

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 8719

Title: Effect of aerobic exercise on colonic transit time in Psychiatry Unit Patients.

Reviewer code: 02773946

Science editor: Qi, Yuan

Date sent for review: 2014-01-04 15:32

Date reviewed: 2014-01-23 04:38

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 type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The current study by Kim et al. is methodologically sound and well written. There are a few suggestions that would help to strengthen the paper: 1. The statistics should be reported as mean +/- standard error of the mean (SEM) rather than reporting the standard deviation. 2. What is the explanation for why physical parameters improved in the control group over the 12 weeks of the study? 3. In addition to the tables, the data should be presented in graphical format for a visual comparison of the exercise group to the control group. Mean +/- SEM should be presented for each group and physical parameter. 4. The generalizability of these findings may be problematic given that this is a very specific patient population. Furthermore, intestinal diseases such as irritable bowel syndrome (IBS) are highly comorbid within the psychiatric patient population. It is unclear if this was part of the exclusion criteria for participation in the study. Exercise is known to affect IBS and so the increased transit time reported in this study might simply reflect an aggravation of IBS symptoms. This may also explain why other studies using individuals from the general populace may not have reported changes in CTT with exercise. 5. It would be informative, from a psychiatric perspective, to present data separately for patients with different diagnoses (i.e. depression, vs. bipolar disorder, vs. schizophrenia). For instance, was exercise particularly beneficial in patients with depression versus those with schizophrenia? If separating the data for analysis is not possible due to a small or limited sample size, then, at the very least, additional information on patient demographics and diagnoses need to be provided in a table format.