Author's response to reviews

Title: A Rome III survey of functional dyspepsia among the ethnic Malays in a primary care setting

Authors:

Yeong Yeh Lee (justnleeyy@gmail.com)
Noriza Wahab (norizawahab@ymail.com)
Nazri Mustaffa (nmu73@yahoo.com.my)
Norwati Daud (norwati@kb.usm.my)
Noorhayati Mohd Noor (hayati@kk.usm.my)
Andrew Seng Boon Chua (drandrewchua@gmail.com)
Juwita Shaaban (drjuwita@gmail.com)

Version: 2 Date: 19 March 2013

Author's response to reviews: see over
Dear Editor,

Please find online submitted revised article

TITLE: A Rome III survey of functional dyspepsia among the ethnic Malays in a primary care setting

We thank the reviewers for their helpful comments and hereby are our responses (red in the revised manuscript):

Response to comments of reviewer #1

Major concerns

1. The prevalence of H. pylori infection in this region of Peninsular Malaysia is extremely low, between 4 - 5% serologically, and significantly less so histologically, which might explain our finding of 0% among those with FD undergoing endoscopy. With this knowledge in epidemiology, our initial intent did not take into the account of H. pylori in our sample calculation, and likewise, the association of H. pylori with FD had not been our objective in the first place. Rather, the study is an observation of FD in a population with this unique epidemiology, as a contrast to other Asian populations with a higher H. pylori prevalence.

2. We have added a paragraph in the discussion section, describing the differences in epidemiology of FD between primary care and other population-based studies.

3. Our previous experience in validation of the Malay-translated Rome III IBS Diagnostic questionnaire suggests that the Rome III FD questionnaire should be likewise valid, and a mention of this has been added into the discussion. We totally agree with the reviewer on the concern of accuracy of the Rome III criteria for FD especially in the presence of reflux disease, and overlap between the two appears to be fairly common according to recent data from Asia. A section in the discussion has been added to highlight the relevance of this.
4. Data on co-morbidities and medications were available, had been tested for association with FD but none were significant, likely due to small sample size for each disease. Therefore, we did not include the results into the manuscript.

Minor concerns

1. Despite being common, alarm symptoms have limited value in FD, as well as IBS, similar to other published literatures within Asia and elsewhere. This has been added into the discussion.

2. Pg 7, 1st paragraph, the number of 160 subjects has been moved into the results section.

3. Pg 8, 2nd paragraph, the sentence has been moved into the results section.

4. The endoscopist was blinded to the diagnosis of FD beforehand, and this has been added into the methods section.

5. In the current study, none of 30 unmarried females had FD, but 10 out of 62 married females had FD. This has been added into the results.

Response to comments of reviewer #2

1. Data have been reanalyzed for the section on marriage status and FD with the correct P value being 0.04. This section has been rewritten to allow a clearer message.

2. The word “common” is probably confusing and therefore it has been replaced with “more common than previously expected”, as suggested by reviewer.

3. The word “satiety” has been replaced with “satiation”.

4. Biopsies were taken from at least two sites including antrum and body, and this has been corrected in the text.

5. The issue of H. pylori infection and FD remains elusive especially in populations commonly infected with H. pylori. In contrary to expectation, in our study population, the presence of FD was not uncommon, suggesting that reflux disease and psychosocial dysfunction are likely more important than H. pylori infection. This has been added into the discussion section.
6. Only variables with statistical significance below 0.05 from univariable analysis were subsequently tested with multivariable analysis, and this has been corrected in the data and statistical analysis section.

7. We tested the difference in EPS and overlap among married females with FD and found this to be significant (non-parametric binomial test, P = 0.03). This has been added into the manuscript.

8. We agree with reviewer that BMI, in the current study, was of less significance in FD compared to marital status and psychosocial dysfunction. The primary care setting might have played an influence, since subjects were relatively more ill compared to the general population. The discussion has been modified to explain the relevance of this finding.

9. Grammatical errors and mistypings have been corrected in the revised text.

Sincerely yours,
Yeong Yeh LEE1,2

1School of Medical Sciences, Universiti Sains Malaysia; 2Institute of Cardiovascular & Medical Sciences, University of Glasgow