment #4]

Moreover, odds ratios did not differ after adjusting for disaster-related variables (Model 3), mostly reflecting an absence of association of disaster-related variables on both the dietary factors and the stress-related outcome.

[Authors' response]

We thank the reviewer for the important comment. We integrated disaster-related factors into Model 2, because the odds ratios did not differ in Model 2 and Model 3, as the reviewer indicated. Lifestyle factors, such as physical activity and sleeping habits, may have been also aggravated in the same manner as disaster related factors, such as living arrangements, changes in work situation, and decreases in income, after the disaster. We do not always regard this as an absence of association for disaster-related variables with dietary factors or stress-related outcomes.

Table 1 showed that participants with lower intake frequencies of most food items were more likely to have suffered decreased income. Additionally, participants with psychological distress were more likely to have worse living arrangements, loss of employment, and have suffered decreased income (Suzuki Y, et al. Health Organ 2015; 93(9): 598–605).

Furthermore, when we conducted the analysis after adjustment for age and disaster-related factors (not adjusting for drinking status, physical activity, or sleeping habits), we confirmed the disappearance of a few statistically significant associations between psychological distress and dietary intake.

Therefore, we have now concluded that disaster-related factors were associated with both dietary factors and psychological distress.

[Changes in the revised manuscript]

Methods, P9, L154 - P10, L159:

Model 2 consisted of the parameters of Model 1 plus the variables of smoking and drinking statuses, perceived health condition, history of mental illness, history of other illness, leisure-time physical activity, sleeping habits, educational attainment, experiences of specific events during the disaster, living arrangements, changes in working situation, loss of employment, decreased income, and death of someone close.

Results, P15, L194:

Model 2

Results, P17, L207:

Model 2

Table 3:

Model 2 : Model 1 + smoking status, drinking status, perceived health condition, history of mental illness, history of other illness, leisure-time physical activity, sleeping habits, educational attainment, experiences of the Great East Japan Earthquake, living arrangements, changes in work situation, loss of employment, decreased income, and death of someone close.

Table 4:

Model 2 : Model 1 + smoking status, drinking status, perceived health condition, history of mental illness, history of other illness, leisure-time physical activity, sleeping habits, educational attainment, experiences of the Great East Japan Earthquake, living arrangements, changes in work situation, loss of employment, decreased income, and death of someone close.

[Reviewer 1's comment #5]

The Authors could also discuss a low intake frequency due to limited accessibility of certain foods, limited affordability, low availability, loss of trust among the consumers vis-à-vis locally grown vegetables, fruits, rice, milk. These points should be discussed in parallel to the potential stress factors.

[Authors' response]

We thank the reviewer for the very meaningful comment. We regret that the factors suggested by the reviewer are not available from the data of the Fukushima health management survey.

However, an inability to grow or ingest local Fukushima foods out of concern for radiation contamination by residents in Fukushima could be regarded as a major cause of the low intake frequency of certain foods (Fujitani K, et al. Community Ment Health J 2016; 52: 39-45).

Following the reviewer's suggestion, we have now discussed the possibilities of low frequency of intake for certain foods being due to limited accessibility, limited affordability, low availability, and loss

of trust among the consumers.

[Changes in the revised manuscript]

Discussion, P20, L236 – P20, L242:

However, the low intake frequency for certain foods also could be caused by unexamined factors. For instance, an inability to grow or ingest local Fukushima products due to concerns over radiation contamination could be regarded as a major cause for the low intake frequency of certain foods.(18) Furthermore, other unexamined factors, such as limited accessibility of certain foods, limited affordability, and low availability might have caused low intake frequency for certain foods.

Minor comments:

[Reviewer 1's minor comment #1]

Regarding the dichotomy of the outcome variables, what was the rationale of the cut-off points?

[Authors' response]

The reference value for some of the food items used in this study are not set in the Japanese guidelines. Therefore, we categorized frequency of dietary consumption by quartile point, which is often used in studies of the association between psychological distress and dietary intake (Murakami K, et al. Nutrition 2008; 24:140-7).

It does not look reasonable to regard the frequencies of each food consumption in the 50th percentile in our study as low frequencies, because a frequency of "every day" for rice and bread, vegetables (non-juice), and soybean products, and frequency of "3-4 times/week" for meat represent the 50th percentile categories.

On the other hand, frequencies of each food consumption in 25th percentile are obviously lower: such as "3-4 times/week" for vegetables (non-juice), "1-2 times/week" for meat, "less than once/week" for fish, and "never" for milk and yogurt and lactobacillus drinks. Therefore, we regarded the frequencies of food consumption in 25th percentile as a cut-off point.

We have now described the rationale behind the cut-off points in the method section.

[Changes in the revised manuscript]

Methods, P8, L123 - P8, L126:

The frequency of consumption of each food was categorized by quartile, and the frequencies in the 25th percentile (Q1) were lowest. A daily food consumption in the 25th percentile or lower was defined as "low frequency" for the corresponding food group.

[Reviewer 1's minor comment #2]

Is there any information on the questionnaire respondent: the person him/herself or a proxy? The wife may answer for her husband, and vice versa

[Authors' response]

Information on the respondents of the questionnaire is available: 88.6% responded in person, 9.3% responded by proxy and 2.1% of questionnaires were missing this information.

We conducted an additional analysis, excluding the proxy submissions and those missing responses, and observed almost the same associations between the original and the additional analysis in terms of the association between psychological distress and dietary intake, with the exception of the association between non-specific mental health distress and fruit juice for men, and traumatic symptoms and vegetable juice for all participants (Model 2 in supplementary tables 5-6).

We added the information on the respondents to the methods section, and we indicated this fact in the supplementary information file. We have also described it as a limitation that our study did actually include proxy respondents and those missing the subject of the respondent in the questionnaire.

[Changes in the revised manuscript]

Methods, P7, L92 - P7, L94:

Of the respondents to the questionnaire, 88.6% responded directly, while 9.3% responded by proxy, and 2.1% of questionnaires were missing this information.

Discussion, P22, L290 – P22, L296:

Second, in the respondents to the questionnaire, the 9.3% who responded by proxy were included, and this may effect the results. However, in the analysis covering only those who responded in person, almost the same associations between psychological distress and dietary intake were identified, with the exceptions of the association between non-specific mental health distress and fruit juice in men, and traumatic symptoms and vegetable juice in all participants (Model 2 in supplementary tables 5-6).

Supplementary information file: supplementary table 5, supplementary table 6

[Reviewer 1's minor comment #3]

Why was adjustment for sex used "if appropriate"?

[Authors' response]

We are sorry that description in the previous manuscript was misleading. We used the phrase in the previous manuscript in order to highlight that we adjusted for sex in the analysis of all participants, while we did not adjust for sex in the stratified analysis of sex. We deleted the phrase to avoid any misleading descriptions in the revised manuscript.

[Changes in the revised manuscript]

Table 3:

Model 1 : Adjusted for age and sex.

Table 4:

Model 1 : Adjusted for age and sex.

Reviewer: 2

Reviewer Name: Nobuo Nishi

Institution and Country: National Institute of Health and Nutrition, National Institutes of Biomedical Innovation, Health and Nutrition, Japan

Competing Interests: None declared

[Reviewer 2's comment #1]

As shown in the previous paper (ref. 16), dietary intake of evacuees of the Great East Japan Earthquake was associated with living conditions. Thus, socioeconomic conditions could have confounded the association between psychological distress and dietary intake. The authors should show stratified results by decreased income.

[Authors' response]

We thank the reviewer for their valuable comment. We conducted a stratified analysis by decreased income, like advised. As a result, it turned out that the association between psychological distress and dietary intake was essentially the same among all evacuees, regardless of whether they suffered decreased income or not. In accordance with the reviewer's suggestion, we showed the result in the supplementary information file, reflecting it also as a statement in the discussion section.

[Changes in the revised manuscript]

Discussion, P19, L230 – P20, L235:

In the same way, as a result of the stratified analysis by socioeconomic conditions, the aforementioned association was essentially the same among all evacuees regardless of whether they had suffered from decreased income or not (see online supplementary tables 3-4). Thus, the observed low frequency of food consumption could have been caused by psychological distress.

Supplementary information file: supplementary table 3, supplementary table 4

[Reviewer 2's comment #2]

The low response rate as described in the reference paper (J Epidemiol 2012; 22(5): 375-383) should be raised as a limitation. The authors should also discuss relatively high percentage of missing observations in psychological distress.

[Authors' response]

We thank the reviewer for the important comment. Pursuant to the reviewer's suggestion, we raised the low response rate and relatively high percentage of missing observations for psychological distress (10.3%) as limitations.

We stipulated that participants in the present study were not always representative of all the residents in Fukushima, and also they may have enhanced or weakened the association between psychological distress and dietary intake.

[Changes in the revised manuscript]

Strengths and limitations of this study, P4:

A limitation of this study was an overall low response rate (40.7%), and a relatively high percentage of missing observations under the category of psychological distress (10.3%). It should be noted that participants in the present study were not always representative of all the residents in Fukushima, and this could have enhanced or weakened the association between psychological distress and dietary intake.

Discussion, P22, L286 – P22, L290:

First, the overall response rate was low (40.7%), and there were a relatively high percentage of missing observations in the psychological distress category (10.3%). It should be noted that participants in the present study were not always representative of all the residents in Fukushima, and they could enhance or weaken the association between psychological distress and dietary intake.

[Reviewer 2's comment #3]

In Table 1, vegetable juice and fruit juice should be shown separately from vegetables (non-juice) and fruits (non-juice), respectively.

[Authors' response]

Complying with the reviewer's suggestion, we showed the revised participant characteristics, which separated vegetable juice from vegetables (non-juice), and fruit juice from fruits (non-juice).

[Changes in the revised manuscript]

Results, P10, L170 - P10, L176:

Compared with older participants, younger participants tended to have less frequency of taking rice and bread, fish, vegetables (non-juice), fruit (non-juice), soybean products, and milk. Assuming the high- versus low-consumption cutoffs described in the column headings in Table 1, for most food

groups, participants with the lower frequency of the pair were more likely to: drink once or more per month, be a current smoker, not perform any physical activities in their leisure time, and have suffered decreased income.

Table 1

VERSION 2 – REVIEW

REVIEWER	C. Sauvaget International Agency for Research on Cancer, France
REVIEW RETURNED	22-Apr-2016

GENERAL COMMENTS	In this revised version, although "low intake" has been corrected by "low frequency intake" all along the manuscript, the Authors still conclude that evacuees need support for consumption of balanced meals. The current data do not support such conclusion. The study reports that evacuees eat less often, but does not report that they eat less. Frequency is different from quantity. Moreover, balanced meals refer to quality that is not reported here. Consequently, the current recommendations are not appropriated.
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VERSION 2 – AUTHOR RESPONSE

Reviewer: 1

Reviewer Name: C. Sauvaget

Institution and Country: International Agency for Research on Cancer, France

Competing Interests: None declared

[Reviewer 1's comment #1]

In this revised version, although "low intake" has been corrected by "low frequency intake" all along the manuscript, the Authors still conclude that evacuees need support for consumption of balanced meals. The current data do not support such conclusion. The study reports that evacuees eat less often, but does not report that they eat less. Frequency is different from quantity. Moreover, balanced meals refer to quality that is not reported here. Consequently, the current recommendations are not appropriated.

[Authors' response]

We thank the reviewer for this important comment. We apologize that we did not adequately respond to your comments at the last review of this manuscript.

We recognize that our study does not show that evacuees experiencing psychological distress might need to be supported to consume balanced meals, and that we can state only that such evacuees tend to have a low-frequency intake of certain foods. We have therefore amended our manuscript so that the relevant part of the Discussion and Conclusions relate only to the low frequency of food intake, rather than to balanced meals.

[Changes in the revised manuscript]

Strengths and limitations of this study, P4:

In addition, information on portion size was not included on the FFQ, which prevented us from calculating the quantity of each food consumed and the participants' dietary nutrient intake.

Discussion, P22, L295–P22, L298:

Finally, we were not able to calculate either the quantity of each food or participants' dietary nutrient intake, because we had no information on portion sizes. We cannot, therefore, conclude that the evacuees actually ate less quantity of the foods we have reported here.

We have deleted the Abstract, P4, L28–P4, L30 from the former version of the manuscript (“This indicates that evacuees experiencing psychological distress may need to be supported in consuming balanced meals.”).

We have deleted Discussion, P19, L217–P19, L218 from the former version of the manuscript (“These findings suggest evacuees with psychological distress must be supported so that they can have sufficient dietary intake to manage their health.”).

We have deleted Discussion, P20, L235–P20, L236 from the former version of the manuscript (“The finding supports our proposition for dietary support for evacuees with high psychological distress.”).

We have deleted Discussion, P23, L314–P23, L316 from the former version of the manuscript (“Hence it seems to be necessary, as part of mental health measures, to help evacuees suffering from psychological distress with selecting suitable balanced meals.”).