Reviewer's report

Title: Gastric Emptying is Slow in Chronic Fatigue Syndrome

Version: 1 Date: 27 October 2004

Reviewer: Leonard Jason

Reviewer's report:

General
I am happy to review this paper by Burnet and Chatterton on “Gastric Emptying is slow in Chronic Fatigue Syndrome —“

When the authors mention the term chronic fatigue syndrome, they place it in parenthesis (CFS) and there is no need to also place it in quotations “CFS”. Saying that CFS can not be attributed to any alternative condition is a bit misleading, and it might be safer to say that it has no known etiology.

There are several investigators who have published papers describing symptoms of GI disorders in patients with CFS, and the authors might try to reference a few of them. While these symptoms are not part of the Fukuda et al. criteria, they certainly have been noticed and recorded by other CFS investigators. This could be inserted in the intro.

The authors might want to insert a comma after the first usage of abdominal distension to differentiate it from intermittent abdominal pain.

To meet CFS criteria, it is important to make sure that the patient doesn’t have an exclusionary psychiatric illness. Was any psychiatric testing done with the patients diagnosed with CFS to ensure that they didn’t have any exclusionary diagnoses?

From Figure 1, although 5 of the symptomatic individuals were slower than the 95% confidence limits, 5 individuals without symptoms also scored in this realm. The authors need to include references to Figures 2 and 3 when they discuss the results on the bottom of page 6. When they say that Solid and liquid gastric emptying were markedly slowed, we need to know does this refer to the CFS versus control comparison, and if so, what statistical test was used.

For the conclusion, abdominal pain is rated as the most frequent, but it is unclear whether it is the most distressing, and that statement might need to be modified in the second sentence of the discussion section. If the authors want to keep that statement, they will need to cite a reference.

We are presented with statistics in the discussion section (72% and 38%), and I would recommend that they first be presented in the results section. More information might also be presented to help readers understand how there is a more prominent delay in liquid rather than solid emptying, as the scores do seem higher with solid emptying.

I will respond to the following points:
1. Is the question posed by the authors new and well defined? Yes.

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work? Yes, and see above for some specific ways the information could be presented to help
readers follow the arguments better.

3. Are the data sound and well controlled? For the most part, although a diagnosis of CFS might need to be a bit clearer as to how it was arrived at.

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? For the most part, yes, and see comments above for more information.

6. Do the title and abstract accurately convey what has been found? Yes.

7. Is the writing acceptable? Yes.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)

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**What next?:** Accept after minor essential revisions

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No

**Declaration of competing interests:**

None