

## Response to Energy Requirements in m.3243A>G Carriers Depend on Multiple Factors

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Dear editor,

We fully agree with Dr Finsterer that energy requirements in m3243A>G carriers depend on multiple factors, and we describe in the introduction section that this is a highly heterogeneous patient population. It has proved quite difficult to reliably estimate energy requirement in this patient group, and we aimed with our article to help dietitians in how to deal with this matter in their daily practice.

We, in fact, describe how many patients have diabetes ( $n = 15$ ), and in Table 2 of our article, wheelchair use and activity influencing factors have been described. The diabetes patients in this group, however, do not necessarily have insulin resistance, and those patients with hypothyroidism who are using adequate medication do not necessarily have an altered energy demand. We chose not to mention the individual medications because we did not know how to link this to the actual energy requirements. We do not agree with Dr Finsterer that vomiting or diarrhea per se affects total energy expenditure; rather, vomiting or diarrhea affects nutrient intake/uptake. Vomiting may be frequent in the Chinese cohort, yet it appears to be rare in our local population.<sup>1</sup> If it occurs, we have to step up our efforts to provide an adequate amount of energy, but if, for example, postpyloric tube feeding is started, provision of additional energy may not be indicated. In case additional energy is given because of diarrhea, this may worsen the problem, and it may prove better to treat the pseudo-obstruction.

Age, sex, and body weight indeed influence energy requirement, and these factors are taken into account when one of the studied prediction equations is being used. Organ involvement and heteroplasmy rates are issues that cannot be taken into account with any equation that is available, and we do not see that is likely to become real in the near future. This notion does not imply that we should perform indirect calorimetry in every patient. We believe that we demonstrated in our study that despite the heterogeneity of the patients, 6 prediction equations are a relatively reliable alternative for measuring Resting Energy Expenditure by means of indirect calorimetry. Finally, in

line with Dr Finsterer's suggestion, we advise measuring mobility in every patient.

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