Author’s response to reviews

Title: UNINVESTIGATED DYSPEPSIA AND ASSOCIATED FACTORS OF PATIENTS WITH GASTROINTESTINAL DISORDERS IN DESSIE REFERRAL HOSPITAL, NORTHEAST ETHIOPIA

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Author’s response to reviews:
Point by point response to the reviewers

Dear Editor and reviewers

Note: In the revised manuscript we showed the recent changes we made by highlighting with yellow color. We have also made some correction on reference part. Thank you.

Editor Comment
Thank you very much for your positive feedback to our work. We have carried out revision based on your and reviewers comments. Thank you again.

Reviewer #1
1. There is no mention of ethical approval in this study as H.pylori infected patients being treated, subsequently tested to insure complete eradication and invited for upper endoscopy and biopsy to exclude gastric neoplasia?

Answer: Thank you for your valuable comment. We have included clear ethical consideration of study participants in the manuscript. Any result obtained during the study that was necessary for the patient was communicated with the physician for appropriate management. i.e H.pylori infected patients were treated without charges. However, due to the limitation of the study design (cross sectional) subsequent testing was not done. Moreover, due to lack of infrastructure (i.e facility of endoscopy) in our hospital endoscopy was not done to rule out such underline diseases. Thus, we have indicated in our limitation as underline disease conditions might have great impact on the statistical correlations/association between dyspepsia and other variables of interest.
2. How is the “Amharic version” of translated and validated questionnaire being done? Any involvement of non-medical or language experts involved? Concern about many cultures in Ethiopia and use of “Amharic version” questionnaire for data collection

Answer: Thank you for your comment. The detailed translation process was stated clearly and included in the manuscript. Two medical professional who were native speakers of” Amharic” and fluent in English, undertook translations independently. The original and back-translated (English) versions were compared to detect errors. Feed backs about the “Amharic” version of the FD module of FGIDs questionnaire was obtained from experts in gastroenterology. No involvement of non-medical or language experts for questionnaire preparation and data collection. Clinical residents were involved during data collection time. Even though there are many regions and ethnicities in our country with different language, the study is conducted in in Amhara region where “Amharic” is mother tongue of the population.

3. The word “bleaching” meant to be? Belching?

Answer: thank you for your comment. Sorry for making this mistake. We kindly accepted your comment and corrected it accordingly

4. How to explain high proportion of H.pylori infection among patients with belching with AOR of 4.7?

Answer: thank you. We aimed to see the proportion of belching among H.pylori infected and non-infected patients. With this in mind we observed high proportion of belching among H.pylori infected patients. i.e, presentation of belching is 4.7 times more likely to be associated with H.pylori infection as compared to H.pylori free patients. This significant likelihood association could be explained as H.pylori is known to produces urease which helps to metabolizes urea into ammonia and carbon dioxide resulting in belching.

5. Conclusion is very briefly discussed and needs further clarification. How to explain high proportion of UD in Ethiopia as compared to other countries in Asia? Any similar studies performed in Africa?

Answer: Thank you. We have worked on it and we preferred to incorporate your comment on discussion part paragraph 2 and 3. We searched similar studies in African countries but we found one article which is comparable to our study. The high proportion of UD in our study compared to studies conducted in Asia might be due to delayed presentation of patients to health care
provider and variation with dietary factors, socio-cultural and psychological issues, rate of gastrointestinal infection mainly caused by H. pylori. As a result eastern life styles may be a factor related to the lower prevalence dyspepsia. In the conclusion part we also add suggestions for high proportion of UD in the study area.

Reviewer #2

1. English language editing is needed

Answer: Thank you for your valuable and positive comments. We have worked hard on the language of the manuscript by consulting a person who is proficient in English.

2. Patient selection methods needs more clarification

Answer: Thank you for your valuable comment. We worked in this area and as much as possible we tried to clarify patient selection strategies with the revised manuscript. We made revision on total expected symptomatic patients

3. They used antibodies to detect H.pylori, but never, described which type of antibodies. Furthermore they didn’t describe whether these antibodies has been validated locally or not

Answer: Thank you for your valuable comment. We used stool antigen test (Zhejiang Orient Gene Biotech CO., LTD, China) to detect H.pylori. This test kit is validated and approved by the ministry of health of the country and currently employed for the diagnosis of H.pylori infection in the country. Revision is made accordingly in the manuscript.

4. They didn’t describe excluding patients who has been previously treated for H.pylori a thing that will render their results about H.pylori invalid.

Answer: thank you for your comment. Treated H.pylori patients were excluded, but the way we described seems not clear. Thus we tried to make clear in the revised manuscript.