

World Journal of Gastroenterology

November 13, 2014

Dear Editor,

Please find enclosed the edited manuscript in word format (file name: 13417-review).

Title: Psychosocial mechanisms for the transmission of somatic symptoms from parents to children.

Authors: Miranda A.L. van Tilburg, Rona L. Levy, Lynn S. Walker, Michael Von Korff, Lauren D. Feld, Michelle Garner, Andrew D. Feld, William E. Whitehead

Name of Journal: World Journal of Gastroenterology

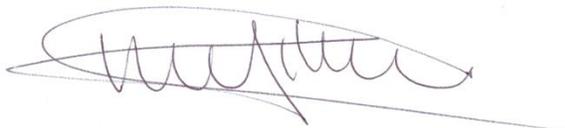
ESPS Manuscript NO: 13417

The manuscript has been improved according to the suggestions of reviewers:

- (1) Format has been updated
- (2) References and typesetting were corrected
- (3) Revision has been made according to the suggestions of the reviewer as outlined on the next page.
Revisions are highlighted in blue in the manuscript to aid the review. We can provide a manuscript without colored revisions, if needed.

Thank you again for publishing our manuscript in the World Journal of Gastroenterology.

Sincerely,



Miranda van Tilburg

All reviewer comments are included below, with our response in italics.

This is an interesting article looking at the relationship between maternal and child somatic symptoms in the setting of IBS. There are some clarity issues that need to be addressed to make it a much better manuscript.

- Abstract: The aim needs to be rewritten - it is not clear at all what the study is about from your aim - there is no mention of IBS; "explain familial aggregation (of what?!) *Adjusted as suggested.*
- Similarly, you mention your hypotheses in the methods section. *We have moved the hypotheses also to the aims.*
- The "cold symptoms" in hypothesis 1 seems to come from nowhere. *We have included cold symptoms in the hypotheses to indicate that these are used as 'other' non-gastrointestinal symptoms.*
- Also, there are a few typos and one instance where the font changes "Child Symptom Checklist (Gastrointestinal symptoms). *Adjusted as suggested.*
- Also, with p, r and rho values (this applies throughout the manuscript) it is easier to read if the 0 is included prior to 0.01 for example. *Adjusted as suggested.*
- Main manuscript: Introduction: Aim and hypothesis - the aim is clear, but the hypothesis are only referred to obliquely, which means that it is very confusing when you get to the methods and are treated to hypotheses 1-4. These should be mentioned in the introduction first. *We have moved the hypotheses to the introduction as suggested.*
- From you "aim" paragraph it seems like your first hypotheses is that "transmission of mother to child is specific for GI symptoms but (not) other symptoms such as cold symptoms" and the second hypothesis is related to the risk factors of transmission. *We have adjusted the order of the hypotheses in the aim to be similar to the abstract, methods and result section.*
- Methods: Please explain Rome Criteria 1 briefly in the text. *Added as suggested.*
- Child and parent measures: You report validity and reliability for some of the measures (e.g. FILE) but not all (e.g. ARCS, PI, CBCL). *Validity and reliability has been described for all measures.*
- Similarly you report questions for some (ARCS) but not all. Is there a reason for this? *Sample questions were added as suggested.*
- CSCL - you mention that you added in 7 URTI symptoms - but not which ones, or where they came from, or how you validated or chose them. *The 7 cold symptoms are now added to the manuscript as well as a justification for doing so.*
- RESULTS: Sometimes you report p values as <0.05 , and other times you give the p value. Do you have the actual p value that you can report? Eg 0.049 is very different to 0.001, and would lead to better interpretation of results. *We agree that consistency is needed. For consistency purposes, we revised all p-values to be lower than a cut-off value. The reason for this is twofold: (1) Since the majority of p values were below 0.000 and SPSS does not calculate values beyond three numbers after the decimal point, we will need to keep these as a cut-off value ($p < .001$), (2) WJG guidelines indicates a need for identifying superscripts for significance in the Tables based on cut-offs (writing requirements of research report #8). In order to preserve the strength of the significance level we used p-values < 0.05 , $.01$, <0.001 .*
- Last sentence - reads that age correlates with non GI symptoms and moms IBS severity - when I think there are two separate points here? *The reviewer is correct that there are two separate points. We split the sentence in two different sentences, which should clarify the two points.*
- Also, suggest maternal or mother's rather than mom's. *Revised as suggested throughout the*

manuscript. We have also used 'Child' consistently (and not 'kid').

- Figure 1: Please include the p values on the figure for each variable to aid in interpretation. *This has been added as suggested.*
- Discussion: I would be interested to know how your modeling results and your reinforcement of illness behaviour results fit in with previous studies? *We have added a comparison to other studies as suggested.*
- Study limitations: Having a control group of mothers that are older and more educated than the cases is a limitation (even though one you have controlled for.) *Good point. We have added this to our limitation section.*
- Conclusion: Few typos in the second sentence. *We have made changes.*
- Also think that as the relationship between cognition and coping strategies was essentially negative (with the exception of the negative correlation between maternal passive coping straggles and child symptom reporting) - the conclusion about catastrophizing is a little out of left field? *This sentence has been revised to be more clear about the role of coping.*

Other revisions (not highlighted in blue):

- *PMID codes in the references list have been adjusted.*
- *Minor language polishing*