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**Title:** Irritable Bowel Syndrome and Somatization.

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**Abbreviations:**

GI	gastrointestinal
IBS	irritable bowel syndrome
IBS-M	mixed stool pattern irritable bowel syndrome
PHQ-15	patient health questionnaire 15

**Word count:** 336

Sirs;

We read the study by Arsie et al. with interest. (1) The authors reported the symptom-association probability between ingestion of a meal and onset of abdominal pain in a cohort of 70 patients with irritable bowel syndrome (IBS). There was a significant association between the two in 45% of patients.

The authors also examined the effect of presence of somatization on frequency and severity of IBS symptoms. Using a cut off of  $\geq 63$  on a somatization score, which was derived from the 90-item self-administered symptom checklist, there were 33 (47.1%) patients demonstrating somatization-type behavior, and among these individuals global IBS symptom severity and abdominal pain frequency were increased.

These results complement the findings of our own recently published article, (2) which examined the prevalence of somatization-type behavior among 840 patients with presumed IBS, and its effect on symptoms. We demonstrated that 26.4% of patients reported a high level of somatization, that high levels of somatization were significantly more likely among those with mixed stool pattern IBS (IBS-M), and that high levels of somatization were associated with a significantly greater frequency of bloating or abdominal distension among all IBS subtypes.

The higher proportion of patients with IBS meeting criteria for somatization reported by Arsie et al. may relate to the fact that they used a 12-item checklist, which contained some symptoms referable to the gastrointestinal (GI) tract. In our study we used a modified version of the patient health questionnaire-15 (PHQ-15), (3) the PHQ-12 in which the three GI symptoms were removed, as described previously by Spiller et al., (4) in order to avoid any overestimation of the prevalence of somatization. In the study by Arsie et al. there was no

significant association between distension and somatization, but no data concerning IBS subtype and somatization were reported.

It would therefore be interesting to know what the prevalence of somatization was if the GI symptoms were removed from the checklist they used, and also if they observed a higher prevalence of somatization-type behavior among those with IBS-M.

## REFERENCES

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