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Conflicts of interest

The authors disclose no conflicts.

Most current article

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The following are Replies to Letters to the Editor that were published in the May 2021 issue of *Clinical Gastroenterology and Hepatology*



Reply. We read the study by Lionetti et al¹ regarding the prevalence of SARS-CoV-2 (COVID-19) in Italian children with celiac disease with great interest. The prevalence and clinical features of COVID-19 were investigated through a telephone-based survey that involved 387 pediatric patients with a diagnosis of celiac disease based on ESPGHAN criteria. The results were compared with data from the Italian National Institute of Health and the Marche regional government. The survey did not report any positive case of COVID-19 in pediatric patients with celiac disease.

The results are in agreement with our previously published multinational study² involving 18,000 participants with and without celiac disease from more than 10 different countries. This large study included more than 10,000 patients with celiac disease, and evaluated the risk of contracting COVID-19, mainly in adult patients.² We are pleased that the study of Lionetti et al,¹ which specifically investigated infection prevalence in Italian children, strengthens our conclusions. Taken together the results strongly support the notion that, in both pediatric and adult populations, there is no increased risk of contracting COVID-19 in patients that have been diagnosed with celiac disease. The combined findings are reassuring, particularly because a study recently reported elderly and female patients feeling more vulnerable because they had celiac disease.³ The results are also important for physicians, to reassure patients with celiac disease under their care.

Although it is unclear whether the results from this pediatric survey¹ can be generalized to other countries

affected in a variety of different ways (eg, time, government response, socioeconomic status), by the pandemic, the data provide a key starting point for future studies. More importantly, both studies^{1,2} followed a cross-sectional design in patients that had already developed celiac disease, and it will be therefore important in the future to investigate postinfective consequences in the general population or in patients at risk of developing celiac disease.

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Conflicts of interest

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Reply. We read with interest the letter to the Editor by Marabotto et al with regard to our recent article published in the journal.¹ We thank them for their insightful contribution to the discussion around the role of behavioral disorders and mental health conditions in patients diagnosed with reflux hypersensitivity.

The findings of our study stress the importance of identification of behavioral disorders in these patients because supragastric belching (SGB) or rumination hardly respond to treatment recommended for reflux hypersensitivity such as proton pump inhibitors or pain modulators. These patients may benefit from a psychological approach such as cognitive behavioral therapy (CBT). It also is possible that many of these patients have both hypersensitivity and a behavioral disorder and may require dual therapy using pain modulators and CBT. Although our study did not formally assess mental health condition, it is well known that depression and anxiety can influence symptom perception by enhancing sensitivity and/or generating hypervigilance. Furthermore, these psychological factors can affect SGB treatment outcome. In a previous study, we observed that lower levels of hypervigilance predicted successful outcome of CBT for excessive SGB.² Therefore, in patients with a high