Reviewer's report

Title: The clinical overlap between functional dyspepsia and irritable bowel syndrome according to Rome III criteria

Version: 1 Date: 13 May 2008

Reviewer: Ami D. Sperber

Reviewer's report:

General

This paper reports the results of a study the overlap between IBS and functional dyspepsia using the Rome III diagnostic criteria. This issue has been studied extensively and the overlap is well documented. This study is of some interest because of its use of the Rome III criteria and because of the central finding that the overlap is significantly associated with postprandial fullness and not epigastric pain. This finding, which is intuitively logical and has been reported in the past, is further established by the results of the present study. Despite its limitations, listed below, I believe that this paper will be acceptable for publication after revision.

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

1) The study population is problematic in some respects.
   a) This is a clinic population. This does not provide perspective on the extent of this problem in the general population, which to my mind would be more interesting.
   b) Is it not clear if all the patients are new to the clinic or some are new and others are veteran patients. How many have been treated for IBS or dyspepsia and what effect does the treatment have on the overlap rates?
   c) The clinic functions at the primary, secondary and tertiary care level. How were the patients distributed on these lines and did this variable predict overlap? For example, intuitively tertiary care patients would probably have a higher overlap rate.
   d) Was chronic co-morbidity assessed? Patients with IBS-FD overlap are more likely to also have other functional co-morbid conditions such as fibromyalgia, CFS, etc.
   e) Was somatization assessed and how was it associated with overlap?
   f) The overall rates for IBS and FD seem low considering that this is a specialized clinical population. How do the authors explain these relatively low rates.

2) The methods section mentions the criteria for the stepwise multiple logistic
regression analysis, but there is no mention of it in the results and the tables report only univariate analyses. Was a multivariate model assessed and what were the results?

3) The patients use scales to assess symptom intensity and frequency. It is not clear if these scales were devised specifically for this study or not? If so, how were they validated before their use in the study?

4) There is no limitations section in the discussion. Given that the study has important limitations, many of which are discussed above, the authors need to add this section and discuss why they think these limitations are important and why the results are still valid despite the limitations.

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

While the English is reasonably good there are still several grammatical errors and other problems including some matters of nuance. For example, in the “subjects and survey methods” section the authors write: “… two doctors who would not meddle in patients’ medical management.” First the word “would” should be “did”. Second and more important to my mind the word “meddle” is inappropriate and has negative implications. The appropriate word, I believe, is “intervene”.

Discretionary Revisions (which the author can choose to ignore)

None

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

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

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests.