Reviewer's report

Title: Anticipatory Nausea and the Frequency of Cyclical Vomiting: Case Report and Hypothesis

Version: 1 Date: 8 December 2004

Reviewer: B Li

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This manuscript is an individual (self) case study of cyclic vomiting syndrome that connects a recollection of anticipated nausea with an increase in frequency of episodes and reviews some of the literature on anticipatory nausea and vomiting.

Major
1) The title should be changed to “Anticipatory nausea in cyclical vomiting™ because the emphasis on frequency from a recollection i.e. without providing specific numbers of episodes per unit time and without being able to generalize beyond an n=1, should be softened.
2) The author, on page 5, suggests that having achieved partial clinical control and an psychological understanding of the role of anticipation reduced the frequency of vomiting episodes. However, the well-described reduction in frequency of episodes with advancing teenage years may be the alternative explanation. The latter should be discussed.
3) Can the authors provide specific numbers of episodes per annum “ before the anticipatory nausea and after it came under control “ to give a semiquantitative picture of the effect?
4) Because the cause and effect cannot be definitively established, in the abstract, case report, discussion and conclusions, statements that ANV increased the frequency of episodes should be softened. The authors can simply indicate that it seemed to trigger specific episodes and play a role in exacerbating the illness.
5) It may be that the authors would like to discuss specific management strategies that have been used anecdotally to manage pre-episode anxiety including stress management techniques (visualization, deep breathing), alternative therapies and anxiolytic drugs (diazepam) to reduce both the triggering anxiety and premonitory symptoms with some beneficial effect in anecdotal cases.
6) The discussion could be shortened and tightened by 20%.

Minor
Pg 3, Pr 2, Ln 4: suggest “about the prospect of severe and emesis, similar™
Pg 3, Pr 3, Ln 3: suggest “patient™s mother had nearly identical episodes during childhood™
Pg 4, Pr 1, Ln 1: suggest “first presented to the hospital at age™; Ln 6: suggest “during every infection, and never without prior infection; Ln 7: suggest “antiemetics available at the time, e.g. prochlorperazine, “; {list}
Pg 4, Pr 2, Ln 9: suggest giving examples to “conditioned responses (e.g. to particular places or days of the week)
Pg 5, Pr 1, Ln 4: suggest “hypersalivation [7] and was too nauseated™; Ln 6: suggest “fatigue and confusion that accompany CVS™
Pg 5, Pr 2, Ln 2: suggest “most of which resulted in 3-8 day hospitalizations; Ln 9: suggest “teared it less, and conditioned response gradually diminished; Ln 10: suggest “has been hospitalized nearly 100 times™
Pg 7, Pr 2, Ln 6: suggest “between conditioning and nausea, more CVS patients™
Pg 8, Pr 8, Ln 3: please add to clause “in patients who expect and experience more distress from nausea than “
As one who has seen a large number of patients with this disorder, I think the concept that anticipatory nausea can trigger or exacerbate the severity of disorder in some affected children and adults is probably correct. Because this is a report of n=1 and no specific numbers as to the frequency of attacks at the critical junctures are given, the interpretation of the possible causal relationship between anticipatory nausea and frequency of episodes should be softened throughout the paper. With a revision, additional editing and more cautious phrasing, I recommend publication.