Reviewer's report

Title: Possible etiology of improvements in both quality of life and overlapping gastroesophageal reflux disease by proton pump inhibitor treatment in a prospective randomized controlled trial

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Reviewer: Edoardo Savarino

Reviewer's report:

Summary and Comments

The article entitled "Possible etiology of improvements in both quality of life and overlapping gastroesophageal reflux disease by proton pump inhibitor treatment in a prospective randomized controlled trial" by Monnikes et al. is a study designed to evaluate the correlation of symptomatic relief and health-related quality of life (HRQoL) with healing of reflux esophagitis in a large series of prospectively enrolled patients with GERD.

The main results of the investigation are that symptoms assessed by ReQuestTM questionnaire substantially decreased from baseline to end of treatment by about 85% in both treatment groups, whereas quality of life, assessed by HRQoL, substantially increase from baseline to end of treatment as well. Thus, the Authors concluded that pantoprazole is effective in relieving functional symptoms overlapping with erosive esophagitis, and provides sustained improvement in HRQoL post-treatment.

The main idea of the study is interesting, although lacks of originality since different recent studies already underlined as the response to PPI therapy in patients with reflux disease may be largely affected by overlapping functional symptoms (Gut. 2012 Apr;61(4):501-6; Gut. 2009 Sep;58(9):1185-91). Moreover, the manuscript is very difficult to read and follow. I believe that it should be at least simplified and shortened in order to help readers in understanding the results as well as the conclusions.

Major Compulsory Revisions:

1. Introduction. Please, cite more recent manuscript describing the frequent overlap between reflux disease and FD or IBS (Gut. 2012 Apr;61(4):501-6; Gut. 2009 Sep;58(9):1185-91). Indeed, since the main aim of the investigation is to study the effect of PPI on reflux symptoms and esophageal lesions, and then the effect of PPI on functional symptoms and quality of life, the Authors should “start” from GERD and then moving to FD or IBS and not the contrary.

2. Introduction. It is well known that the large majority of patients with reflux disease are affected by Non-Erosive Reflux Disease (Nat Rev Gastroenterol Hepatol. 2013 Jun;10(6):371-80) and only a minority may present with erosive esophagitis. Thus, the sentence “…a patient population that closely resembles the general population,…..” appears really misleading and this concept should be
deleted from the introduction and from the discussion sections.

3. Introduction. Third paragraph (from cumulative to IBD) is really difficult to understand. Please, try to simplify these concepts.

4. Results. Do you have endoscopic data on erosive esophagitis relapse after PPI suspension. No data are present in medical literature assessing this topic and this data would be very interesting for the readers.

5. Discussion. It should be shortened and simplified.

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests