Author’s reply: “A question on dyspeptic patients analyzed by psychometric scores”

Key words: *Helicobacter pylori*. Functional dyspepsia. Psychometrics.

Dear Editor,

First of all, we want to thank Pellicano et al. for their comments (1) on our article “New psychometric data from the Spanish versions of the Glasgow Dyspepsia Severity Score and the Dyspepsia-Related Health scale measures” (2). The aim is always the scientific improvement of the manuscript.

Effectively, the Kyoto Global Consensus (3) distinguishes between *H. pylori*-associated dyspepsia and functional dyspepsia (FD) patients. We agree; however, our study sample was recruited before this consensus was published. At that time, the Rome III dyspepsia definition was in force (4). Rome III, in contradiction with the previous mentioned consensus, considered *H. pylori*-associated dyspepsia as FD. On the other hand, we consider that adding bacterial status information into our study is not so important for different reasons: a) although this recommendation is strong, there is a moderate level of evidence; b) our study has been carried out in a hospital, and the established protocol includes patients who come to our hospital due to the fact that they have not responded to other treatments, including treatment for *H. pylori*; c) a recent review on the advances in FD (5) considered that a provisional diagnosis of FD in clinical practice may be acceptable in patients with classical dyspepsia and no alarming features, based on a high pre-test probability (70%); and d) the aim of our study was to extensively document psychometric characteristics of two questionnaires currently available in Spanish and not to evaluate other clinical outcomes. To achieve this goal, our sample should be as similar as possible to those included in the psychometric analysis. None of the questionnaires or their Spanish versions take *H. pylori* infection into account.

References


