Reply to Rafael Guimarães and Cristina Salles: “Would Metabolic Rate Be a Viable Reference Alternative to a Personalized Mineral Supplementation?”

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The authors appreciate the commentary on the article “The Need and Safety of Mineral Supplementation in Adults with Obesity Post Bariatric Surgery—Sleeve Gastrectomy (SG)” and the consideration of the problem would metabolic rate be a viable reference alternative to a personalized mineral supplementation?

The authors of the article agree with the comments of the authors of the letter on the use of nutritional reference values and we also appreciate the emphasis “according to the Institute of Medicine (IOM), the Estimated Average Requirement (EAR) would be the best reference for this purpose” (the authors of the study used the EAR/AI values as reference values in the comparisons, EAR, AI levels—proposed by IOM and used for the Polish population as reference dietary values; EAR—is used for evaluation the probability whether the habitual intake of selected nutrients in individuals or groups of people is insufficient or excessive; this level is considered basic for the assessment of individual and group intake; AI level—is used when evidence is insufficient to establish EAR and RDA levels). We are also aware that the nutritional reference values are intended primarily for healthy people and may not be suitable for patients also patients with obesity, but we used these levels for the assessment in order not to overestimate the deficient intake.

We would also like to emphasize that, according to current knowledge, nutritional reference values do not

differentiate the intake of vitamins and minerals depending on the level of physical activity or energy expenditure (in groups), but only age, sex and physiological state (pregnancy, breastfeeding), although we believe that the metabolic rate may depend on the consumption of certain vitamins, i.e. mainly B vitamins or minerals. This problem is more widely studied in athletes.

The results of the study are also planned in subsequent publications, including assessment of changes in BMI, WHR, blood pressure in the period of 9 months after bariatric surgery in relation to the intake of energy and nutrients responsible for changes in body weight, taking into account lifestyle factors, which, we hope, will allow for a more complete presentation of the results of the experiment and finding some answers to the questions posed.

Declarations

Conflict of Interest The authors declare no competing interests.

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