Author’s response to reviews

Title: Prevalence and predictors of irritable bowel syndrome in patients with morbid obesity: a cross-sectional study

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Author’s response to reviews:

Dear Editor,

We thank you for the evaluation, the useful comments from the peer reviewers and for the opportunity to submit a revised and clarified version of the manuscript. The changes are highlighted in the manuscript. Below we give a point by point response to the reviewers’ comments.

Comments from Laura Matairese (Reviewer 1)

1. Please list the limitations.

In the revised version we have listed the limitations under a separate section and have added three limitations: The lack of generalisability of the prevalence rates has been stated clearly.
The absence of FODMAP registration has been mentioned (line 241-243). Thirdly, the lack of a comprehensive evaluation of psychiatric disorders has been presented (line 244).

2. Please define the minor psychiatric disorders.

The registration of psychiatric disorders has been described in detail (line 97-102), and to increase the precision we now use the term self-reported psychiatric disorders in all the text and the tables.

3. How were the psychiatric disorders diagnosed?

The psychiatric disorders anxiety and depression were self-reported. Demarcation to major psychiatric disorders was done by the attending physician, with referral to a psychiatrist when judged necessary. The lack of a psychiatric interview of all included patients has been added to the limitations (line 97-102, line 244).

4. Information about the type of carbohydrate.

The use of FODMAP is a very interesting topic. Unfortunately, the food frequency questionnaire we used did not provide details about subtypes of carbohydrates. We have added some available information about food groups in table 4. The topic has been added to the discussion and the lack of FODMAP information has been added as a limitation (line 182-183, line 241-243).
5. Some of the exclusion criteria require further explanation.

We have provided further explanation in the methods section and have discussed the implications under strengths and limitations (line 86-89, line 230-232).

Comments from Marinos Fysekidis (reviewer 2)

6. The difference in prevalence between the centers was very wide, which makes it impossible to conclude about the prevalence.

We agree that the concept of prevalence is challenging in this context, and have removed all statements about a total prevalence from the abstract, results and discussion. Estimates of the prevalence in all subjects with morbid obesity in the region or the country would require a population-based study. The limitation of the prevalence figures has been presented under strengths and limitations (line 233-235). Nevertheless, the wide difference in prevalence between two obesity centers in neighbouring areas is an important finding with major implications for the design of future studies about gastrointestinal symptoms and morbid obesity.

7. Ethnicity should not be included in the logistic regression model.

We have now clarified in the text under the table that ethnicity was not included in the final logistic regression model (Table 2, page 17).

We confirm that all author details are updated and correct and that all authors have agreed to the authorship of this revised version of the manuscript.
Best wishes,

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