these symptoms inaccurately determined. The investigations also included patients with various organic diseases as controls. It is unclear, however, what symptoms led these patients to present, and it is likely that some of these patients also had irritable bowel syndrome (IBS). Since the diagnosis of IBS is based on the patient's symptoms, then the symptoms most relevant to the diagnosis of IBS are the symptoms that will be presented in this review. Our second concern relates to the statistical analyses. The authors seem to have relied heavily on univariate analyses (χ2 tests). As 78 tests of associations are presented (13 symptoms times six comparison groups), however, several spurious significant results could have been obtained just by chance alone. One way to adjust for the number of tests undertaken would be to multiply each p value by the number of comparisons. When evaluated in this way, only p values less than 0.0006 would be significant at the 5% level. While the authors did use a multiple logistic regression analysis, it appears their analysis is likely to have seriously overestimated the discriminant ability of the symptoms identified; it is well recognised that estimates based on a single data set are typically biased. Several additional prospective samples need to be tested to confirm the discriminant value of any symptom model developed.

Finally, the authors’ contention that multivariate analyses can be used to estimate the ‘overall risk’ depends rather heavily on having the ‘correct’ model—for example, no other unobserved confounding variables and no interactions among the symptoms used in the model—but this was not documented in the article.

Dr Maxton and colleagues have provided some intriguing hypotheses, but based on the data presented the diagnostic value of 'non-colonic' features for irritable bowel syndrome remain, in our opinion, unclear.


Reply

Sir,—Thank you for giving us the opportunity to reply to the letter from Dr Prather and colleagues. We have previously shown that the prevalence of the non-colonic symptoms referred to in the paper are very significantly more common in patients with irritable bowel syndrome than in normal controls and therefore felt it appropriate to repeat this work. Each symptom was carefully defined before the project began and the exact wording used decided before patient recruitment. A single symptom was never added to the symptom list, but the symptom list was improved and for this reason the best model was used. Dr Prather and colleagues in the title of their article stated that the symptom list identified a discriminant model. The statistical analysis of multiple comparison was used to estimate the ‘overall risk’. The authors made a claim that the model was improved and for this reason the best model was used. All titles reviewed here are uniform with our findings. The number of full, worthwhile, and extensively referenced sections—for example, those on the use of corticosteroids or on 'natural history' of these diseases—is not obvious but on the placebo arms of published studies—contrast strongly with, for example, the Tennessee experience on T cell apheresis. This is an uncontrolled study on 63 patients (from the reference list, I cannot see that it has appeared in any peer reviewed form) in which the chances of undergoing spontaneous remission was statistically zero. Few people who have experience of inflammatory bowel disease will recognise such a group.

There are better books on inflammatory bowel diseases, from both the scientific and the clinical view point.

H J F HODGSON


This is a multichapter (37), multimedia (58), interdisciplinary (though predominantly US) textbook on ulcerative colitis and Crohn's disease. The editor's aim was to produce an up to date and concise clinical overview of these inflammatory bowel diseases, their diagnosis, and treatment. It is laid out in seven sections—from aetiology and epidemiology, clinical features, diagnosis, prognosis, medical and surgical management, and management problems. The book is extraordinarily uneven. Contrast the first section, 40 pages on genetics and probably the best chapter in the book, with the five pages on aetiology or seven pages on inflammatory mediators. The sections on clinical features and diagnosis encompass six chapters, which between them duplicate or triplicate the routine assessment of the two conditions. Some excellent endoscopic pictures are mixed with out of focus histopathology, but histopathological appearances are presumably regarded as so recherche that the section on dysplasia is not illustrated. A number of full, worthwhile, and extensively referenced sections—for example, those on the use of corticosteroids or on 'natural history' of these diseases—is not obvious but on the placebo arms of published studies—contrast strongly with, for example, the Tennessee experience on T cell apheresis. This is an uncontrolled study on 63 patients (from the reference list, I cannot see that it has appeared in any peer reviewed form) in which the chances of undergoing spontaneous remission was statistically zero. Few people who have experience of inflammatory bowel disease will recognise such a group.

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Inflammatory bowel disease - diagnosis and treatment

H J F Hodgson

Gut 1992 33: 425
doi: 10.1136/gut.33.3.425-a

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