Reviewer's report

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

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Reviewer: Miguel Saps

Reviewer's report:

Congratulations on your article “Quality of life and health care consultation in 13 to 18 year olds with abdominal pain predominant functional gastrointestinal diseases”. You show that having an AP-FGID results in a lower quality of life on all four domains, which proofs the significant effect these disorders have on teenagers. To further assess your work I will use the points given by the BMC guidelines.

1. Is the question posed by the authors well defined?
Yes, it is made clear that there are no previous studies to evaluate the QoL in Sri Lankan teenagers, and only few studies have assessed QoL in general.

2. Are the methods appropriate and well described?
The methods are well described, but few questions arise:
Discretionary Revisions - You have selected four mixed schools, are most schools mixed in the province or are most separated? Did these selected schools only have children aged 13-18 or were certain age groups not contacted? Do you think these four schools are a good representation of children in the Western province of Sri Lanka?

Discretionary Revisions - Second paragraph: “… were collected using a validated, self-administered questionnaire…” I think readability is better if you first explain which questionnaires you used (paragraph 3) and then how you conducted them and how you got consent.

Minor Essential Revisions – Third paragraph: “… PedsQL self report for from for teen.” Please correct this.

Discretionary Revisions - Third paragraph: … Has undergone linguistic validation by Mapi Research Trust.” This sounds trustworthy but please add a reference if you could.

Discretionary Revisions – Scales used, first paragraph: I would change last line to: “… zero to 100 scale (0=100, 1=75, 2=50, 3=25, 4=0). Final HRQoL scores were computed out of 100, with higher scores indicating better HRQoL.

Minor Essential Revisions – Statistical analysis: “Healthcare consultation between patents (change to patients) and controls…” Last line: “All correlations wee” Should be were
3. Are the data sound?

- Impressive that all questionnaires were returned


Discretionary Revisions – Your study found functional dyspepsia in only 0.6%, while the previous Sri Lankan data showed dyspepsia in 3.5%, and Saps found 1.7%. Can you think of a reason for this?

This is also the case for functional abdominal pain; you found 9.7% while the previous study found 3% and Saps found 2.7%. Could you explain this difference?

Discretionary Revisions – Last line of paragraph HRQoL in children with AP-FIGD: “Such a difference…” I would say: There was no statistical difference between children with FD and controls.

Discretionary Revisions – “When HRQoL scores were compared... lowest HRQoL scores were observed in children with AM and IBS” I would add the numbers of the scores here so readers don’t have to look back to the table.

Discretionary Revisions – “HRQoL scores were significantly higher in children with FD compared to other three types.” I would delete this, you make the same point a line above.

Discretionary Revisions – “(p>0.005)” Please give the precise P value.

Discretionary Revisions – Table 3, could you add p-values in the table where appropriate? Please be consistent with the use of %.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?

Yes

5. Are the discussion and conclusions well balanced and adequately supported by the data?

Discretionary Revisions – You state a weak inverse relationship between severity and scores was found, and you argue that this is consistent with other studies. It makes sense that having worst symptoms results in lower QoL, but why is it only a weak relationship, could you perhaps give reasons why there is only a weak relation?

Minor Essential Revisions – You use the line “we could not make a comparison” very often in the discussion, if possible change or delete it sometimes. If there
are no other studies you don’t have to add that you could not make a comparison.

Discretionary Revisions – You state that only vomiting was associated with more consultation, this was the same in the previous Sri Lankan study, can you explain this, perhaps it is culturally defined to see a doctor sooner when you’re vomiting or another reason you can think of?

Minor Essential Revisions – “These need to be taken into consideration…. , those looking after children…. ” I would make it this: This needs to be taken into consideration…, especially those looking after…”

Overall I feel the discussion mainly compares your findings to other studies. I hope you can add some of your own hypothesis and of the effects it should or could have on the management of FGID in day to day practice

6. Are limitations of the work clearly stated?
You do not clearly state limitations, perhaps you could add these. From the article it looks like there are not many limitations.

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
Yes

8. Do the title and abstract accurately convey what has been found?
Yes. In the abstract I would only change “A significant negative correlation in between HRQOL and abdominal pain… I would make it “A weak but significant negative correlations…”

9. Is the writing acceptable?
Yes the writing is acceptable.

**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 interest

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