Author’s response to reviews

Title: Risk Of Low Bone Mineral Density And Low Body Mass Index In Patients With Non-Celiac Wheat-Sensitivity. A Prospective Observation Study.

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Author’s response to reviews: see over
REVIEWER DAVID SANDERS
1. I think it would be useful to give percentages for osteopenia and osteoporosis for the coeliac patients.

REPLY: We added the frequency of osteopenia (50%) and osteoporosis (14%) in the studied CD patients (page 9, line 7).

2. Do the authors think that the lower BMD may be due to having a large number of NCWS patients with reduced BMI rather than actual values – given that there is an intimate relationship between BMI and BMD?

REPLY: Surely, the patients’ population we studied showed a tendency towards a low BMI and this could have influenced the results. We have now added this among the “limitations” of the study (page 12, lines 8-10).

Thank you very much for your precious suggestions and for the very encouraging opinion about our work.

REVIEWER PETER CLIFTON
Generalisability of the results. I would like to know over the two year period what number of patients were referred with intolerance to wheat and what number of these were given a NGWS or CD diagnosis and how many failed the additional criteria of symptom relied on a pan exclusion diet and/or failed the DBPC wheat challenge. The NGWS group seems a very special group with multiple problems.

Reply: We thank the reviewer for this precious comment. We add a figure, included as “Supplemental file 2” which clarify the number of the patients initially referred, the reasons for their eventual exclusion, the percentage of response to the elimination diet and the percentage of subjects who were positive to the DBPC challenge. The limitations to the generalisability of the results had been underlined in the “Discussion”.

2. The relationship between BMI and bone density. Was a similar relationship seen with IBS patients. They should be marked on the graphs to show they have a similar relationship. If they don’t why is this so-is the low dietary calcium as important as low BMI or are they related. Where do CD patients fit on the graphs?

Reply: Thank you for this useful suggestion. We found a correlation between BMI and BMD in IBS patients as well, although with a lower statistical significance. This was added in the results section (page 9, lines 18-20). We avoided other adjunctive figures due to the space limitations.

3. I assume all CD and IBS patients were new diagnoses in the 2 year period?

Reply: Yes, CD and IBS patients included in the study were new diagnoses posed during the study period. This has been clearly stated in the revised version (page 5, line 1).

spelling last para familiarity is not correct-positive FH should be used.

Lymphocytosis.

Reply: Spelling errors have been corrected. Thank you.

graphs- should not start from zero BMI or bone density.
Reply: Figure 3 has been modified, as suggested.