

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4784

Title: Effect of low-dose amitriptyline on globus pharyngeus and its side-effects

Reviewer code: 00028580

Science editor: Song, Xiu-Xia

Date sent for review: 2013-07-23 11:28

Date reviewed: 2013-07-24 20:42

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This is an interesting paper evaluating the effect of low-dose amitriptyline on globus pharyngeus. The study is reasonably well done and the design and outcome assessment are standardized. Major limitations: 1. The paper needs extensive editing with respect to the English language and is totally unacceptable in its current format 2. Where the patients enrolled consecutive patients? 3. Did any of the enrolled patients receive empiric PPI therapy before the 2-months exclusionary period? If so, how many and what was the response? 4. Did the patient receive formal assessment at baseline for the presence of anxiety or depression? The HADS questionnaire at baseline would have been of great value in this study 5. Was the study registered at clinicaltrials.gov? 6. Figure 2 is of poor quality and does not relay the information well 7. The primary end-points should be done on an intention-to-treat basis and not only on per-protocol. The GETS scores and SF-36 scores can be kept unchanged for drop-outs

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4784

Title: Effect of low-dose amitriptyline on globus pharyngeus and its side-effects

Reviewer code: 02456835

Science editor: Song, Xiu-Xia

Date sent for review: 2013-07-23 11:28

Date reviewed: 2013-08-06 22:31

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The manuscript by You L et al. describes a randomised controlled trial investigating the efficacy and safety of low-dose amitriptyline for the treatment of globus. Amitriptyline was more effective in treating globus symptoms than PPI treatment and improved quality of life and sleep. This interesting study describes a relevant research question as there is almost no literature about this subject. Major comments: - The investigators have chosen for a trial comparing amitriptyline with a proton-pump inhibitor. As the authors mention in the introduction, there is no evidence available for the use of any pharmacological treatment for globus, neither for antidepressants nor for acid-suppressive therapy. Therefore a good first step would have been a trial comparing amitriptyline with placebo. Unfortunately, with the current study design we still don't know whether any of these two treatments is better than placebo. The authors should discuss why they have chosen the current design, and the implications for the interpretation of their results. - In line with the previous comment: the authors claim that during inclusion there was no evidence for GERD as a cause of the subjects' symptoms. Was GERD excluded by a negative endoscopy? Or was pH-impedance monitoring or a PPI-trial performed? And was the endoscopy performed under PPI? If GERD was really excluded no benefit can be expected of a PPI, making it less clear why this was chosen as control treatment. Minor comments: - The authors also included patients with age between 12 and 18. Could the authors discuss how many patients were treated in this category? And was amitriptyline as effective and well tolerated in children as in adults? - The authors very quickly observe a positive effect of amitriptyline, already after 3 days. Could the authors more extensively discuss this finding with respect to other studies using amitriptyline for visceral pain? - Although the manuscript is well structured, it is advised to let a native English speaker revise the



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Flat C, 23/F., Lucky Plaza,
315-321 Lockhart Road,
Wan Chai, Hong Kong, China

manuscript, as several English passages are not correct. - In table 3, please clarify in the legend the abbreviations used in the figure.