

Physical and Psychological Symptoms and Survey Importance in Celiac Disease

We thank the Reviewer and Editors for kind assistance in improving the quality of the manuscript. In addition to incorporating the suggestions, we have polished the manuscript as indicated in the highlighted version.

Is this paper a review? It seems not an Editorial.

We removed the structure from the Abstract to better indicate the article status as an editorial.

This paper is going to address a significant aspect of celiac disease, a chronic autoimmune condition affecting a notable portion of the global population. The authors aim to explore the physical and psychological symptoms associated with the disease, with a focus on the development and application of surveys as a tool for screening and monitoring the disease. The approach taken in the paper is commendable for its potential to contribute to the early detection and management of celiac disease. Overall, the paper presents a valuable perspective on the use of surveys in exploring and managing celiac disease.

We thank the Reviewer for commending the article.

However, to maximize its impact, the authors should consider incorporating empirical data, providing detailed survey design guidelines, and fostering interdisciplinary collaboration. These enhancements would make the paper a more comprehensive resource for healthcare professionals and researchers in the field of celiac disease. The paper would benefit from the inclusion of empirical data from surveys or case studies. Without such data, the discussion remains largely theoretical and lacks the weight of practical evidence.

We now include this topic in a new section, Limitations and Future Directions:

Inclusion of empirical data from Survey responses or case studies, and providing detailed Survey design guidelines should be considered for future investigations.

These enhancements could provide a more comprehensive resource for healthcare professionals who treat persons with celiac disease.

There is a need for more detailed methodology on how surveys should be designed and administered. Specific guidelines on question formulation, survey distribution, and data analysis would strengthen the paper's practical utility. While the paper mentions the interaction between physical and psychological symptoms, it does not delve into how this interaction can be studied or managed effectively. Collaboration with psychologists and psychiatrists could enrich the survey design and interpretation.

In the Assessment Procedures section we now state:

Psychologists should provide feedback and recommendations as clinically appropriate and referrals for follow-up mental health services when necessary [Coburn 2020a]. All questionnaires should be formulated based on an extensive literature review and expert experience [Abreu Paiva 2019].

This paper would be strengthened by discussing the long-term impact of untreated or undiagnosed celiac disease on patients' health and quality of life. This perspective would underscore the urgency of effective screening and monitoring strategies. Surveys can have limitations in terms of accuracy, especially when self-reported symptoms are involved. The potential for misinterpretation of symptoms or underreporting/overreporting due to recall bias should be acknowledged.

We now include this topic in a new section, Limitations and Future Directions:

Surveys can have limitations in terms of accuracy; as many as 1/4 of survey respondents claiming to have celiac disease may have not undergone a biopsy [Green 2001]. Recall bias may result from the Survey Participants having a preconceived view that a certain exposure may be a risk factor for the disease, and thereby overestimating the exposure in question [Bittker 2019].