Author’s response to reviews

Title: Are self-reported gastrointestinal symptoms among older adults associated with increased intestinal permeability and psychological distress?

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Author’s response to reviews:

Dear Professor Cameron,

Thank you for giving us the opportunity to improve our manuscript. We hereby submit a revised version of our manuscript BGTC-17-00341 after having carefully considered the editors' comments and suggestions.

We have addressed the editors’ suggestions and revised the manuscript accordingly. See point-by-point response below. All changes are marked in yellow.
We hope that you now will find our manuscript suitable for publication in BMC Geriatrics and we are looking forward to your reply.

Sincerely,

Ida Schoultz, PhD
Research Associate
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Point-by-point response to the editor:

1. A problem is that BMI is not available for older orienteering athletes. The authors could provide a comment that these people are likely to have a lower BMI on average than the general population (with an appropriate reference) and then address the implications of this.

Reply: We thank the Editor for giving us the opportunity to thoroughly address this issue. In an ongoing study we are currently recruiting senior orienteering athletes, so far eleven have been enrolled in this additional study for more thorough investigation of the intestinal barrier function among older adults. For these participants BMI measurements have been taken and show that they are normally distributed with a mean of 23.8±3.2 Std. We have therefore added the following section to the manuscript "Unfortunately, the BMI was not available for the senior orienteering athletes in the present study. However, the BMI of eleven newly recruited senior orienteering athletes enrolled in an additional study was found to be normally distributed with a mean value of 23.8±3.2 Std. This is in accordance with a recent study showing a lower BMI value of senior athletes compared to general older adults (Condello et al 2016)", p14-15, line 274-278.
2. The term “multipharmacy” should be changed to “polypharmacy” because that is the more accepted and generally used term.

Reply: We thank the Editor for pointing this out and giving us the opportunity to update our wording, multipharmacy has now been exchanged to polypharmacy in Table 2 and in the results section, p 9, line 180.