Reviewer’s report

Title: Mental Illness is Common With Functional Gastrointestinal Disorder (FGID) and is Important to Consider At Patient Consultation

Version: 2 Date: 3 December 2004

Reviewer: Philip M Boyce

Reviewer’s report:

General
The relationship between functional bowel disorders, psychological distress and psychiatric disorder has been the focus of a number of studies. Differing results in these studies have been attributed to the different populations under study with high rates of psychological comorbidity among clinic attendees and lower rates of psychiatric comorbidity being found among population based studies. There has also been a number of examining consulting behaviour among persons with functional bowel disorders, specifically to determine the extent to which psychosocial and/or illness factors contribute to consulting behaviour. This population based study examines the relationship between consulting behaviour, psychological distress and functional bowel disorders, and as such, is a useful addition to this literature. The authors of this study have used a very rigorous process in identifying a population sample to ensure that it is truly representative of the general population; the study is to be applauded for that reason.

They have used questionnaires to identify those with functional bowel disorders (the abdominal symptom questionnaire). This questionnaire has been previously validated, however it is not clear the relationship between functional bowel disorders as diagnosed using this questionnaire and functional bowel disorders categorized using the ROME criteria and assessed by a gastroenterologist. A concern about the use of this questionnaire is how patients with symptoms that are the result of an inflammatory or structural disorders can be identified so that they are not included within the functional bowel disorders group.

Consulting behaviour was also assessed by questionnaire. However, it is not clear over what timeframe the consulting behaviour was being assessed, or the reliability of the questionnaire in assessing consulting behaviour. The same issue arises with the use of medications and whether over-the-counter medications were also included.

The participants completed a Complaints Score Questionnaire; mental illness was extrapolated from scores on this questionnaire based on a factor analysis. The principle findings of this study showed that the functional bowel disorders were prevalent within this population and more common among women. Participants with functional bowel disorder reported significantly more symptoms on the Complaints Score Questionnaire. This Complaints Score Questionnaire was then factor analysed and identified for factors, one of which was labeled ‘Mental Illness’.

It is not clear on what the basis of this factor was labeled ‘Mental Illness’. Looking through the items loaded on this factor, it will be more accurate to consider this to be a dimension of ‘Psychological Distress’ or a similar construct to neuroticism. With regards consulting behaviour, it was found that symptoms of severity and “mental Illness” were the two variables that contributed the most to consulting behaviour.

The critical question related to this is whether the dimension identified on the Complaint Symptom Questionnaire relates to psychological distress or to personality dysfunction (neuroticism). However, the suggestion that this is due to mental illness (disorders such as depression or anxiety), cannot be extrapolated from this data. While it may not be mental illness per se that is associated with
consulting behaviour, this study does demonstrate very clearly that psychological distress (be it personality or symptoms), is an important component of consulting behaviour in patients with functional bowel disorders.

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

Page 4, line 2: What does it mean “being reported quarterly by almost every other adult in Western Countries”?

Page 4, line 17 & 18: Why are the authors suggesting IBS is also a “so-called” functional gastrointestinal disorder, surely it is a functional gastrointestinal disorder?

Page 5, lines 19 – 22: The authors say “the aim of this study is to elucidate this circumstance…”; it is not clear what is meant by this circumstance. Could this be explained more clearly.

Page 7, line 10: The authors have used the acronym GORD instead of GERD.

Page 7, line 23: What blood samples were taken and what are the questionnaires used in this survey?

Page 10, lines 7 & 8: It is not specified whether there were symptom stability between 1989 and 1995.

Page 11. The description of the statistical analysis was not clear, particularly the discussions on the logistical regression model. This needs to be clarified.

Page 11, line 22: It was not explained how scores were obtained on the four factors. This needs to be more fully explained.

Page 13, lines 14 – 16: What statistical analyses were used?

Page 14, lines 13 & 14: It says there was no statistically significant difference, yet the p value is 0.016.; is this after the Bonferroni correction.

Page 15, line 6: The authors say that there is a remarkably “high incidents” of mental illness, surely this refers to prevalence, not to incidents (my comments about mental illness have already been put down).

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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)

The copy of the paper I downloaded had all revision marks on it which made it very difficult to read. These should be excluded.
I found the tables were confusing and they could be laid out better.
It is not clear why the figures were used using circles rather than the standard method of reporting
the statistics within figures. There should be more discussion about the "mental illnesss" dimension that was identified on their questionnaire and whether it implies actual mental illness (such as depression or anxiety), personality style or whether the symptoms are reported as a consequence of having a functional bowel disorder.

**Which journal?:** Appropriate or potentially appropriate for BMC Medicine: an article of importance in its field

**What next?:** Accept for publication in BMC Medicine after minor essential revisions

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

**Statistical review:** Yes

**Declaration of competing interests:**

I declare that I have no competing interests