

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6764

Title: Understanding irritable bowel syndrome: psychosocial perspectives

Reviewer code: 02281940

Science editor: Qi, Yuan

Date sent for review: 2013-11-01 17:34

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

COMMENTS TO AUTHORS

The authors present a literature review on the predisposing, precipitating, and perpetuating factors of irritable bowel syndrome (IBS) in the framework of cognitive behavioral therapy. The review presents a comprehensive overview of factors possibly contributing to the development and maintenance of IBS with an emphasis on psychosocial factors. The manuscript is well written and presents many important aspects together. However, I have three major as well as several minor concerns, which will be detailed in the following. One of my main concerns focuses on the aim of the review itself. In the literature several (recent) reviews on the topic of IBS already exist and, as the authors note themselves, several biopsychosocial models of the disorder have been already proposed. Accordingly, the question arises why another model/review is necessary. The authors should explain the potential shortcomings of the already existing models and in particular the advantages of their own new proposal. In my opinion, it does not become completely clear what the new model adds the existing literature and which aspects of the model are novel. My second major concern relates to the question of causality. I think statements that imply causality should be used with more caution throughout the manuscript. For example, in the "Core tip" it reads "The onset of symptoms is followed by inappropriate cognitive interpretations resulting in affective disturbances". While a wealth of data suggest associations e.g. between inappropriate cognitive interpretations and affective disturbances in patients with IBS, a directionality or causality has been shown only in rare cases, if at all. Similarly, on page 8 it is stated that "...only neuroticism has undoubtedly been established as [a] predisposing factor of IBS". I do not totally agree with this notion; although correlations between IBS and neuroticism have been reported, this does not allow the conclusion that neuroticism is a predisposing factor. It is also possible that IBS patients develop a higher neuroticism after the onset of

their disorder. Similar examples of implied causality or dependence in time can be found throughout the manuscript. The authors should tone down such conclusions to avoid over-interpretation of the data available. In addition, coming back to the example of neuroticism, neuroticism is not a specific possibly predisposing factor for IBS as high neuroticism might also predispose for a number of other functional disorders. The latter should be discussed as note of caution and applies to many of the factors discussed in the review. Last, the abbreviations “IBD” and “HRQoL” are not explained. This renders some paragraphs of the manuscript impossible to understand, for example, the second paragraph on page 11. Minor concerns: ? The terms “process” and “mechanism” are sometimes used a bit loosely. For example on page 8 it reads “As ... appropriately illustrates, perpetuating factors are a process that represents...”; factors are in itself not a process and it should be clarified what the processes related to the mentioned factors is. Another example is on page 6-7 “Mutations in the serotonin receptor gene (...) are another important mechanism in the...”; the mutation itself is not a mechanism but it should be clarified what the mechanisms contributing to the clinical manifestation of the disease is. ? Last sentence of the “Core tip”: there is a “s” too much in “patients” and it is unclear what is meant by “the respective patient’s status”. Please clarify. ? Introduction, first sentence: what is the frame of reference when IBS is described as “the most common...”. Does it mean the most common within the spectrum of FGID? ? Page 5, first paragraph, “There are a number of reasons why this model has been proposed: it validates the biopsychosocial approach; ...” this sounds circular; a model can not validate an approach; if at all, an approach or rather its outcomes can validate a model but not the o

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

COMMENTS TO AUTHORS

This is an interesting manuscript discussing the rationale for CBT as a treatment for IBS. It would benefit from 1) improved organization, 2) a clear purpose statement that reflects the content of the manuscript i.e., rationale for CBT as a treatment 3) a more accurate title related to IBS, 4) description of methods used to review and search the literature, 5) removing examples of “specific biopsychosocial models” listed on page 4 given they are not explained and the mere mention leaves the reader wondering what they are.

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<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
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COMMENTS TO AUTHORS

1. I believe that the definition of social support that you provide on p. 8 is too broad. Social relations can take many different forms, and support needs to be more specifically delineated. What exactly are supportive behaviors? I urge the authors to consider social support as it is studied in the discipline of communication, as they focus specifically on what support constitutes rather than just support as a proxy for number or impact of relationships. In addition, not all supportive behaviors are universally perceived as supportive or beneficial to well-being, so watch wording to that effect in this section as well. 2. Is the inclusion of attention and perception a unique component of your proposed model? It is implied that it is when you first introduce this part of the model, but making clear that this is how your model is offering a different perspective compared to other IBS models would go a long way toward making your case for your model. 3. Referred is misspelled on p. 11. 4. There are no figures included - I was very much wanting to see a pictorial representation of the proposed model. 5. Because you are coming from a CBT perspective, I would like to see a more specific discussion of how this type of therapy might assist with alleviating the four elements that you noted as being particularly responsive to CBT. This, and the treatment of social support, are my main issues with the manuscript.