

Declaration of competing interest

The authors declare that there is no conflict of interest.

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The importance of adequate dietary reporting in nutritional epidemiologic studies



La importancia de un adecuado reporte de la dieta en estudios de epidemiología nutricional

Dear Editors,

We have read with interest the article, “Dietary characteristics of Mexican patients with irritable bowel syndrome: Is there a distinction from the general population?” by Amieva-Balmori et al.,¹ which addresses a relevant theme, but we consider it pertinent to make some observations to enrich the methodological and conceptual discussion of the study.

The analysis does not specify the clinical moment at which the patients were evaluated nor under which criteria the health status of the controls was confirmed. For the controls, it is necessary to demonstrate that the absence of disease is not synonymous with health (being healthy). The authors should have clarified how they ensured that the controls did not present with other diseases. For the patients, it would have been ideal to describe the “serious diseases that could affect nutrient intake”. We also believe it is important to emphasize that “dietary characteristics” is an incorrect designation used by the authors regarding

their nutrient analysis. Dietary characteristics are those that indicate what and how we eat, and in that sense, the authors fail to describe the intake of specific ingredients, dietary patterns, diet quality, types of sugars, and trigger foods. Only evaluating the nutrient profile limits the possibilities of identifying the dietary factors that trigger symptoms in irritable bowel syndrome (IBS).

We also wish to comment on other methodological questions. The first is the description of the selection process of patients as “voluntary participants” (the literal translation of the Spanish text referred to here would be “voluntary invitation”), which is not clear and could lead to doubts as to the randomness of the sample and even be misinterpreted as recruitment coercion. Second, the authors carried out a FODMAP analysis limited to a qualitative categorization, restricting the capacity to infer relative differences between groups that would be a greater contribution and benefit to the readers.² Third, certain aspects that authors of articles on nutritional epidemiology should consider are clinical differences between groups that should be controlled in the study design, because disparities in age and body mass index (BMI) can be important biases. Likewise, reporting data utilizing the term “vegetables” as separate from fruits, cereals, and legumes needs to be clarified, given that taxonomically, they all belong to the vegetable kingdom. It would have been relevant to discuss the possible role of eating disorders in the population studied, as has been done previously.³ And last, the lack of an

adequate sample size limits the inferences that could be made.

In conclusion, even though the theme is a pertinent one, the methodological deficiencies of the article weaken the conclusions the authors arrived at. Future studies whose aim is to report dietary characteristics should consider these relevant aspects.

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Response to the letter to the editor regarding our article: “Dietary characteristics of Mexican patients with irritable bowel syndrome: Is there a distinction from the general population?”



Respuesta a la carta al editor sobre nuestro artículo: «Características de la alimentación de los pacientes mexicanos con síndrome de intestino irritable. ¿Se distingue de la población general?»

Dear Editors,

We appreciate the attention and interest shown by the authors of the letter regarding our recently published article.¹ We value all efforts made in enriching academic debate, particularly in a field as dynamic as that of irritable bowel syndrome (IBS).

However, we believe it is appropriate to clarify and respond to various observations put forth, and do so constructively, defending the methodology employed in our study. Concerning the clinical characterization of the study participants, we described the diagnostic criteria applied to the patients with IBS (Rome IV criteria) and the exclusion criteria implemented for the controls in the Methods section. We understand that the “absence of disease” is not equivalent to an absolute health status, but in the con-

text of observational studies, said definition responds to widely accepted operative criteria in disorders of gut-brain interaction. It is important to remember that IBS is not an exclusion diagnosis, but rather an entity that is defined by the presence of “positive symptoms”, in the absence of alarm symptoms. Without a doubt, there is currently no precise definition of “healthy controls” in IBS and is something that needs to be worked on.²

Regarding the terminology employed to describe “dietary characteristics”, we consider that the intake of macronutrients and micronutrients is indeed an integral part of the dietary profile. Negating their value by not including specific food patterns, types of sugar, or “trigger foods” fails to recognize the usefulness of objective nutritional analyses, especially in contexts in which there are still no local validated databases, as occurs with the exact FODMAP content in Mexican foods. In the same way, the qualitative analysis of FODMAPs was carried out transparently and was duly contextualized. It is striking that the validity of this strategy is criticized, without providing viable methodological alternatives or direct evidence in a local population. The only such reference corresponds to a general review, not a specific validation in the Mexican environment.

On the other hand, we recognize that the differences between groups in variables, such as age or body mass index, are possible sources of bias and we appreciate the observation. As to the volunteer recruitment procedure, it was carried out in strict adherence to ethics norms, with informed consent and no compensation, as stated in the principles of the Declaration of Helsinki. Any suggestion of coercion is unfounded and unfortunate.