Response to Reviewer 2

We would like to thank the Reviewer for the careful reading of our manuscript and for the valuable and constructive comments. We have addressed all concerns raised, and the manuscript has been revised accordingly. Below we provide a detailed, point-by-point response. All changes are made in red.

1. There are, however, a few points that still need clarification. The statistical approach would benefit from a more consistent justification, especially regarding the use of parametric tests despite non-normal distributions.

Response:

In response to the Reviewer's suggestion, we reanalyzed the results. As the assumption of normality was not met for the analyzed variables, we replaced Pearson's correlation coefficient with Spearman's rank correlation coefficient, which is more appropriate for non-normally distributed data (table 4).

2. The use of the one-sample t-test also remains unclear, and the reference value used should be explicitly stated and justified.

Response:

We carefully reviewed our results, and the indicated fragment concerning the use of the one-sample t-test has been removed in accordance with the suggestion of another Reviewer. We appreciate the thorough evaluation of our work. These valuable comments will be taken into account in our future research.

3. In addition, although missing laboratory data are mentioned, the potential impact on bias is not discussed in detail.

Response:

Due to the clinical nature of data collection, some laboratory parameters were available only for a subset of participants, and analyses were therefore conducted using an available-case approach. This may have reduced the statistical power of certain analyses, particularly in univariate comparisons (Table 3), where smaller sample sizes for selected variables (e.g., albumin) limited the ability to detect statistically significant differences between groups. Consequently, non-significant findings for these parameters should be interpreted with caution, as they may reflect insufficient sample size rather than a true lack of association. In other words, the absence of statistically significant differences does not necessarily indicate equivalence between groups. Relevant clarification has been added to the limitations section of the manuscript. We appreciate this insightful comment, which has helped to improve the transparency and interpretation of our results.

4. It would also be helpful to clarify how variables were selected for the multivariate model, beyond statistical significance alone.

Response:

We acknowledge that the selection of variables for the multivariate model was based primarily on statistical significance in univariate analyses. This approach was adopted due to the relatively small sample size and the exploratory nature of the study, with the aim of limiting the number of variables included in the model and reducing the risk of overfitting. However, we agree that relying solely on statistical criteria may overlook clinically relevant variables. This limitation has now been clarified in the revised manuscript. We appreciate this valuable suggestion, which will be taken into account in future studies, where variable selection will also incorporate clinical relevance and evidence from the literature.

5. Finally, a brief comment on the clinical relevance of the observed associations (not only their statistical significance) would strengthen the interpretation of the findings.

Response:

We have revised the Discussion section to better emphasize the clinical relevance of the observed associations, beyond their statistical significance. Specifically, we have added a paragraph highlighting the potential clinical implications of the relationships between nutritional status, disease severity, and self-care behaviours.