Review

Title:
Quality of life and health care consultation in 13 to 18 year olds with abdominal pain predominant functional gastrointestinal diseases

ID: MS ID : 1386083855102325

Summary

This is a questionnaire-based, cross-sectional study of GI symptoms in teenagers in Sri Lanka. The study design is community-based, with all subjects within randomly selected schools in Western Sri Lanka. 16.5% of 1850 teenage subjects had abdominal pain predominant functional gastrointestinal disorders (AP-FGID) – a broad category encompassing IBS, FD, etc. These subjects had a lower QOL compared to controls and a negative correlation was observed between abdominal pain severity and QOL scores. 27.9% of subjects with AP-FGID consulted healthcare facilities for their symptoms. Surprisingly, neither socio-demographic factors nor symptom severity were predictive of healthcare consultation.

This is interesting work and novel for this population, but there are several queries:

MAJOR

1. No sample size calculation has been made to justify the number of subjects recruited for the study. Please provide this in the methodology.

2. Pg 7, Para 2 – the random selection of 4 schools from a list of 427 needs further clarification. How were these 4 schools “randomly” selected?

3. It is difficult to comprehend how teenagers would obediently sit in a school hall for several hours to complete a long questionnaire without any incentives. Were any incentives provided for the study subjects?

4. Pg 11, Para 3 – “HRQOL score had a negative correlation with symptom severity”. This statement is not supported by any statistical measurement. Furthermore, Figure 1 does not appear to demonstrate a clear negative correlation between QOL scores and symptom severity scores. Please provide more clarification on Figure 1 & further statistical measurements.
5. The discussion can be improved. I would suggest the following:

i) provide the strengths of the study & its' limitations – eg: generalizability of the data to the rest of the teenager population in Sri Lanka

ii) There is no discussion on the prevalence of FGID in teenagers – how does the data in Sri Lanka compare to other publications?

iii) More explanation for the lack of association between socio-demographic and symptom severity factors with healthcare consultation needs to be explored. Why should the type of symptoms – i.e. bloating and vomiting – and not severity, be associated with healthcare consultation?

Could this be a problem of the sample size?

iv) The concluding paragraph on pg 18 claims that “Our findings highlight the importance of assessing HRQoL during consultation of children with abdominal pain predominant functional gastrointestinal diseases”

This is not correct – the use of HRQOL in this study is to demonstrate the impact of FGID in teenagers – it has no bearing on clinical practice

MINOR

1. Table 3 & 4 should be combined. As this is a univariate analysis for predictive factors, please provide unadjusted Odds Ratios with 95% CIs for each parameter studied.

2. Pg 14, para 1 – please avoid using the phrase “for the first time”. This may not be true.

3. There is no pagination throughout the manuscript

Discretionary revisions
None

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**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