

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 15195

Title: Association of erectile dysfunction with depression in patients with chronic viral hepatitis

Reviewer's code: 02988796

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

The alterations of sexual function known as the erectile dysfunction are quite frequent among patients affected by liver diseases and they tend to increase in advanced liver failure[1], so, the correlation between erectile dysfunction and chronic viral hepatitis has been one of the hot research topics[2]. In this study, the authors investigated the correlation between depression, chronic hepatitis and erectile function using a cross-sectional design, the research topic selection is novel, the design is reasonable, the conclusion has important clinical significance. However, it still has some issues to discuss with the authors as follow: (1) In the manuscript, the authors mentioned an effort to avoid confounding factors, so excluded patients complicated with diseases that might influence erectile dysfunction. It is well known that erectile dysfunction is a multifactorial disease, except the depressive disorder, the other mental and psychogenic diseases, endocrine disease, vascular disorders, metabolic diseases, neurological diseases, drug-induced diseases and other diseases are all involved in the pathogenesis of ED[3], the authors excluded only nine categories diseases, if the others risk factors in baseline have been excluded for eliminating the effects of unmeasured baseline

confounding factors or not? Otherwise the conclusions was biased. (2)In the table 1(Demographic characteristics of the patients in the ED and non-ED groups), the measured values of three factors(age, employment and peg-interferon) were higher in ED group than non-ED group, obviously, ED is strongly associated with age[4], employment status[5,6] and antiviral therapy with interferon[7]. So, how these non-balances were controlled between the two groups, by design or through staticstical analyses? if available, please. (3)The authors mentioned 20% of the initially enrolled patients refuse to answer the questionnaire were excluded, however, in case these patients were excluded after after protocol stage, facing such high risk of non-respondent bias, a discussion and explanation of the post-protocol variables changed are required, if available, please. (4)Minor comments: revise the spelling or meaning of "nd" in the second paragraph of "MATERIALS AND METHODS" for better reading, Thanks! References: [1]Durazzo M, Premoli A, Di Bisceglie C, Bo S, Ghigo E, Manieri C. Male sexual disturbances in liver diseases: what do we know?J Endocrinol Invest. 2010 Jul-Aug;33(7):501-5. [2]Fusco F1, D'Anzeo G, Rossi A, Scioro C, Buonomo AR, d'Emmanuele di Villa Bianca R, Borgia G, Mirone V, Gentile I.Erectile dysfunction in patients with chronic viral hepatitis: a systematic review of the literature.Expert Opin Pharmacother. 2013 Dec;14(18):2533-44. doi: 10.1517/14656566.2013.850073. Epub 2013 Nov 12. [3]Arthur L. Burnett. 24 Chapter Evaluation and Management of Erectile Dysfunction.In: Alan J. Wein,Louis R. Kavoussi, Craig A. Peters, Andrew C. Novick (editors). Campbell-Walsh Urology 10th Edition, Saunders, 2011. [4]Feldman HA, Goldstein I, Hatzichristou DG, Krane RJ, McKinlay JB.Impotence and its medical and psychosocial correlates: results of the Massachusetts Male Aging Study. J Urol. 1994 Jan;151(1):54-61. [5]Zhang H, Yip AW, Fan S, Yip PS.Sexual dysfunction among Chinese married men aged 30-60 years: a population-based study in Hong Kong.Urology. 2013 Feb;81(2):334-9. doi: 10.1016/j.urology.2012.11.003. [6]Martin SA, Atlantis E, Lange K, Taylor AW, O'Loughlin P, Wittert GA; Florey Adelaide Male Ageing Study.Predictors of sexual dysfunction incidence and remission in men.J Sex Med. 2014 May;11(5):1136-47. doi: 10.1111/jsm.12483. Epub 2014 Feb 18. [7]Kraus MR, Schfer A, Bentink T, Scheurlen M, Weissbrich B, Al-Taie O, Seufert J.Sexual dysfunction in males with chronic hepatitis C and antiviral therapy: interferon-induced functional androgen deficiency or depression?J Endocrinol. 2005 May;185(2):345-52.