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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 31909

Title: Use of selective serotonin reuptake inhibitors and their relationship with Irritable bowel syndrome-a population based cohort study

Reviewer's code: 00002649

Reviewer's country: United States

Science editor: Ze-Mao Gong

Date sent for review: 2016-12-16 19:04

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google 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"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This study by Lin et al probes the relationship between SSRI use and the subsequent diagnosis of IBS over a 10-year span, using a national health insurance research database. The data indicate an adjusted increase in HR of 1.74 (P=0.002) for the diagnosis of IBS in patients treated with SSRI. Strengths: 1. Large numbers since using database. 2. I agree with excluding IBD and infectious enterocolitis patients. 3. This reviewer recognizes that "Most patients may tolerate the symptoms and not seek out medical advice. This may also lead to the incidence of IBS being underestimated in young individuals." 4. It may be important to consider if "The higher hazard ratio of IBS in individuals with less SSRI exposure time may be due to early onset GI side effects of SSRI that lead to misdiagnosis of IBS by clinical physicians." Weaknesses: 1. My biggest issue with this paper (like most database reviews) are the limitations with how accurate the EMR reflects what is actually happening in real life. Yes, these medications are being prescribed, but how compliant are the patients being? They do mention this in the second to last paragraph of the discussion. 2. Similarly, just because there is no IBS diagnosis code prior to the onset of SSRI use, doesn't mean it wasn't there.



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I.e. physicians don't always code for everything, especially if it is outside of their expertise. I'm sure many psychiatrists don't code for IBS; and I'm sure many internists and gastroenterologists don't code for depression/anxiety. 3. The most important question is that of "chicken and egg." The tone I get from the paper is that the authors are suggesting that SSRI use may predispose or increase the risk for developing IBS. However, IBS could lead to psychological problems, leading to SSRI treatment. The study would be much more powerful if the authors could show that another class of antidepressants when given to patients with depression do not lead to the subsequent diagnosis of IBS. I suspect the database would allow this important control. 4. What is meant by "To ensure the validity of diagnosis, the diagnosis of IBS was defined as more than three times outpatient visits, or more than once during inpatient hospitalization." It seems that mentioning it twice during an inpatient admission is not a strong criterion. 5. There are many grammatical errors throughout the manuscript, which is hard to read. I will list some below. MINOR POINTS 1. The study was observational, not observatory. This is mentioned twice in MS. 2. INTRODUCTION: The 3rd sentence is unclear. 3. 2nd paragraph on p.5: Suggested treatments for IBS should be listed as categories, e.g. SSRI's, TCA's, antibiotics, and cGMA agonists, not really specific drug names, and "etc." should be deleted. 4. Suggest: Bottom of p.5, "Antidepressants are often used to treat a variety of functional bowel disorders. Tricyclic antidepressants have been proven to offer statistically significant control of IBS symptoms..." 5. P. 6, generic drug names e.g. citalopram are not capitalized. The American Gastroenterological Association Institute should be capitalized. Same sentence "for patients with IBS, based on..." 6. MATERIALS AND METHODS: 1st paragraph. "We conducted a retrospective observational study on the correlation of SSRI and its possible influence on IBS." 7. RESULTS: "The majority of psychiatric disorders leading to a prescription of SSRI include anxiety and major depressive disorders..." 8. DISCUSSION: "In this study, we demonstrated that IBS in the SSRI user tended to occur in older patients." "A previous global meta-analysis and questionnaire study in Taiwan..." 9. Page 11, "To evaluate the dose effect...within one year and determined the hazard ratio and ..." 10. Page 12: "Anxiety and depression disorders are associated with GI symptoms, in accordance with a brain-gut interaction." 11. Page 12: "The communication between CNS..." This paragraph must be reworded. B