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## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 11231

**Title:** An intervention to increase physical activity in IBS shows long-term positive effects

**Reviewer code:** 00037028

**Science editor:** Su-Xin Gou

**Date sent for review:** 2014-05-10 21:44

**Date reviewed:** 2014-05-14 05:30

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

I believe this paper is acceptable in its current form without revision.

## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 11231

**Title:** An intervention to increase physical activity in IBS shows long-term positive effects

**Reviewer code:** 02461926

**Science editor:** Su-Xin Gou

**Date sent for review:** 2014-05-10 21:44

**Date reviewed:** 2014-07-01 18:06

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

**Review of manuscript no 11231: An intervention to increase physical activity in IBS shows long-term positive effects**

This is a long-term follow-up of a previous study on the effects of physical activity on IBS (Johannesson E, Simren M, Strid H, Bajor A, Sadik R. Physical activity improves symptoms in irritable bowel syndrome: a randomized controlled trial. *Am J Gastroenterol* 2011;106:915-22.). The manuscript is well written. The initial intervention is manageable in a clinical setting in both primary and secondary care, has low cost and a low risk of potential harmful effects. The authors have chosen an adequate set of questionnaires to evaluate their participants.

I have some concerns:

1. The population is poorly defined (page 5). This is also a problem in reference 1: "A total of 162 patients with a clinical diagnosis of IBS, ..... were referred from gastroenterology units at community hospitals and a university hospital in Västra Götalandsregion, Sweden. They were recruited from June 2005 until March 2008, and data collection was performed from August 2005 until August 2008." It is not stated how many patients that were eligible for referral at the different recruiting units, nor what the procedure for referral was. There is a possibility that the recruitment is biased towards participants who was motivated to increase their physical activity, with only a small proportion of eligible patients actually included (a



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long inclusion period could be taken as support for this concern). Of the 162 invited in the previous study 102 were included, and 91 of these concluded the first visit. However baseline data was only available for 76 patients (only one more than the 75 who completed the first study). Of the 76 invited in the present study, 39 were included, and 33 of these underwent the evaluation according to the protocol. (How many of these were in the two arms in the previous study?) So the flow chart would look more like this: Unknown number – 162 – 102 – 91 – 76 – 39 – 33.

2. According to the point above, selection bias is plausible. The mean(?) baseline IBS-QOL is identical in this study and in the intervention arm in the previous study (table 2 and reference 1). This suggests that most participants in this study came from the intervention arm in the previous study.

3. There are two important limitations regarding the participants included in this study. The small proportion of participants included in the follow-up should be addressed. Further, the authors state that not including a control group in the present study is a “potential limitation” (page 15). This limitation is not “potential”, it is an obvious problem, especially since the follow-up period is long and normal changes over time could influence the results. The conclusions about effect that is made in the discussion should be moderated accordingly. The discussion on supporting evidence is good, but the quality of the present study is not good enough to offer conclusive data.

4. The procedure for the delayed intervention in the control group in the previous study is not well characterized. I understand that they also had a 12 week intervention with regular phone calls, but were they also evaluated at the end of the intervention? If not, only the baseline data at the beginning of the previous study is comparable. Accordingly, the analyses and paragraph on “Changes between the end of the previous intervention and follow-up” should be taken out. This would not lower the quality of the manuscript as this point is somewhat detached from the rest.



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5. Whether the participants maintained an increased level of physical activity is an important question. The authors briefly comment on this (second paragraph, page 13). It seems like the main finding of this study is that IBS-patients initially included in a study on increased physical activity maintained an increased level of physical activity 5.2 years later (median). Also, positive effects shown after 12 weeks in this group were still evident.

I suspect that the findings in this study, and to some extent in the previous one, is restricted to a (small) proportion of highly motivated patients. But I agree with the authors that the potential positive effect on symptoms after a relatively moderate increase in physical activity could be very motivating and explain the positive effect on maintaining an increased level of physical activity.

We lack long-term follow-up studies on patients, and this study should be published in a revised form.