

## ANSWERING REVIEWERS



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 2429-review.doc).

**Title: Irritable bowel syndrome: A concise review of current treatment concepts**

**Author:** Geoffrey C Wall, Ginelle A Bryant, Michelle M Bottenberg, Erik D Maki, Andrew R Miesner

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 5905

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

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

Irritable Bowel Syndrome: A Concise Review of Current Treatment Concepts

Author Response to Referees' Comments

Manuscript #5905

Referee comments #1: The review article by Wall et al is a comprehensive overview of the drug therapy available to the clinician to manage IBS. The manuscript is a good attempt to address the pharmacological options for patients. However I would make 2 points: 1. The introduction is too short for any but those who have a special interest in GI disorders and it would be helpful to give a brief overview of the condition on IBS before launching into the drugs therapies available. E.g. The disease burden, epidemiology, natural history, economic impact, societal and psychological factors. 2. The reference headers were not included in the document I downloaded and neither were any references included in the end of the manuscript. These should be included. Beyond the above comments, I would recommend this paper is published as its contents can be used a reference for all GI physicians managing these patients in a clinic situation.

Author Reply: We thank the referee for their comments. As this is an invited article for a theme issue on Irritable Bowel Syndrome the authors were told to focus on the treatment of IBS, as another article in the theme issue will cover the topics you discuss. We did have the references attached

Referee Comments #2: This is a review of the current treatment options for IBS. Most of what is discussed in this review is known to gastroenterologists and is available widely in literature and in textbooks. The authors have taken pains to provide details of some individual studies but such details are available in the original publications and need not be repeated here. Importantly, some drugs such as mebeverine, drotaverine, prucalopride, lactulose / lactitol, racecadotril do not even find mention here.

Author Reply: The referee recommended rejection of article. It is the authors' contention that the referee was not aware this is an invited review for a theme issue on IBS. As to the treatments listed, space considerations prohibited describing every drug that has any evidence to support its use in IBS. As such we focused, as directed by the editors on common and emerging treatments.

Referee Comments #3: Pretty uptodate, good work Congratulations

Author Reply: We thank the author for their kind words

Referee Comments #4: The Authors performed a review of the "classic", "newer" and "alternative" treatment for irritable bowel syndrome (IBS) available in the literature. The paper is interesting , but there are some observations to make. 1) The Authors did not keep into account the fact that a large percentage ( from 39 to 45.2 % ) of patients labelled as having IBS with diarrhea in reality have a biliary diarrhea of various origin (Fernandez-Banares F et al 2007; Wedlake et al. 2009) This should be outlined in the introduction and the algorithm must be modified consequently. 2) Among the "classic" treatment for IBS with constipation the Authors forgot to mention bisacodil (Manabe et al 2009) and other prokinetic drugs accelerating colonic transit. 3) Among the "newer treatment" for IBS with constipation prucalopride (Gudsoorkar VS et al 2013) must be mentioned. 4) Among the "alternative" treatment the Authors forgot to mention the treatment with capsaicin of the red pepper that gave good results in a controlled study (Bortolotti M et al 2011)

Author Reply: We thank the referee for their comments. Again it is the authors' contention that the referee was unaware that this is a focused review article on treatment of IBS for a theme article. An in-depth review of diagnosis or etiology of IBS is beyond the scope of our paper (and may well be covered in another part of this themed article). As to the treatments listed, space considerations prohibited describing every drug that has any evidence to support its use in IBS. As such we focused, as directed by the editors, on common and emerging treatments. we did note that prucalopride is emerging as a treatment for IBS and that capsaicin has been used in the "alternative" treatment section

Referee Comments #5: This review describes traditional and novel therapies for IBS. It is well written and updated. My only suggestion is to clarify from the introduction that it is on purpose quite imbalanced, since it describes very rapidly traditional therapies, while focussing in greater detail on what is new.

Author Reply: We thank the referee for their comments. Again the authors suspect the referee was unaware that this was a invited review for a theme article on IBS. As directed by the authors we focused on existing and new treatments for IBS in this focused review article.

3 References and typesetting were corrected

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

Sincerely yours,