

(CATMAT),² and the Committee has now been made aware of these errors.

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To self-cite or not to self-cite

The article by Apoor Gami and associates¹ on self-citation in the diabetes literature included 1 self-citation (out of a total of 9 references), which involved 3 of the study's authors (reference 6 in the original article). Thus, self-citations constituted 11% of the article's citations, which is more than the reported mean of 18% and median of 7%.

We agree that this phenomenon is prevalent in the literature. We, too, have published articles with self-citations.^{2,3} In fact, this letter now has a self-citation rate of 66%!

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[Three of the authors respond:]

Raheem Kherani and Michelle Fung note that we referenced one of our own publications in our recent article about self-citation.¹ In fact, we acknowledged this (in the second paragraph of the Interpretation section of that article), as an example of the necessity or utility of self-citation. However, Kherani and Fung have calculated the rate of self-citation incorrectly. Author self-citations, as described in our article, are subsequent citations to an article by one of its authors. Thus, our citation of the paper by Montori and colleagues² raised the self-citation count of that article by 1, but it did not affect the citation count of our present article.¹ Calculating the proportion of self-citations to the latter would involve dividing the number of our subsequent publications that cite it by the total number of subsequent publications that cite it.

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How children see themselves

In their recent research letter, Gail McVey and associates¹ suggest that fear of being overweight and the desire to be thinner lead to behaviours such as "dieting and other extreme weight control methods." Their proposed solution is to increase the education of key individuals, including primary care physicians.

In designing a prevention program, it is important to realize that teenagers' fear of becoming overweight is reasonable. Given the significant social discrimination against obese individuals in areas such as marriage, income, health care and education,^{2,3} as well as the rise in obesity among children and teens,^{4,5} it is not surprising that some teens go to great lengths to prevent weight gain.

It would have been useful if the authors had reported how many respondents in their sample were aware that their eating behaviour was inappropriate. Such awareness has a great bearing on what preventive measures will be effective. In particular, it would be helpful to determine how a physician should manage care for a girl at serious risk of obesity if dieting is not an option.

In most people, dieting and disordered eating are symptoms of the underlying issue of body dissatisfaction. It is not clear how effective educational prevention programs will be in addressing this problem. However, it seems advisable to determine the overall impact of such interventions (including any possible adverse outcomes) before recommending this approach to primary care physicians.

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