

**Title:**  
**A question about dyspeptic patients  
analyzed using psychometric scores**

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DOI: 10.17235/reed.2017.5401/2017

Link: [PubMed \(Epub ahead of print\)](#)

Please cite this article as:  
Pellicano Rinaldo, Durazzo Marilena. A  
question about dyspeptic patients  
analyzed using psychometric scores. Rev  
Esp Enferm Dig 2017. doi:  
10.17235/reed.2017.5401/2017.

Enero 2017 • Volumen 109 • Número 1 • Páginas 1-86

Revista Española de Enfermedades Digestivas  
THE SPANISH JOURNAL OF GASTROENTEROLOGY

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Factor de impacto JCR®: 1.455 (2016)  
SCR: 0.34 (2016)

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SEPO

<b>Editorial</b> Colitis diverticular bleeding. Have we identified the risk factors for massive bleeding yet? J. W. Bercian Valencia	<b>Lesión de Bouveret: diagnóstico por gastroscopia</b> R. Barrio Iglesias, M. N. Barco Peña, M. Paz Nová y J. E. Domínguez Muñoz	65
<b>Trabajos Originales</b> Risk factors for severity and recurrence of colonic diverticular bleeding N. Anzueto, P. Calvo, A. Arduini, M. Escobar and N. Guzmán	<b>Notas Clínicas</b> Cefaléa crónica en adultos: a case report and review of the literature focusing in the presentation of rebound syndrome M. de Alarcón-Naranjo, V. L. Barrio-Caballero and S. L. Linares	67
Microsporidian and inflammatory bowel disease: the other Diarrhoea J. Barrio, A. Rojas, V. López-Castaño, J. Castro, M. Acuña-Barca, M. Hernández-Serra, C. García, M. de la Cruz, D. Barrio and A. López-García	Herangopercistoma patético. Una localización infrecuente de tumor intestinal I. Alonso Abad, J. M. García-Castro, L. Aguirre-Duñabe, A. M. Quintana Rivera y A. Colla-Morales	69
Influence of sustained vital response on the regression of fibrosis and portal hypertension in cirrhotic HCV patients treated with antiviral therapy A. Barrio, J. Calvo, M. J. López-Alcalá, I. López, M. T. Arán, A. Galván, F. Castiella, E. Fabrega and J. Crespo	Hemólisis por eritropoiesis suprarrenal C. Pizarro-Carras, A. Escobedo-Sánchez, M. A. Paredes-Capó, J. Aranzabal-Arribas y C. García-Delgado	70
Malnutrition risk questionnaire combined with body composition measurement in malnutrition screening in inflammatory bowel disease A. A. Cortés, A. Muñoz, Z. Pili, I. Pall and P. Muñoz	Endoscopia: removal of intubated large variceal gastric: a case report M. Ochoaizabal and C. Salazar-Munizaga	73
A survey-based analysis of endoscopic quality indicators compliance among Spanish endoscopists I. Fernández-Cruz, F. Argüelles, P. Alonso, J. Salas and S. Soriano	Massive schistosomiasis: an unusual cause of abdominal mass A. Tapia-Palacio, M. R. Ramos-Vázquez, J. C. Cordero-Ramos, J. Cordero-Lafont and L. Carballido-Pérez	76
<b>Revisión</b> Endoscopic resection of colonic polyps in patients on antiplatelet therapy: an evidence-based guideline for clinicians G. Piana, M. Sostero-Salín, C. Salinas, F. Day and M. J. Cuatrecasas	<b>Cartas al Editor</b> Necrosis necrotizante intestinal, un tumor poco habitual M. de Barrio Nová, J. Barrio Fernández y M. N. Barco Rodríguez	79
<b>Indicadores en Patología Digestiva</b> Neutrofilos de la arteria mesentérica superior: una causa infrecuente de obstrucción intestinal J. Sempere Jugué, P. Albaladejo y J. C. García-Pérez	Prevenición intestinal de infección por helicobacter pylori mediante asociación a ciprofloxacina, piperacilina intravenosa y piv-meclozina V. Pardo-Vargas, D. M. Aparicio y L. A. Alvarado	80
Pneumotórax espontáneo intestinal A. F. Romero-Muñoz y R. Barrio-Zelga	Paralisis endoscópica: evidencia por un paciente con múltiples divertículos Y. Sun, H. Zhu and D. Liu	81
Tumores de Wilms a píloro antrogastrales C. Ochoa-Sandoval, C. L. Hernández-Serra, J. Pineda-Rodríguez y A. M. González-Fernández	Actualización y endoscopia: endoscopia, endoscopia, endoscopia C. Sánchez-Jiménez, L. Guevara-Nieto y J. A. Acosta-Paredes	81
Endoscopia: removal of intubated duodenal in a schizophrenic patient J. L. Barrio-Hernández, M. E. Torres-Castro and M. Torres-Rodríguez	Perforación múltiple de divertículos de intestino delgado en paciente con síndrome de Ulceras Curler R. Fernández-Cruz, A. Barrio-Castro y E. Palencia-López	83
All that glitters is not gold. A different cause for an "obscure colitis" A. Pineda, M. Soto, J. Villanueva and G. Navas	Altoplexia anal: una manifestación paraneoplásica de un adenoma actínico gástrico J. Barrio Nová, J. Barrio Fernández y J. de la Fuente Aguado	83
	<b>Revisores 2016</b>	85

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**A question about dyspeptic patients analyzed using psychometric scores**

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**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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