

[Review Form3](#)

Book Name:	<a href="#">Achievements and Challenges of Medicine and Medical Science</a>
Manuscript Number:	Ms_BPR_4177
Title of the Manuscript:	Pharmacological Treatment for Constipation-Predominant Irritable Bowel Syndrome: An Updated Review
Type of the Article	Book chapter

**PART 1: Comments**

	Reviewer's comment	Author's Feedback <i>(Please correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
<b>Please write a few sentences regarding the importance of this manuscript for the scientific community. A minimum of 3-4 sentences may be required for this part.</b>	The manuscript titled "Pharmacological Treatment for Constipation-Predominant Irritable Bowel Syndrome: An Updated Review" holds significant importance for the scientific community. By providing an up-to-date synthesis of evidence on pharmacological treatments, it offers valuable insights into the latest advancements and therapeutic options for managing this common yet challenging condition. The review can guide healthcare professionals in making informed clinical decisions and identify areas for further research, ultimately improving patient outcomes and advancing the understanding of irritable bowel syndrome (IBS) with a focus on constipation-predominant subtypes	
<b>Is the title of the article suitable? (If not please suggest an alternative title)</b>	Yes	
<b>Is the abstract of the article comprehensive? Do you suggest the addition (or deletion) of some points in this section? Please write your suggestions here.</b>	Abstract condense by focusing on the most critical information, emphasizing the global prevalence, significant impact of IBS-C, and the therapeutic gap. In abstract Simplify and directly connect the psychological challenges to the risk of polypharmacy and associated complications.	
<b>Is the manuscript scientifically, correct? Please write here.</b>	Yes	
<b>Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.</b>	Ensure all studies and data are up-to-date and correctly cited, particularly since some references are projected up to 2024.	

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<p><b>Is the language/English quality of the article suitable for scholarly communications?</b></p>	<p>Some phrases, such as "well-tolerated" and "favorable safety profile," are repeated excessively. Consider rephrasing or consolidating similar points. Consolidate to avoid redundancy and streamline the text. Some sections are overly technical, while others are more accessible.</p>	
<p><b>Optional/General</b>comments</p>	<p>Section-Specific Comments Abstract condense by focusing on the most critical information, emphasizing the global prevalence, significant impact of IBS-C, and the therapeutic gap. In abstract Simplify and directly connect the psychological challenges to the risk of polypharmacy and associated complications. In introduction Briefly explain reasons for variability (e.g., diagnostic criteria, regional differences). In Demographic detail clarify this claim with more precise epidemiological data or highlight exceptions, as IBS is also common in younger adults. In economic impact Provide a brief comparison to reinforce the argument about the financial burden of IBS-C. Terms like "gut microbiota dysbiosis," "visceral hypersensitivity," and "immune dysfunction" are introduced but not immediately defined. Highlight the bidirectional nature of gut-brain interactions to balance the narrative. The section on HPA axis and stress lacks connection to clinical implications. Explicitly outline differences to avoid confusion and explain how overlapping treatments might work differently for each condition. In section laxatives, the statement "approximately fifty percent of patients using laxatives express dissatisfaction" could be expanded with more details on the nature of dissatisfaction (e.g., inadequate symptom relief, adverse effects). In section laxatives, the assertion that "high-quality evidence from RCTs...remains limited" is significant but lacks elaboration. Briefly explain why RCTs for laxatives are scarce or challenging to conduct. In section Prokinetics 5-HT4 Receptor Role, the description of serotonin's role in GI motility is clear, but consider adding a brief mention of its limitations or adverse effects related to overstimulation. In section Prokinetics cisapride Risks, The cardiac risks associated with cisapride are discussed well, but the conclusion could include a broader lesson about the importance of post-marketing surveillance for similar drugs. In section tegaserod, Reapproval and Market Withdrawal: This section effectively covers the timeline of approvals and withdrawals. However, consider simplifying the details to make the narrative more concise and focused. In section Prucalopride and Velusetrag, Prucalopride's Role in IBS-C: Mentioning that no specific studies for IBS-C exist is useful, but also hypothesize on how findings from CIC studies could inform future IBS-C trials. In Prosecretory Agents Lubiprostone: The efficacy-to-risk ratio is well-discussed, but consider summarizing the phase 2 and 3 study findings more succinctly to avoid overwhelming readers with too many details. Linaclotide: Highlight the innovative dual action of linaclotide in addressing both constipation and visceral pain, while emphasizing the implications of its cost and socioeconomic barriers. Plecanatide Section: The limited statistical power of this investigation restricted the ability to make definitive assertions regarding the pharmacodynamic parameters." Bile Acid Modulators Section: FDA Approval Status: Provide insight into the barriers to FDA approval. Are there unresolved safety concerns, insufficient efficacy data, or other regulatory challenges? Tenapanor Section: Elaborate on how diarrhea rates compare with placebo and competing therapies. Additionally, specify whether there are strategies to mitigate this side effect. Integrate key metrics from the T3MPO-1 and T3MPO-2 trials (e.g., responder rates for CSBMs or abdominal pain). Include a discussion on subgroup analyses, if available. Emerging Treatments Section: Heterogeneity in Mechanisms: Discuss the clinical relevance of developing therapies with diverse mechanisms, such as histamine antagonists and cannabinoids. Does this diversity address patient subtypes or overlapping conditions? Ethosuximide and Pentoxifylline: Provide a brief mechanistic rationale for this combination in IBS management. Is the focus on anti-inflammatory or neurogenic pain pathways?</p>	

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	<p>General comments: Ensure uniform reporting of trial outcomes, including sample size, effect sizes, and p-values where applicable. Incorporate visual summaries (e.g., graphs, comparative tables) to synthesize trial data for plecanatide, bile acid modulators, and tenapanor. Some phrases, such as "well-tolerated" and "favorable safety profile," are repeated excessively. Consider rephrasing or consolidating similar points. Consolidate to avoid redundancy and streamline the text. Some sections are overly technical, while others are more accessible. Add a closing paragraph discussing research gaps and potential future breakthroughs in IBS-C treatment. Ensure all studies and data are up-to-date and correctly cited, particularly since some references are projected up to 2024. tables referred to (e.g., Table 1, Table 2, etc.) are not included in the provided text. Ensure these are present and formatted appropriately, as they are critical for supporting the content.</p>	
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**PART 2:**

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

**Reviewer Details:**

Name:	Hafiz Muhammad Asif
Department, University & Country	University College of Conventional Medicine, The Islamia University of Bahawalpur, Pakistan