

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Pediatrics

**Manuscript NO:** 32299

**Title:** Pediatricians lack knowledge for the diagnosis and management of pediatric functional constipation in children over 6 months of age

**Reviewer's code:** 03647631

**Reviewer's country:** United States

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2017-01-04

**Date reviewed:** 2017-01-13

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

## COMMENTS TO AUTHORS

This is a valuable study describing current clinical practice in Indonesia and drawing attention to discrepancies between current clinical practice and the recommendations for standard of care for constipation. There are some questions and comments I have that hopefully will strengthen the presentation of the text of the study: 1. How did you derive the questionnaire? Did you use the Rome III guidelines for functional constipation to design questions or the NASPGHAN/ESPGHAN guidelines? If not, was your questionnaire validated? 2. How many pediatricians identified all criteria for functional constipation into their diagnosis of constipation? 3. What other treatment modalities were used by pediatricians (miralax, mag citrate, etc)? 4. Overall, I think you should emphasize the difference between current practice and current recommendations in this community of pediatricians. Finally, there were some issues with language, specifically in the discussion, that could be reworded, but these were minor issues and the



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manuscript overall had excellent flow.

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Pediatrics

**Manuscript NO:** 32299

**Title:** Pediatricians lack knowledge for the diagnosis and management of pediatric functional constipation in children over 6 months of age

**Reviewer's code:** 00158514

**Reviewer's country:** Turkey

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2017-02-06

**Date reviewed:** 2017-02-22

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

The authors assess the knowledge of the pediatricians in their country about constipation diagnosis and management in this article. Since constipation is a common problem worldwide, it is an important topic. However some revisions should be made. ? Key words and core tips are missing. These should be added. ? Manuscript should be revised for grammar mistakes. ? Abstract: o The title of the subsections should be changed according to the rules of the journal. o Standard deviation scores should be given when mean values are used. o Generic name or its content should be given instead of "Microlax". ? Introduction: o "Introduction" should be preferred instead of background according to journal guidelines. o It is stated that constipation prevalence changes depending on multiple variables. What are these variables? This sentence should be clarified. (first paragraph, line 4) o Reference should be given for the guidelines mentioned in the second paragraph. ? Material and methods: o This part of

the manuscript should be written more clearly and in details. o Questions should be defined more clearly. It is hard to understand what is asked. Participants are asked to choose one or more symptoms, but either number of bowel movements or consistency of the stool is a symptom. In the results it is said that there are five symptoms, but in the methods six are stated. Is straining and difficulty in defecating accepted as one? These all should be defined clearly in methods. o Later in the result part a mean value is given for days between two defecations. This question should be given in methods also. o What was the open question about toilet training? It is not well defined. o The questionnaire is distributed to 103 pediatricians. Is the total number of pediatricians? If not, why and how this number of pediatricians are chosen? o "General" may be deleted throughout the manuscript as pediatrician is sufficient. o "Participant" or "pediatrician" is more appropriate instead of "respondent". ? Results: o It is stated that "the respondents were recognized" (line 2). The meaning of this phrase is not clear. o Is fecal staining or straining meant in the 3rd paragraph, line 2. Fecal staining is not defined as a question in the methods. o Standard deviation scores should be given when mean values are used. ? Discussion: o In the first paragraph it was stated that constipation according to Rome III criteria is given in Table 1. However, table 1 is about the results of questionnaire. If Rome III criteria will be given it should be for toddlers and children separately, and reference should be given. Reference 5 and 6 are not for Rome III criteria. This sentence should be made clear. o Pediatricians had advised to increase fiber and fluid intake. How is it decided that they advised to increase intake above the recommended values? Patients may be taking less than they should. ? References: o References should be written according to journal guidelines. o Is reference 11 an article, a book or a website? This should be corrected. o Reference 12 is not appropriate for children. There are many publications that can be used instead. o Reference 13 should be corrected, name is missing. ? Figure legends: o Figure legends should be written under figures not above.

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Pediatrics

**Manuscript NO:** 32299

**Title:** Pediatricians lack knowledge for the diagnosis and management of pediatric functional constipation in children over 6 months of age

**Reviewer's code:** 03261180

**Reviewer's country:** Brazil

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2017-02-17

**Date reviewed:** 2017-03-15

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
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		BPG Search:	
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		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

The proposal of the Manuscript 'Pediatricians lack knowledge for the diagnosis and management of pediatric functional constipation in children over 6 months of age' is interesting. However, in general, the presentation of the paper is vague and needs a major revision. Methods - Describe the universe of pediatricians: general pediatricians, primary health care, neonatologists? - To better understand the meaning of the answers, the questions should be - at least partially - detailed. The answers could have different meanings, depending on how the questions were formulated, and this should be carefully discussed. For instance: ? Were there questions about age range at which most patients of the pediatricians were diagnosed, and about which proportion presented with complications/fecal impaction? ? Was the possible confusion of the term encopresis (often used for non-retentive incontinence) made clear in the questionnaire? ? Which options were offered about the treatment to be given? Was the option 'normal'

dietary fiber intake given, and was 'normal' defined? How? Were questions separated for children with or without evidence of fecal impaction? Results - How was decrease in frequency of bowel movement with a mean 3.59 days between 2 defecations obtained? If possible, present mean (SD), or median (25-75%). - Straining and difficulty in defecating are both included in the questionnaire, but the latter does not appear in results. In fact, both could clinically overlap (when straining appears in the text it should be corrected). - Association of symptoms: it seems that any of the symptoms would make pediatricians suspicious of constipation. If so, and/or should be used in the text, instead of and. - The series of questions about treatment includes duration of treatment and outcome, but results do neither contemplate outcome, nor overall duration of treatment (except that non-pharmacologic treatment was recommended for 1 to 2 weeks by 68%). - Table 1 does not correspond to Rome III. It corresponds, instead, to the % of answers Discussion Discussion is quite incomplete. It focuses mainly on the topic whether the answers were in accordance with Rome III, without any discussion about the meaning of the answers. For instance, a high-fiber diet without pharmacological treatment for a short period, does not conform to Rome III, but cannot be considered 'wrong' a priori (no evidences have shown this), depending on absence of fecal impaction/complications, what was considered a high-fiber diet (increase of DF intake for a child considered with a 'low' intake, inclusion of supplements, or...), etc. In fact, Rome III has been disputed (Rome IV has been published since, but did not change substantially) and important papers were omitted in the discussion. Therefore, among others, the following papers should be approached: Yang CH, Punati J. Practice patterns of pediatricians and trainees for the management of functional constipation compared with 2006 NASPGHAN guidelines. JPGN 2015;60(3):308-11. Sood MR. Evidence-based diagnosis and treatment of functional constipation: "are we there yet?" JPGN 2015;60(3):288-9. Rajindrajith S, Devanarayana NM, Crispus Perera BJ, Benninga MA. Childhood constipation as an emerging public health problem. World J Gastroenterol 2016 14;22(30):6864-75. Title, Abstract, Conclusions The title of the paper and the conclusion of the main text are somewhat in contrast with the Abstract's conclusion which is "Although almost all pediatricians are aware of important aspects in treating constipation, further education is needed in order to provide comprehensive and effective diagnosis and treatment for pediatric constipation" This affirmation could better show up in the discussion, in which mainly the negative aspects are stressed. In the conclusions of the text it says that knowledge about appropriate diagnosis and treatment is weak among yo