Reviewer’s report

Title: The impact of diagnosis on health-related quality of life in people with coeliac disease: a UK population-based longitudinal perspective

Version: 0 Date: 17 Sep 2018

Reviewer: Annalisa Schiepatti

Reviewer's report:

In this paper the Authors aim to assess changes over time in the prevalence of CD symptoms, time to diagnosis, quality of life before and after diagnosis of CD in the UK by using a postal questionnaire. The Authors conclude that undiagnosed CD is associated with substantial decrement of the quality of life, which then returns to a normal level after a gluten-free diet has been started. Interestingly, time to diagnose CD has not changed significantly in the last decade in the UK. Although the topic is of great interest given the burden of CD on healthcare system, the general impression is that this paper rather little flies in the field of medicine. So, regrettably, I have the following major concerns:

- The study population surveyed is represented by members of the society Coeliac UK and patients have been enrolled on the basis of a self-reported diagnosis of CD. The Authors do not provide any information about the criteria for diagnosis of CD in these patients (EMA/TTG positive? Villous atrophy on small-bowel biopsy?). In addiction we do not have information on the type of coeliac disease (potential, refractory…). Theoretically, without any confirmation about the serological and histological diagnosis of CD, the group surveyed may include also a substantial part of non-coeliac patients, such as those affected by non-coeliac gluten sensitivity or food allergies or some lifestylers, who perhaps self-reported some benefits after starting on a GFD. This would represent a huge selection bias with an enormous impact on the final results.

- When assessing symptoms what do the Authors mean with "skin rash"? Whereas dermatitis herpetiformis is well-known to be within the extra-intestinal manifestations of CD, any other unspecified skin rash may be the expression of a wide range of disorders that are different from CD, such as IgE-mediated food allergies or non-coeliac gluten sensitivity and that, however, may find a GFD beneficial.

- The Authors consider among symptoms osteoporosis (that actually is a well-defined medical disorder, not its clinical manifestation), while do not take into account any other disorders that are known to be associated with CD and may have a relevant impact on quality of life (autoimmune thyroiditis, type I diabetes etc.).
I also have some minor concerns:

- Background section, page 4: The sentence "Diagnosis is usually prompted by a range of intestinal and other symptoms" should be rephrased. Please consider the more specific term "extraintestinal symptoms" instead of "other symptoms". Secondly, please, take into consideration also the possibility of high-risk groups, such as type 1 diabetes, first degree relatives of CD etc., that should be tested for CD.

- Results section, page 7. The Authors state that "the majority of respondents (75%) resided in England". This statement is not completely clear to me. Does it mean that these people surveyed were British diagnosed in the UK who then moved abroad? Or were they non-British people diagnosed in another Country who subsequently joined Coeliac UK? Please specify this point, considered that the study is a UK population-based

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

No

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Unable to assess

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

No

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

**Quality of written English**
Please indicate the quality of language in the manuscript:

Acceptable
Declaration of competing interests
Please complete a declaration of competing interests, considering the following questions:

1. Have you in the past five years received reimbursements, fees, funding, or salary from an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

2. Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

3. Do you hold or are you currently applying for any patents relating to the content of the manuscript?

4. Have you received reimbursements, fees, funding, or salary from an organization that holds or has applied for patents relating to the content of the manuscript?

5. Do you have any other financial competing interests?

6. Do you have any non-financial competing interests in relation to this paper?

If you can answer no to all of the above, write 'I declare that I have no competing interests' below. If your reply is yes to any, please give details below.

I declare that I have no competing interests

I agree to the open peer review policy of the journal. I understand that my name will be included on my report to the authors and, if the manuscript is accepted for publication, my named report including any attachments I upload will be posted on the website along with the authors' responses. I agree for my report to be made available under an Open Access Creative Commons CC-BY license (http://creativecommons.org/licenses/by/4.0/). I understand that any comments which I do not wish to be included in my named report can be included as confidential comments to the editors, which will not be published.

I agree to the open peer review policy of the journal