Reviewer's report

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

Version: 3  Date: 3 June 2014

Reviewer: Miguel Saps

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The authors satisfied most of our comments however we recommend some minor changes prior to publication

1- AP-FGD are chronic, troublesome diseases. The term disorder should be used instead of diseases.

2- Almost all of these studies were conducted in young children and have assessed HRQoL using a parent report form [4, 6, 7]. Studies assessing quality of life in teenagers are rare [5, 8, 9]. The authors say that are rare and provide the same number of references than in young children. This sounds counterintuitive. Otherwise increase the number of references for the studies in young children. If the assessment is true, it is odd to give the same number of references of something common than something rare.

3- The authors state: Abdominal pain is often an alarming symptom which leads to frequent healthcare consultation. Few studies conducted in children with recurrent abdominal pain, have reported healthcare consultation of 45 to 70% in affected children [10-12]. The authors are ignoring studies showing low ratio of consultation in children with abdominal pain. It is difficult to accept this sentence in this way when other studies show exactly the opposite. An example of low ratio of consultation: Saps et al. J Pediatr 2009

4- Four mixed schools (with both girls and boys) were randomly selected by drawing lots. This could be rephrased as four mixed gender schools were randomly selected by drawing lots.

5- Under definitions used, you introduced the terms again i.e. irritable bowel syndrome (IBS), you already used the acronym in the background section, there is no need to reintroduce it. You can only use the acronym. This occurs multiple times throughout the manuscript with IBS and other acronyms please correct.

6- You define a consulter for AP-FGDs a child that consulted in the previous 3 months for abdominal pain. What if the child consulted for appendicitis? You cannot consider that child a consulter for AP-FGDs. If your intention is to look at patterns of consultation for abdominal pain in general you need to clarify under your objectives. It is unclear what consultation are you studying as you mention in the background: To date, no studies are available that have evaluated healthcare consultation in teenagers with APFGD. But, then you include any abdominal pain consultation. Please clarify.

7- During analysis, 1545 children without abdominal pain were considered as
controls. This would imply that every child who had abdominal pain met criteria for a FGD by Rome criteria (305 had AP and 305 had AP-FGID). This is very unlikely as not all children with abdominal pain meet criteria. Please clarify. Were there 1545 children without AP-FGD or without AP?

9- The number of AP-FGD adds up to 319 (91+11+37+180). Is this a mistake or there was overlap? Please clarify in the manuscript if overlap existed.

10- If there is little or no overlap how do you explain it considering that another study from Bangladesh showed that 42% of adults with FD had overlap with IBS? (Perveen et al. Indian J Gastroenterol. 2014)

11- There was no statistical difference between children with FD and controls. Why do you think this is? Please comment. This is worthwhile discussing in the discussion section. Also why do you think that IBS and AM have worse QoL than other AP-FGDs? Although may be related to differences in age groups, in adults FD impairs quality of life (Aro P. et al. Aliment Phramacol. Ther 2011.)

12- How do you explain that severity of dyspepsia has worse HRQoL score but FD had NS difference in HRQoL scores with controls?

13- What is the wording for abdominal bloating in your questionnaire? Bloating as a symptom is frequently not understood by children.

14- The wording of the sentence is unclear: HRQoL scores of teenagers with AP-FGD were compared with healthcare consulters and had significantly higher scores for school functioning and physical functioning domains of HRQoL. Can you please rephrase it?

15- A Columbian study. It should be a COLOMBIAN study.

16- and Columbia. It should be COLOMBIA

17- school related quality of life and the differences. You can use the acronym for quality of life.

18- Previous studies conducted in adult patients with functional gastrointestinal diseases. You can use the acronym.

19- healthcare disturbances in day today life. should be day TO day life.

20- However, contrast to our hypothesis Boey CC, Goh KL: Recurrent abdominal pain and consulting behaviour among children in a rural community in Malaysia. Digestive and liver disease : official journal of the Italian Society of Gastroenterology and the Italian Association for the Study of the Liver 2001, 33(2):140-144,. It should be IN contrast. Also, it is unclear where you mentioned your hypothesis before. If you had a hypothesis should have been mentioned it in the text previously. Can you clarify?

21- You should clarify if you are talking about bloating (symptom) or abdominal distention (sign)

22- Long term and recurrent nature of the symptoms of AP-FGD, significantly decrease HRQoL of affected children and can have long term negative effects on their life. If the long-term negative effects were not part of your study you should provide a reference.
23- Our results indicate that more than a quarter of Sri Lankan children with AP-FGD has sought medical advice for their symptoms during previous 3 months. Do you know if this is any different than the ratio of consultation in general? Do you know how frequent was the consultation in children without abdominal pain?

24- Children with abdominal pain predominant functional gastrointestinal diseases. Please use the acronym.

25- Secondly, because this is self-administered questionnaire there is some degree of recall bias. You cannot confirm this, so it should be maybe.

26- In the references you do not need to say the official journal... in your references i.e. Boey CC, Goh KL: Recurrent abdominal pain and consulting behaviour among children in a rural community in Malaysia. Digestive and liver disease: official journal of the Italian Society of Gastroenterology and the Italian Association for the Study of the Liver 2001, 33(2):140-144.

**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:**

no competing interests