Author's response to reviews

Title: Dietary Guideline Adherence for Gastroesophageal Reflux Disease

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

Thank you very much for following up and preliminary acceptance to the manuscript entitled “Dietary Guideline Adherence for Gastroesophageal Reflux Disease (MS 1171852174984750)” in BMC Gastroenterology. We have responded to the reviewer’s comment below (there was no comment from Reviewer 1.) Although the reviewer’s question is valid, we have decided not to elaborate on the possibility that atypical GERD symptoms could have been included in the study in order to keep the manuscript succinct. If you have further questions, please feel free to contact us.

Correspondence may be most readily accomplished by email. Full contact information is provided beneath the signature below.

Thank you for your consideration.

Sincerely,

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Responses to the reviewers:

**Reviewer 1:** No further revisions needed.

**Reviewer 2:** The study by Kubo et al is clinically important; the manuscript is well written and the results well explained. There is a question regarding the inclusion criteria: the Authors enrolled patients with a physician-assigned GERD diagnosis and the considered symptoms were heartburn and acid regurgitation. It is well known that the clinical picture of GERD may be characterized by typical symptoms (such as heartburn) but also by atypical symptoms (such as non-cardiac thoracic pain, etc). Did the Authors enrolled also patients with atypical symptoms?

**Response:**
The reviewer is correct that GERD may be characterized by typical as well as atypical symptoms. The physician-assigned GERD group required two criteria: a physician-assigned ICD-9 diagnosis of GERD and a prescription for acid-reducing medications. For these patients, there were no restrictions regarding the criteria whereby the clinical physician made the GERD diagnosis, and they could have considered atypical manifestations. The primary symptoms directly measured by the patient questionnaire for self-reported symptoms were, as noted by the reviewer, the presence of typical heartburn and acid regurgitation. For the symptom questionnaire, we did not consider atypical manifestations given the difficulty of confirming whether these were, in fact, from gastroesophageal reflux disease. Since the method to identify GERD patients in both groups are clearly described in the manuscript, we did not elaborate on the possibilities of including atypical GERD symptoms.