Reviewer's report

Title: Treatments for Irritable Bowel Syndrome: Patients' Attitudes and Acceptability

Version: 1 Date: 13 October 2008

Reviewer: Renata D'Incà

Reviewer's report:

This manuscript explores an original area of knowledge regarding the use of treatments and medications in gastroenterology: the patients’ acceptability and attitudes to use different types of drugs and treatments for irritable bowel syndrome.

Information in this area could be very important to reduce non adherence problems; this is an important issue both for patients and healthcare personnel.

IBS is a chronic disorder up to date incurable which often requires medical advice. Therapy varies and includes antispasmodic, anti-inflammatory and psychoactive drugs or behavioural therapy (such as diet modification and lifestyle). The despair, the hope of healing especially if the disease is particularly severe, greatly affects the patient’s quality of life. Many of the patients, at some point, try other remedies. Moreover, advertising is increasing the interest towards CAM.

The acceptability of these remedies remains poor and patients often follow Cam for short period of time and prefer tablets to acupuncture, hypnosis and yoga, and even suppositories, heat pads and stomach cream.

The article is well written, but in some points it would be useful a little more in-depth explanation to enhance reader’s comprehension.

The study design is quite good, but there are some criticisms.

The questionnaire is not fully described or attached to the manuscript, this could be a limit for the full comprehension of the reader.

Inclusion criteria are not well defined and selection bias could be a problem. Of those who responded, it is quite unclear the total number of contacts, if they were doctors or patients. Only 40 % responded and the majority were females. Although IBS preferably affects females this could have influenced the results.

Among the possible therapies herbal remedies have not been mentioned, but they are quite commonly used as beverages. Homeopathy can include the use of tablets, how has it been handled? Why didn’ consider the herbal medicines?

Why the significant levels have been set at 0.001?

Considering different pattern of patients could be of interest: did the Authors consider patients having prevalent diarrhea or constipation? What about disease
duration? And what about disease activity?

Ageing is a problem in our society: however, the definition of youngers for all patients under 60ys is somewhat grossly. Considering at least 3 groups could be a good compromise.

Qualitative analysis: it should be interesting to know how many patients declared treatment unacceptability and the possible correlation with age or other factors.

If the patient dislikes tablets, does it depend on type of drug?

Why did you include patients with chronic pain and not patients with other type of gastrointestinal diseases?

Foot of page 16: female respondents were 73% not 80%

Any information about costs and efficacy?

Different studies demonstrated that CAM users do not inform their physicians, and many of them do not care about physicians' opinion!

Not able to read figure 1

Manuscript review: Treatments for Irritable Bowel Syndrome: Patients’ Attitudes and Acceptability

Below you will find more specific comments.

1) page 5, lines 7-8; this assumption should be the result of a previous study, cite it

2) page 5, lines 19-20; this assumption should be the result of a previous study, cite it and eventually the percentage of patients

3) page 6, lines 11-12; this assumption should be the result of a previous study, cite it

4) page 6, line 13; what’s the total amount of patients indexed in the registers used to randomize participants in the study?

5) Page 6, line 14; how many patients responded?

6) Page 6, lines 15-16; how many patients had a Rome II diagnosis and how many two or more Rome II symptoms?

7) Page 6, lines 19-20; in what cases contact was deemed inappropriate?

8) Page 6, lines 20-21; wasn’t possible to use the contact details used in the previous study?

9) Page 6, last line; it could be better to inform the reader that it has been used a questionnaire to collect data

10) Page 7, lines 3-4; are you sure it is not necessary to calculate the sample size?

11) Page 7, description of the intervention; explain if the questionnaire is anonymous or not and if information about the purpose of the study have been
given to participants and if an informed consent form have been signed by patients or an authorization of using personal data have been given

12) Page 9, description of results on demographic data; it could be better to give all the results, please present all the collected data in the two groups of patients (respondents and not respondents)

13) Page 9, line 11; change the order of result according to percentage (from the highest to the lowest)

14) Page 9, line 15; why do you put the cut off at 60 years? Why don’t you use the media or the median age?

15) Chapter results; did some patients accepted all (or none) treatments presented in the questionnaire? Do they have been excluded from the subsequent analysis? The age of respondent patients seems very high, it could be better to present different ages’ frequency

16) Page 10, line 11; explain with examples “general barriers”

17) Page 16, lines 11-12: this assumption should be the result of a previous study, cite it

18) 13-15; an important bias could be the impossibility to know if the accepted treatment have been previously used or not by the patient: only in the case the patient accept a treatment that he never used before, the option could be described as hypothetical

19) Page 16, last but one line; this assumption should be the result of a previous study, cite it

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

**Quality of written English:** Acceptable

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

**Declaration of competing interests:**

no for all the above questions