

A question about dyspeptic patients analyzed using psychometric scores

Key words: *Helicobacter pylori*. Dyspepsia. Peptic ulcer.

Dear Editor,

Orive et al. reported the results of a randomized study that included patients with functional dyspepsia (FD) treated with standard *versus* standard plus a psychological approach. Reliability (Cronbach's alpha), validity (confirmatory factor analysis [FA]) and responsiveness were analyzed using specific questionnaires. A confirmatory FA of the Glasgow Dyspepsia Severity Score (GDSS) showed a one-factor solution model but a low Cronbach's alpha (0.61). With regard to the Dyspepsia-Related Health Scale (DRHS), the Cronbach's alpha and confirmatory FA supported a model with four inter-correlated dimensions and suggested a need to improve the "Satisfaction with dyspepsia-related health" dimension. Finally, the global scores for both GDSS and DRHS were responsive at six months post-treatment. The authors concluded that these results supported the application of the DRHS and the need to improve the "Satisfaction with dyspepsia-related health" dimension and the GDSS (1).

The cohort was described as having FD, without any organic disease that could explain the symptoms, but other details are lacking. The "umbrella" term FD includes patients with the absence of structural disease, as shown by upper gastrointestinal endoscopy. Although the pathophysiology of FD is multifactorial, the eradication of *Helicobacter pylori*

(*H. pylori*) infection is associated with a small (10%) but significant therapeutic gain compared to placebo (2). The Kyoto global consensus report on *H. pylori* gastritis indicated that dyspeptic patients with a negative endoscopy, who experience sustained symptom control after *H. pylori* eradication, are classified as *H. pylori*-associated dyspepsia cases. Conversely, when symptoms are not resolved in the long-term after a successful eradication, these cases are still classified as FD (3). Hence, the definitions of gastritis and *H. pylori* status remain crucial before classifying the patients as FD.

This is an important point and can influence the interpretation of the results of studies in this field. The endoscopic and bacterial status of the patient cohort would enrich the study by Orive et al.

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