

December 12, 2012

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 802-review.doc).

Title: Cognitive functioning and depressive symptoms in adolescents with inflammatory bowel disease

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 802

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

1 Revision has been made according to the suggestions of the Editor

- (1) Text has been added to the Abstract (Methods and Results).
- (2) Table 3 has been removed and its contents have been added to the main text.
- (3) "Comments" have been added and other minor changes requested have been made.
- (4) The language of the revised manuscript has been edited by American Journal Experts.
- (5) Changes made (except for those due to editing of the language by AJE) appear highlighted in yellow in the revised manuscript.
- (6) Copyright assignments are in five papers (one author per paper), since we live in different cities and collecting all signatures to one paper would have been inconvenient. However, only one paper was able to be attached when submitting the revised manuscript, so others are sent by e-mail to bpgoffice@wjgnet.com. If some other maneuver is wished for, we are off course happy to perform it.

2 Revision has been made according to the suggestions of the reviewer

- (1) Most of the suggestions of the reviewer have been added to the text (e.g. the strength of the conclusions have been attenuated; the discussion on limitations of the study has been expanded (generalization, the total exposure time of glucocorticoids); potential confounders, such as sleep disturbances, have been mentioned; additional details on baseline disease characteristics and medicine usage have been added).
- (2) Some of the suggestions of the reviewer are already found in the text (e.g. a mention about Bonferroni corrections in the statistical analyses) or are not applicable for the present manuscript (e.g. PCDAI was not in routine use by the time of the study sample was collected and applies only for CD, and therefore the disease activity is based on physicians global assessment and inflammatory markers (p. 7); no additional analyses related to CD were performed since this study included also patients with ulcerative colitis and the group size of CD is limited, since the intestine may present severe inflammation although blood inflammatory markers are normal (e.g. Turner et al JPGN 2012;55:340-61) and since the presence of active disease seem to be more relevant (most patients with active disease have anemia but not all)) and are therefore not added to the text. For JIA, only JIA patients with a mild disease according to the assessment made by pediatric rheumatologist were included (p. 7), in addition a validated method CHAQ (Childhood Health Assessment Questionnaire) was used to assess functional, physical and psychosocial impact of JIA and according to CHAQ disease burden was low, thus blood inflammatory markers were not considered to be needed here as they are non-specific and low in mild disease.
- (3) We feel that Table 2 is extensive in showing the major data (especially for a brief article as the

Editor suggests) and as there was a statistically significant difference only related to perseverative errors of the CVLT, we do not feel that an extra supplementary Table is needed. However, if the Editor still suggests this Table is necessary, we are off course happy to do it.

(4) Changes made appear highlighted in yellow in the revised manuscript.

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

Sincerely yours,

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