Reviewer's report

Title: Health-related quality of life is not impaired in children with undetected as well as diagnosed celiac disease: a large population based cross-sectional study

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Reviewer: Kalle Kurppa

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The manuscript by Myléus et al. is an important and very well-written study about the health-related quality of life in children with celiac disease. I have just a few, mostly minor and technical, comments for the manuscript.

1. Background, pages 4-5. The introduction section is rather long and could be more concise. For example, it is not necessary to explain celiac disease with details since most of the readers are well-familiar with the condition.

2. Methods, page 6. The authors state that “subjects with Marsh I-II, right genetics and positive response to GFD suffer from CD”. I mostly agree with this, but wonder whether references 32-33 in fact investigated this issue? Were endomysial antibodies measured? Maybe some other references supporting these criteria should be provided.

3. Also, later patients with “potential celiac disease” are mentioned, but it remains somewhat unclear how they are defined. The authors rightly say that many “asymptomatic” subjects in fact experience improved symptoms while on a GFD; are these potential children those with positive TG2-ab, right genetics but no response to GFD? Or were they not willing to start a GFD?

4. Measures, page 7 + Discussion. Is the “Kidscreen” validated questionnaire and have it been used before in CD? I think one reason for negative results might be that it is a generic instrument which might not be sensitive enough to detected minor differences between CD patients and controls. This issue should be discussed.

5. Page 8, compliance. Adherence to GFD was measured by TG2 and those with positive antibodies were defined as non-compliant. I think it is OK but it is important to remember that in some children (in particular 2009 group) with high baseline levels it may take a few years before the antibodies normalize despite a strict diet.

6. Discussion, page 13. It is stated that the compliance was high (92%) compared with other studies. For example in #41 adherence indeed was slightly lower (88%), but in that number also occasional dietary failures were counted. TG2abs are not very sensitive to detected occasional gluten intake; thus I suspect that 92% is an overestimation of a very strict GFD, serological markers should be combined with dietary analysis in order to get accurate estimation of
the compliance.

Tables & Figures:
Table 1. A few technical notes: maybe celiac disease abbreviation (also in Table 2) can be denoted already in the title of the table and thus one line form the footnote could be removed. Also, the (%) can be denoted after “Characteristics” and subsequently removed from the four other lines of the table.

Table 2, footnote: there is small misspelling in line 2 (, and…?)

Figures 2-3. The mean score is from 65 to 100? I assume that it is from 0 to 100, then may you should start from 0 but then “cut” the y axis.

Level of interest: An article of outstanding merit and interest in its field

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:
I declare that I have no competing interests