

May 28, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 2777-revised.doc).

**Title:** Gastrointestinal symptoms and associated factors in Chinese patients with functional dyspepsia

**Author:** Jiao Yu, Shi Liu, Xiu-Cai Fang, Jun Zhang, Jun Gao, Ying-Lian Xiao, Li-Ming Zhu, Fen-Rong Chen, Zhao-Shen Li, Pin-Jin Hu, Mei-Yun Ke, Xiao-Hua Hou

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 2777

The manuscript has been improved according to the suggestions of reviewers:  
1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

Reviewer: 00159159

Comments to Authors:

Article title: Fluctuation of gastrointestinal symptoms and associated factors in Chinese patients with functional dyspepsia.

This is a follow up study evaluating a common functional gastrointestinal disorder (FGD). This is an interesting article discussing an important area in FGD. However, I have several concerns regarding the methodology which needs to be verified.

Classification: Grade C (Good); Language evaluation: Grade B: minor language polishing; Conclusion: Major revision

Comments

1). Detailed account of investigations performed in patients to exclude organic pathologies needs to be in methodology section.

**Response: Detailed account of investigations performed in patients to exclude organic pathologies has been added as suggested.**

2). Did you exclude the patient with irritable bowel syndrome (IBS)? IBS commonly overlap with functional dyspepsia.

**Response: No, we didn't exclude the patient with IBS. Indeed, the clinical overlap of FD and other functional gastrointestinal disorders (FGIDs) are common. In present study, about 176 FD patients (18.7% of the follow-up population) suffered from bowel symptom at baseline. According to Rome III diagnostic criteria, 52 FD patients overlap with IBS, 39 FD patients overlap**

with functional constipation (FC). "Bowel symptom at baseline" was one of the variables in Table 2, 3. "Bowel symptom at 1-year follow-up" was one of the variables in Table 4, 5.

3). Did you use the Rome III questionnaire? There is a wide variation in interpreting different gastrointestinal symptoms across different societies. Did you use a translated and validated questionnaire? Please give the details of validation.

Response: Yes, we used the Rome III questionnaire. This is a Chinese version of the validated Rome III diagnostic questionnaire for adult functional gastrointestinal disease. Details of validation have been added.

4). What are the questionnaires used for assessment of psychological factor and sleep disturbances? Were they validated in native language/s?

Response: The questionnaires used for assessment of psychological factor and sleep disturbances were established according to a Chinese version of the Validated Rome III Psychosocial Alarm Questionnaire for functional gastrointestinal disease. In previous studies these questionnaires have been used to assess the psychological factor and sleep status of Chinese patients. We have added some references to support the validity of these questionnaires.

5). Was H.pylori assessment done in all patients?

Response: Among the 943 follow-up individuals, H. pylori status was known for 513 FD patients, and 230 patients were positive for H. pylori. We have added a sentence "The mean age of the follow-up population was  $42.99 \pm 11.74$  years, and 603 (63.9%) were female; 176 (18.7%) had bowel symptom comorbidity, and 230 (24.4%) were positive for H. pylori." in result section.

6). The scale used for evaluation of economic status is not clear.

Response: Economic status was divided into rich, sufficient, well-off and poor according to the expending percentage for food in whole income as  $<1/5$ ,  $<1/3$ ,  $1/2$ , and  $>1/2$ .

7). Didn't you asked about sexual abuse? Sexual abuse is reported to be commonly associated with FGD.

Response: No, we didn't ask about sexual abuse directly. We just ask patients whether they had ever been abused. Sexual abuse belonged to individual privacy, especially for Chinese patients. Most patients were reluctant to answer this question, so even if we asked about sexual abuse, we probably got the false answer.

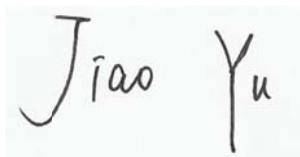
8). The English language needs some improvement.

Response: A professional English language editing company has been consulted and our manuscript has been edited.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

A handwritten signature in black ink on a light blue background. The signature consists of the characters 'Jiao' and 'Yu' written in a cursive, flowing style.

MD, Division of Gastroenterology,  
Union Hospital, Tongji Medical College,  
Huazhong University of Science and Technology,  
Wuhan 430022, Hubei Province, China  
Fax: +86-027-85726930  
E-mail: liusu1982@163.com