

Establishment of a Risk Prediction Model for Metabolic Syndrome in High Altitude Areas in Qinghai Province, China: A Cross-Sectional Study [Response to Letter]

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Dear editor

We have read the letter by Dr. Song regarding our article with interest and appreciate the criticisms and comments expressed. The letter brings the opportunity to further discuss the merits and limitations of our study.

Thanks to Dr. Song for providing three suggestions. We agree with the author's observations, which highlight some of those associated with the MS at high altitude in our recently published paper. Similar suggestions were made during the review process but could not be considered due to the lack of prior data on these factors. In a study, researchers constructed a prediction model for MS using anthropometric data (family history not included), but the model still displayed good predictability.¹ In addition, as you said, the model we constructed displayed good predictability.²

We acknowledge that this is a limitation of our study. We only gave a general description of the altitude (1900 to 3710 meters) and did not include the specific altitude as a factor. This was also explained in the discussion section of the text. We set up different altitude gradients, the patient's underlying pulmonary disease and family history for investigation and analysis in our ongoing research (A demonstration study of natural population cohort on the Qinghai-Tibet plateau, 2024). This is an urgent task for us to explore and will be included in our upcoming work. We are actively applying for relevant cohort studies to make our study more convincing.

Again, we would like to thank Dr. Song for her suggestion to our article. Overall, addressing these issues would really take our research a step further, and these recommendations have important implications for our future work.

Disclosure

The authors report no conflicts of interest in this communication.

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