Author's response to reviews

Title: Dietary intakes in people with irritable bowel syndrome

Authors:

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Author's response to reviews: see over
Dear Editors,
The specific responses to reviewers’ comments are made below. We have tried wherever possible to incorporate suggestions into the revision. The second set of revisions are highlighted in green in the revised manuscript.
Yours faithfully,
Bernard Corfe

Reviewer: Per G Farup
Reviewer’s report:

Beyond that, the language is of course good. I propose the following minor revisions.
1. The participants are referred to as “people with IBS”, “IBS sufferers”, “IBS patients”, “IBS participants” and perhaps more. Please be consistent and correct. You do not know if they suffer (but they have symptoms), and they are not patients (they are recruited via posters etc.). I also strongly dislike “IBS subjects”. I have seen hundreds of these people and have never seen an “IBS subject” or “IBS patient”, but hundreds of subjects and patients with IBS (we have to refer to people with respect!) I prefer “subjects with IBS” since they are recruited from the general population after advertising.

“Subjects with IBS” and “participants” have now been used throughout, the former generally to connote the wider IBS population and the latter to connote those volunteering for this study.

2. The “Result” contains a lot of double information. The text refers to the table, and when I have studied the table and return to the text, I find exactly the same information. Please shorten.

The results highlight and draw out the principal findings in the tables and are already only 721 words long. For an online journal this should not present an issue.

3. In the “Discussion” I miss some points:
• I miss a better discussion of the discrepancy between the low BMI and high energy intake in women. Why do you think the energy expenditure in is higher and BMI lower in women with IBS? Are they more physically active, do they have a slight malabsorption or hyperthyreoidisme?

Alternative hypotheses as suggested by the reviewer have been incorporated. There is no evidence to suggest primacy of any one competing hypothesis on this discrepancy.
• I also miss a discussion of the discrepancy between this study which shows that the food intake is adequate, and other studies which clearly show that a proportion of the subjects have an inadequate diet. Your results probably apply only to subjects with IBS in the general population, whereas a significant proportion of subjects with IBS seen at gastroenterological units have malnutrition. Please discuss this discrepancy.

Multiple hypotheses to account for this observation are now listed.

• You have performed multiple testing, why not correct the level of significance (e.g. Bonferroni correction)?

As stated in the response accompanying the previous revision, MTC would not alter any of the findings. However with a spread of significance over several log orders, a Bonferroni test, which assumes equal P, would be inappropriate.

4. Table 1 describes IBS Type A, C and D without any explanation.

The table legend has been modified.

Reviewer: Stine Storsund
Reviewer’s report:

However a few further comments:
1. IBS sufferers should be replaced by IBS subjects or IBS patients as many of them really don’t suffer.

“Subjects with IBS” and “participants” have now been used throughout, the former generally to connote the wider IBS population and the latter to connote those volunteering for this study.

2. Abstract, Methods: you end the last line with "...between IBS subtypes and." Something is missing.

Sentence now completed

3. Abstract, Results: ".....IBS sufferers met recommendations". Which recommendations, specify! I also think you should point out that "intakes of micronutrients exceeded the reference nutrient intake" - instead: statistically exceeded

The abstract and methods have now been amended to state that the intakes are compared against the ‘Dietary Reference Values for Food Energy and Nutrients for the UK’. The abstract has also been amended to state that micronutrients statistically exceeded the RNI.
4. Inclusion of references on page 4: [6],[7]...[8],[9] and later on the same page [8, 10-11] and [13-14]. You have to choose how to present, I prefer [6-7].

*This has now been corrected.*

5. Discussion: During your discussion you assume that IBS subjects avoid certain foods and are therefore at risk of lower intake of energy and/or nutrients and you write on line 1 and 2 in your discussion: The purpose of our study was to assess.... and whether any alteration in dietary pattern.... What do you know about whether or not the IBS patients had altered their dietary pattern. I think the four last lines on page 13 ("Further analysis of the diet is needed to identify whether specific food items ... are avoided") are very important and should be included earlier in the discussion.

*We agree that the final four lines are the key to defining future work in this area, however this is why we have left this point to the end of the discussion, it is the principal point for readers to end on.*

6. In the second part of the discussion you write about BMI, which differs between the IBS subjects and the general population. Females with IBS have a lower BMI, however higher intake of energy than the female general population with an energy intake of only 6,5 MJ. Could this be due to that female general population underreport their intake, not only that female IBS underreport their weight or have a higher energy expenditure?

*Alternative hypotheses as suggested by the reviewer have been incorporated. There is no evidence to suggest primacy of any one competing hypothesis on this discrepancy.*

7. You write on page 12 that "the FFQ used...tends to overestimate dietary intakes...", however this is hard to believe according to the energy intake of the female general population. Since the FFQ used in the studies is equivalent with only minor modifications the overestimation of energy and maybe also fruit and vegetables should be the same groups?

*We think the reviewer may have missed the fact that the dietary intakes of the general population are measured using a seven day weighed intake (Methods, page 6) not using an FFQ. We think this difference in the methodologies accounts for some of the differences we are seeing as discussed on page 14.*

**Reviewer:** Christine Dancey
**Reviewer’s report:**
The authors have replaced most instances of the word "subjects" with "participants", but I suggest they do a "find and replace", as I found two instances of "subjects" (page 3 and 5) which haven't been replaced. There may be more. It could be confusing to have both terms used.

“Subjects with IBS” and “participants” have now been used throughout, the former generally to connote the wider IBS population and the latter to connote those volunteering for this study.