OPEN PEER REVIEW

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Peer Review

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Peer Review Report for "Association Between Overweight and Obesity and Overactive Bladder in Children: A Cross-sectional Study"

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Review Timeline:

Submit Date:	17 Nov 2020
Revised Date:	22 Aug 2021
Accepted Date:	16 Oct 2021

Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE : Reviewer

11 Dec 2020

Please revise your title so that it includes your study design.
Please improve the reporting of your methods in the methods section of the abstract.
Please work to improve the quality of the English throughout your manuscript. I recommend asking a native English-speaking colleague to assist you or to enlist the help of a professional copy-editing service.
The introduction should include a better representation of the main rationale of the study and emphasis on the limitations of previous studies.
Please describe the detailed designation process of the three-day bladder function questionnaire in the method section. Please provide the three-day bladder function questionnaire as supplementary data.

All continuous variables were analyzed by parametric tests, did they all have a normal distribution?
The results are interesting, but I feel that the Results section should be rewritten. It is superfluous and it is difficult to follow the text. Please try to be more concise and to state the main ideas, use abbreviations when appropriate, etc.
It seems better to report enroll other socioeconomic characteristics of the participants such as parents, job, living in the city/its surroundings in the analysis.
There are some abbreviations that are not addressed by the full name for the first time using them (for example Eq., SPSS). NCHS/WHO is addressed in wring order.
The discussion part should be in an organized way; justify the possible reason for the consistency/ inconsistency of the results of the present study and previously published study and discuss the possible mechanisms involved in the relationship between weight and OAB. There are some sentences reporting the findings of the previous studies without any references in the discussion part.

REFEREE : Reviewer

5 Jun 2021

I totally appreciate the efforts that have been done by the authors in conducting this interesting study but I have many questions about this presentation:

The manuscript needs totally revision and paraphrases (English grammars).
There is no standardization for citing references throughout the text (for example: (7, 17, 18, 19, 20), in the text, especially in discussion section) change to (7, 17-20)

Abstract:
Abstract need revision, totally. In background, lines 4-5 were repetitive. Pl omits that.
In methods, where? Date?
Main outcome measures should be defined precisely (which urinary symptoms did assay in study?). case and control groups must be defined clearly.
In results, what was mean “holding maneuvers”? You should be used standard symptoms and sign of LUTS (no vague and immeasurable variables).
Define which results did belong to which groups (UTI?)
Conclusion must be said based on results. You did study effect of UTI on BMI.
Background:
In line 1, “BBD (bladder-bowel dysfunction)” change to “bladder-bowel dysfunction (BBD)”.
In paragraph 4, line 3, “(5,6, 1)” changes to “(1,5-6).
Last paragraph, “bladder-bowel dysfunction” change to “OAB”. Bowel dysfunction was not aim of study.
In paragraph 6, in addition to specific adverse health outcomes of obesity, including risk factors for overactive bladder and urine incontinency, you mention the main another urological problems in obese children. Such as these sentences: “obese boys may suffer from small penis, poor body image, decrease quality of life and fear of sexual relationship”. You should be mentioned these new and valuable references in background and/or discussion section: “1- Which of the Anthropometric Parameters

and Hormonal Variables in Prepubertal Children Are Correlated to True Micropenis?, Iran J Pediatr. 2021; 31(1):e108534. doi: 10.5812/ijp.108534.
And 2- Is It Necessary to Weight Loss in Obese Boys with Small Penile Length? A Case-Control Study, J Compr Ped. 2020 ; 11(4):e107272. doi: 10.5812/compreped.107272."

Many studies have been done in this regard. Why the authors decided to conduct this study again? Which new question does the findings of this study answer? What is novelty of this study?
The objects of study should be declared precisely and clear and measurable.
Methods:
What was sampling methods? Especially in control group.
Inclusion and exclusion criteria were incomplete. Pl defines precisely and clearly.
Inclusions and exclusions criteria must be mention to first paragraph then after, eligibility and allocated participants were noted (with number, exact and clearly)
There are many confounding factors in the studies about OAB. How did you include the confounding factors in the results? Clearly define all potential confounders and effect modifiers.
Describe statistical methods, used to control for confounding.
Control of confounders is an important point in this study.
Describe any sensitivity analyses.
Did you have missing data?
Please explain confounder and test to confounder-adjusted.
Prevalence overweight and obesity prevalence is about 35% in community (new references and also WHO). In another word is 3:1. But in control group was about 5%. There was obvious selection bias in this study. Probably, the reason was the low number of participants and lack of chances of obesity in children in society.
In case-control study, in Sampling formula should be considered these variables: $P_{\circ}$= …, OR=…, α=5% and ß=10%, and C=…. to collect a sufficient number of subjects with relative chance of becoming obesity.
Statistical Methods were incomplete. Describe statistical methods in more details, precisely. Methodology and statistical analyses of this study is not appropriate. At first, correlation testing should be used (two-tailed Pearson's correlation coefficient analyses, or r) and if one variables was significant (relationships) then, use spearman test to find OR or HR. These variables could be analysis with chi-square and T-test.
Several methodological mistakes further hamper the overall quality of the manuscript and the authors may consider reviewing checklist in order to improve their manuscript.
Pl sees the same article (case- control) and STORBE rules in this regards and consult with a statistics methodologist.
Results:
Results section need revision, totally. Table 2 is not correct. Your study was case-control (no cross-sectional). You must be compared variables in two groups (case and control) to achieve the results of associations and correlations. See above mention tip in methods comments.

Discussion:

Discussion section was so week. In the discussion part you should write the main(s) finding(s) and specially (novelty) at first and then allude to other studies. It concentrates on the new and important aspects of the study and the achieve conclusions. The differences and advantages of this study should be compared and mention with other studied.

Conclusion:

Conclusion should be revised according to above comments.

Tables:

Tables were not correct and match with design of study (no case-control study)

Best regards

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Revision (1)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Reviewers' response:

Reviewer 1:

Q: Please revise your title so that it includes your study design.

A: We revise the title so it includes the study design according to your comment.

Q: Please improve the reporting of your methods in the methods section of the abstract.

A: We improve and revise the method section of the abstract.

Q: Please work to improve the quality of the English throughout your manuscript. I recommend asking a native English-speaking colleague to assist you or to enlist the help of a professional copy-editing service.

A: We assist a colleague proficient in English to edit the text.

Q: The introduction should include a better representation of the main rationale of the study and emphasis on the limitations of previous studies.

A: The introduction is revised to include better representation of the main rationale of the study and expressed the limitations of previous studies according to your comment.

Q: Please describe the detailed designation process of the three-day bladder function questionnaire in the method section. Please provide the three-day bladder function questionnaire as supplementary data.

A: A three-day bladder function questionnaire added as supplementary data.

Q: All continuous variables were analyzed by parametric tests, did they all have a normal distribution?

A: Statistical analysis is revised by a statistics specialist.

Q: The results are interesting, but I feel that the Results section should be rewritten. It is superfluous and it is difficult to follow the text. Please try to be more concise and to state the main ideas, use abbreviations when appropriate, etc.

A: We revised and rewritten results section and state the main ideas, also we use abbreviations in this section

Q: It seems better to report enroll other socioeconomic characteristics of the participants such as parents, job, living in the city/its surroundings in the analysis.

A: We expressed the parents' education level, but we don't have other socioeconomic data.

Q: There are some abbreviations that are not addressed by the full name for the first time using them (for example Eq., SPSS). NCHS/WHO is addressed in wring order.

A: We address and corrected the abbreviation by the full name for the first time according to your comment.

Q: The discussion part should be in an organized way; justify the possible reason for the consistency/ inconsistency of the results of the present study and previously published study and discuss the possible mechanisms involved in the relationship between weight and OAB. There are some sentences reporting the findings of the previous studies without any references in the discussion part.

A: The discussion section is revised and organized to include reasons for the consistency/ inconsistency of the results of the present study and previously published study, and mechanisms involved in the relationship between weight and OAB. The references were revised in this section.

Reviewer 2:

Q: The manuscript needs totally revision and paraphrases (English grammars).

A: We revised the text for English grammar and assist a colleague proficient in English to edit the text according to your comment.

Q: There is no standardization for citing references throughout the text (for example: (7, 17, 18, 19, 20), in the text, especially in discussion section) change to (7, 17-20)

A: The citing references are corrected according to your comment.

Q: Abstract need revision, totally. In background, **lines 4-5 were repetitive**. Pl omits that.

A: The repetitive lines in Abstract section are omitted.

Q: In methods, where? Date?

A: In method, the place and time of the study was added according to your comment.

Q: Main outcome measures should be defined precisely (which urinary symptoms did assay in study?). case and control groups must be defined clearly.

A: We explain the urinary symptoms that was measured, and revise inclusion and exclusion criteria to define case and control groups more precisely.

Q: In results, what was mean **"holding maneuvers**"? You should be used standard symptoms and sign of LUTS (no vague and immeasurable variables).

A: We mentioned the "Holding maneuvers" due to the first reference from "The Standardization of Terminology of Lower Urinary Tract Function in Children and Adolescents: Update Report from the Standardization Committee of the International Children's Continence Society":

"Austin PF, Bauer SB, Bower W, Chase J, Franco I, Hoebeke P, et al. The Standardization of Terminology of Lower Urinary Tract Function in Children and Adolescents: Update Report from the Standardization Committee of the International Children's Continence Society. Neurourol Urodyn, 2016 Apr; 35(4):471-81."

Holding maneuvers mentioned as one of the symptoms of overactive bladder.

"Holding maneuvers" include for example squatting with the heel pressed into the perineum or sitting on the edge of a chair.

Q: Define which results did belong to which groups (UTI?)

A: We define that a proportion of patients had history of UTI, and revised the exclusion criteria to exclude the children with history of UTI from control group.

Q: Conclusion must be said based on results. You did study effect of **UTI** on BMI.

A: Conclusion is revised and rewritten based on results according to your comment.

Q: In line 1, “BBD (bladder-bowel dysfunction)” change to “bladder-bowel dysfunction (BBD)”.

A: BBD abbreviation is corrected.

Q: In paragraph 4, line 3, “(5,6, 1)” changes to “(1,5-6).

A: It is corrected according to your comment.

Q: Last paragraph, “bladder-bowel dysfunction” change to “OAB”. Bowel dysfunction was not aim of study.

A: “Bladder-bowel dysfunction” change to “OAB” according to your comment.

Q: In paragraph 6, in addition to specific adverse health outcomes of obesity, including risk factors for overactive bladder and urine incontinency, you mention the main another urological problems in obese children. Such as these sentences: “obese boys may suffer from small penis, poor body image, decrease quality of life and fear of sexual relationship”. You should be mentioned these new and valuable references in background and/or discussion section: “1- Which of the Anthropometric Parameters and Hormonal Variables in Prepubertal Children Are Correlated to True Micropenis?, Iran J Pediatr. 2021; 31(1):e108534. doi: 10.5812/ijp.108534.
And 2- Is It Necessary to Weight Loss in Obese Boys with Small Penile Length? A Case-Control Study, J Compr Ped. 2020 ; 11(4):e107272. doi: 10.5812/compreped.107272.”

A: We mention other specific health outcomes of obesity and urologic problems and added references according to your comment.

Q: Many studies have been done in this regard. Why the authors decided to conduct this study again? Which new question does the findings of this study answer? What is novelty of this study?

A: We describe our decision to conduct this study in our OAB patients to answer the question that “why in our children with over active bladder, obesity and over-weight are not more common the healthy ones?”

Q: The objects of study should be declared precisely and clear and measurable.

A: We revise and declare how to measure the variables, and urinary symptoms according to your comment.

Q: What was sampling methods? Especially in control group.

A: Healthy children were selected by group matching, sex and age, among those visited in the general pediatric. For patients with over-active bladder and children with no history of voiding dysfunction and UTI, the OAB questionnaire was completed. Sampling was being continued successively until the expected sample size.

Q: Inclusion and exclusion criteria were incomplete. Pl defines precisely and clearly. Inclusions and exclusions criteria must be mention to first paragraph then after, eligibility and allocated participants were noted (with number, exact and clearly)

A: We correct and list the inclusion and exclusion criteria, and mention in the first paragraph of methods.

Q: There are many confounding factors in the studies about OAB. How did you include the confounding factors in the results? Clearly define all potential confounders and effect modifiers.
Describe statistical methods, used to control for confounding.

Control of confounders is an important point in this study.
Describe any sensitivity analyses.

A: Potential confounding variables considered in overactive bladder children were demographic characteristics including age, gender, BMI, and socio-economic statue, as well as presence of neurological or phycological disturbances, all obtained by history taking, physical examination, and parents-reported questionnaire.

Q: Did you have missing data?

A: We didn't have any missing data.

Q: Prevalence overweight and obesity prevalence is about 35% in community (new references and also WHO). In another word is 3:1. But in control group was about 5%. There was obvious selection bias in this study. Probably, the reason was the low number of participants and lack of chances of obesity in children in society.
In case-control study, in Sampling formula should be considered these variables: $P_{\circ}$= …, OR=…, α=5% and ß=10%, and C=…. to collect a sufficient number of subjects with relative chance of becoming obesity.

A: The small sample size was a limitation in this study to estimate the prevalence of obesity in our population and OAB patients, but it can be a preliminary study to further investigation of the weight distribution in healthy and OAB children in our province.

Q: Statistical Methods were incomplete. Describe statistical methods in more details, precisely. Methodology and statistical analyses of this study is not appropriate**. At first, correlation testing should be used (two-tailed Pearson's correlation coefficient analyses, or r) and if one variable was significant (relationships) then, use spearman test to find OR or HR. These variables could be analysis with chi-square and T-test.**

A: The study was cross-sectional and we corrected this item in methods, so we used the Cochran formula for calculating sample size.

Q: Several methodological mistakes further hamper the overall quality of the manuscript and the authors may consider reviewing checklist in order to improve their manuscript.

Pl sees the same article (case- control) and STORBE rules in this regards and consult with a statistics methodologist.

A: We revised and rewritten the statistical testing according to your comments.

Q: Results section need revision, totally. **Table 2 is not correct**. **Your study was case-control (no cross-sectional)**. You must be compared variables in two groups (case and control) to achieve the results of associations and correlations. See above mention tip in methods comments.

A: We revised and organized Result section.
Table 2 shows the relationship between clinical symptoms and BMI percentile in overactive bladder patients, and control group is not included in this table.

Q: Discussion section was so week. In the discussion part you should write the main(s) finding(s) and specially (novelty) at first and then allude to other studies. It concentrates on the new and important aspects of the study and the achieve conclusions. The differences and advantages of this study should be compared and mention with other studied.

A: Discussion section is revised and rewritten totally according to your comment. We mention the main results and novelty compared to other studies.

Q: Conclusion should be revised according to above comments.

A: The conclusion section corrected based on the main results.

Q: Tables were not correct and match with design of study (no case-control study)

A: The study design was cross-sectional study and it is corrected in method section.

Sincerely yours
Corresponding Author

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Revision (1)