RE: Revision of the manuscript NO: 77800, entitled "Prevalence of Functional Gastrointestinal Disorders in children with Celiac Disease on different types of gluten-free diet"

Dear Editors,

Thank you very much for reviewing our paper.

As you suggested, we are sending you a revised version of the manuscript entitled: "Prevalence of Functional Gastrointestinal Disorders in children with Celiac Disease on different types of gluten-free diet".

We have carefully read the comments written by reviewers and have attempted to clarify the various shortcomings to the best of our ability.

We have included a list of explanations for each comment, listed under the headlines "Response to

Reviewer 1-2-3 Comments"

We hope that this will be sufficient, but please let us know if there are other problems that need to be addressed.

Once again thank you for your help and consideration.

Sincerely

Caterina Strisciuglio

# Response to Reviewer 1 Comments

We thank the reviewer for the constructive and positive comments and suggestions, and we herein provide a point-to-point response

The study was well designed, evaluated the control of different types of gluten free diet on celiac disease in children, and reached interesting conclusions. I have two questions. First, whether the author can provide the original experimental data. The original data is not provided in the attachment of the article.

Response 1: We thank the reviewer for this careful observation and we we have attached a supplementary data the experimental data requested.

	N = 104
DIET	
Natural	55 (53%)
Not natural	49 (47%)
KCAL	1,397 (350)
PRO	51 (14)
FAT	61 (19)
СНО	179 (106)
STARCH	37 (33)
CHOL	145 (86)
SATURATED F.A.	14.5 (6.5)
POLY. F.A.	4.53 (1.97)
MONO. F.A.	23 (11)
CA	416 (203)
NA	834 (615)
К	1,345 (572)
Р	663 (243)
FE	4.58 (2.51)
ZIN	5.21 (2.27)
FOLIC A.	102 (74)
NIACIN	7.9 (4.3)
RIBOFLAVIN	0.86 (0.50)
THIAMINE	0.51 (0.22)
VIT.A	356 (208)
VIT.B6	0.84 (0.50)
VIT.C	64 (72)
VIT.D	1.50 (1.59)
VIT.E	6.7 (3.5)
DIETARY FIBER	7.6 (5.4)

OLIGOSACCHARIDES	38 (19)
Persistence of disorder	
Developed a new disorder at T1	10 (9.6%)
All disorders at T0 disappeared at T1	47 (45%)
The disorder(s) persisted at T1	8 (7.7%)
No disorder at T0 and no disorder at T1	39 (38%)

Data are presented as Frequency (Percentage) for categorical variables, and as Mean (SD) for continuous variables.

Differences in nutrients between subjects in category "Natural diet" (N=55), and those in category				
"Non-natural diet" (N=49)				
Variable	Diet natural,	Diet	p-value	
	N = 55	non natural, N = 49		
KCAL	1,417 (338)	1,376 (367)	0.558	
PRO	52 (14)	50 (15)	0.509	
FAT	63 (19)	59 (20)	0.324	
СНО	189 (137)	167 (51)	0.277	
STARCH	41 (33)	33 (33)	0.250	
CHOL	135 (60)	155 (109)	0.251	
SATURATED F.A.	15.1 (7.0)	13.7 (6.0)	0.277	
POLY. F.A.	4.99 (1.83)	4.02 (2.02)	0.012	
MONO. F.A.	25 (10)	22 (11)	0.089	
CA	412 (190)	421 (219)	0.819	
NA	881 (565)	780 (669)	0.410	
К	1,386 (592)	1,300 (550)	0.443	
Ρ	672 (229)	653 (259)	0.685	
FE	4.68 (2.70)	4.47 (2.29)	0.664	
ZIN	5.36 (2.38)	5.04 (2.16)	0.482	
FOLIC A.	100 (74)	104 (75)	0.793	
NIACIN	8.2 (4.4)	7.5 (4.2)	0.433	
RIBOFLAVIN	0.82 (0.33)	0.90 (0.64)	0.466	
THIAMINE	0.53 (0.23)	0.49 (0.21)	0.373	
VIT.A	333 (201)	382 (214)	0.234	
VIT.B6	0.87 (0.51)	0.82 (0.48)	0.577	
VIT.C	71 (87)	57 (49)	0.341	
VIT.D	1.53 (1.73)	1.47 (1.43)	0.826	
VIT.E	7.1 (3.2)	6.4 (3.8)	0.308	
DIETARY FIBER	8.1 (5.5)	7.1 (5.2)	0.382	
OLIGOSACCHARIDES	40 (20)	34 (17)	0.119	

P-values were computed with Student's t test or Mann-Whitney U as appropriate. Significant p-values were marked in bold.

Differences in nutrients between subjects in category "All disorders at T0 disappeared at T1" (N=47), and those in category "The disorder(s) persisted at T1" (N=8)				
GROUP DIET A				
Characteristic	Ν	OR	95% CI	p-value
KCAL	30	1.00	0.99, 1.00	0.203
PRO	30	0.98	0.90, 1.05	0.621
FAT	30	0.96	0.89, 1.02	0.180

СНО	30	0.99	0.96, 1.01	0.310
STARCH	30	1.00	0.97, 1.03	0.989
CHOL	30	1.00	0.97, 1.01	0.638
SATURATED F.A.	30	0.92	0.71, 1.09	0.396
POLY. F.A.	30	1.17	0.66, 2.06	0.571
MONO. F.A.	30	1.01	0.91, 1.12	0.887
CA	30	1.00	0.99, 1.01	0.995
NA	30	1.00	1.00, 1.00	0.822
К	30	1.00	1.00, 1.00	0.970
Р	30	1.00	1.00, 1.01	0.423
FE	30	1.12	0.81, 1.50	0.451
ZIN	30	0.89	0.52, 1.35	0.588
FOLIC A.	30	1.00	0.99, 1.01	0.817
NIACIN	30	1.06	0.85, 1.29	0.564
RIBOFLAVIN	30	3.77	0.21, 65.4	0.345
THIAMINE	30	3.48	0.04, 225	0.550
VIT.A	30	1.00	0.99, 1.00	0.650
VIT.B6	30	1.74	0.28, 8.65	0.514
VIT.C	30	0.99	0.97, 1.01	0.421
VIT.D	30	0.93	0.34, 1.47	0.816
VIT.E	30	1.00	0.72, 1.38	0.999
DIETARY FIBER	27	1.10	0.89, 1.37	0.358
OLIGOSACCHARIDES	30	1.00	0.94, 1.05	0.994

Differences in nutrients between subjects in category "All disorders at T0 disappeared at T1" (N=47), and those in category "The disorder(s) persisted at T1" (N=8)

GROUP DIET B				
Characteristic	Ν	OR	95% CI	p-value
KCAL	25	0.99	0.99, 1.00	0.055
PRO	25	0.97	0.87, 1.06	0.461
FAT	25	0.83	0.65, 0.95	0.003
СНО	25	0.99	0.96, 1.02	0.653
STARCH	25	0.99	0.94, 1.03	0.757
CHOL	25	0.99	0.97, 1.00	0.236
SATURATED F.A.	25	0.88	0.68, 1.07	0.210
POLY. F.A.	25	0.30	0.04, 0.94	0.035
MONO. F.A.	25	0.77	0.52, 0.95	0.006
CA	25	1.00	0.99, 1.00	0.433
NA	25	1.00	0.99, 1.00	0.364
К	25	1.00	1.00, 1.00	0.778
Р	25	1.00	0.99, 1.00	0.276
FE	25	0.65	0.26, 1.21	0.199
ZIN	25	0.42	0.12, 1.04	0.063
FOLIC A.	25	1.00	0.98, 1.02	0.833
NIACIN	25	0.97	0.64, 1.41	0.876
RIBOFLAVIN	25	0.39	0.01, 2.17	0.412
THIAMINE	25	0.13	0.00, 122	0.567
VIT.A	25	1.00	0.99, 1.01	0.988
VIT.B6	25	0.86	0.02, 27.9	0.930
VIT.C	25	1.01	0.99, 1.03	0.373
VIT.D	25	0.58	0.07, 2.11	0.464

VIT.E	25	0.51	0.18, 0.91	0.017	
DIETARY FIBER	20	0.95	0.66, 1.25	0.728	
OLIGOSACCHARIDES	25	1.01	0.94, 1.08	0.753	

#### Differences in nutrients between subjects in category "All disorders at T0 disappeared at T1" (N=47), and those in category "The disorder(s) persisted at T1" (N=8) **GROUPS DIET A - B** Characteristic Ν OR 95% CI p-value DIETA 55 0.780 Naturale Non naturale 1.24 0.26, 5.81 KCAL 0.99 0.98, 0.99 0.034 55 PRO 55 0.98 0.388 0.92, 1.03 FAT 55 0.93 0.87, 0.98 0.006 СНО 55 0.99 0.97, 1.01 0.271 **STARCH** 55 1.00 0.97, 1.02 0.795 CHOL 0.99 0.98, 1.00 0.252 55 **SATURATED F.A.** 55 0.90 0.76, 1.03 0.131 POLY. F.A. 55 0.441 0.86 0.55, 1.25 MONO. F.A. 55 0.95 0.133 0.87, 1.02 CA 55 1.00 0.99, 1.00 0.540 NA 55 1.00 0.778 1.00, 1.00 Κ 55 1.00 1.00, 1.00 0.824 Ρ 55 1.00 1.00, 1.00 0.896 FE. 55 1.00 0.74, 1.28 0.980 ZIN 55 0.75 0.160 0.46, 1.10 FOLIC A. 55 1.00 0.99, 1.01 0.793 NIACIN 55 1.03 0.85, 1.21 0.719 **RIBOFLAVIN** 55 0.89 0.14, 2.66 0.864 THIAMINE 55 1.35 0.03, 37.7 0.866 VIT.A 55 1.00 1.00, 1.00 0.790 VIT.B6 1.42 0.28, 5.48 55 0.638 VIT.C 55 1.00 0.98, 1.01 0.872 VIT.D 55 0.84 0.34, 1.35 0.576 VIT.E 55 0.85 0.155 0.64, 1.06 **DIETARY FIBER** 47 1.02 0.87, 1.18 0.762 **OLIGOSACCHARIDES** 55 1.00 0.96, 1.04 0.910

P-values were computed with univariate logistic regression. Significant p-values were marked in bold.

Group A				
All disorders	T1 Absence	T1 Presence	p-value	
T0 Absence	19	6	<0.001*	
T0 Presence	26	4		

P-values are computed with Mc Nemar test.

Group B

All disorders	T1 Absence	T1 Presence	p-value
T0 Absence	20	4	0.001*
T0 Presence	21	4	

P-values are computed with Mc Nemar test.

Second, the study found that the prevalency of FGIDs could be related to the quantitative intake and the percentage of fat in the diet. For children with celiac disease, how to rationalize the quantitative intake? Does the author have any appropriate suggestions?

Response 2: Thank you for your comment. As suggested we further speculated in the discussion as follow. "Our study found that the prevalence of FGIDs could be related to the quantitative intake and the percentage of fat in the diet. For children with celiac disease, the best way to rationalize the quantitative intake of fat consumed in the diet is to rely on an expert nutritionist who can recommend a diet with a preference for healthy products that are naturally gluten-free and well-balanced macronutrients"

Response to Reviewer 2 Comments

We thank the reviewer for the constructive and positive comments and suggestions and we herein provide a point-to-point response

Very nice article dealing with functional gastrointestinal disorders, celiac disease and gluten-free diet. I just want to recommend to authors some changes to improve their manuscript before publication. Abstract: please write numbers of patients in methods and not in results.

Response 1: Thanks for your comment. We mooved the numbers of patients from the results to methods section

"Methods.. We prospectively enrolled 104 consecutive CD children newly diagnosed, 55 patients in Group A (53%) and 49 patients in Group B (47%).

Introduction: is true, that typical CD symptoms, but "asymptomatic" fall under atypical forms. This is not exactly pronounced. It is also giving question if FGIDs are in relationships with atypical forms and this can be more explained in discussion.

Response 2: Thanks for your comment. We differentiated the typical form from the atypical one in the introduction and used this point to broaden the discussion

## "Introduction

CD is now recognized as a global disease with a prevalence of about 1% of the world's population (2). The clinical presentation ranges from features of malabsorption such as abdominal pain, diarrhea, steatorrhea, and weight loss or growth failure, to atypical forms of celiac disease with more subtle gastrointestinal manifestations similar to functional gastrointestinal disorders (FGIDs) or asymptomatic individuals diagnosed by screening high-risk groups (3). "

#### "Discussion

(((Patients with CD and FGIDs could somehow fall under the "atypical forms" of celiac disease although, usually, the term "atypical" celiac disease is used for patients who present with extraintestinal symptoms like Immunoglob- ulin A (IgA)-nephropathy, hemosiderosis of the lungs and a variety of neurological diseases while for FGIDs the symptoms are mainly gastrointestinal. Moreover, another difference is that the atypical forms generally respond to the gluten-free diet with the disappearance of symptoms. (Holtmeier W, Caspary WF. Celiac disease. Orphanet J Rare Dis. 2006 Mar 1;1:3. doi: 10.1186/1750-1172-1-3.)"

Results: please do not repeat information form methodology.

Response 3: Thanks for your remark. We delete from the results the repetitive information Discussion: please discuss and some sentences are for conclusion. Other, is nice study and after these changed can be published.

Response 3: We thank the reviewer for his/her comments and for the opportunity to improve our manuscript. We modified the discussion separating it from the a conclusion : "

In conclusion, this is the first study to show that the presence of functional GI symptoms in children with CD on a GFD are possibly related to higher caloric and fat intake. Whether the risk is due to the residua of a chronic inflammatory process, and/or due to dietary factors remains to be further tested. Longer term follow-up studies will help determine the natural history of these functional symptoms."

## **Reviewer 3**

This is an excellent study that suggest a possible correlation between a higher caloric and fat intake and the presence of functional GI symptoms in children with CD on a GFD. This study provide some answer for the residual refractory symptoms in treated coeliac patients. It is very well known that a high calorie in particular a high fat content is immunogenic and associated with inflammatory disorders. This is why a low fat diet is an essential part of Nutrition therapy in Crohn's disease as well. The study is well designed and beautifully written. I cant think of any additional limitation more than what the authors highlighted in the manuscript

We thank the Reviewer to his/her support to our publication.