Author's response to reviews

Title: QT interval prolongation after sertraline overdose: a case report.

Authors:
- Rudolf A de Boer (rudolfdeboer@wanadoo.nl)
- Tonnis H van Dijk (t.h.van.dijk@mzh.nl)
- Nicole D Holman (n.d.holman@mz.nl)
- Joost P van Melle (j.p.van.melle@thorax.umcg.nl)

Version: 3 Date: 11 July 2005

Author’s response to reviews: see over
To: Dr. Peter Newmark  
Editor-in-Chief, BMC Emergency Medicine  

Groningen, July 11, 2005  

Dear Dr. Newmark,  

Please find enclosed the second revision of our manuscript: QT interval prolongation after sertraline overdose: a case report (MS: 8854564446786973).  

We would like to thank the reviewer for his constructive comments and have made changes according to his suggestions. A point-to-point response is attached to this letter.  

Furthermore, we have made multiple language corrections as you and the reviewer had requested; we hope the manuscript now reads well. We apologize for the errors in the previous version.  

We would like to leave the question if the ECG should be included in this report up to you; if you have space available we obviously would like to have it included. Otherwise, we could include the ECG as an additional file.  

We feel that the manuscript was improved by the changes and hope it warrants publication in BMC Emergency Medicine.  

Thank you for your reviewing our paper, on behalf of all co-authors,  

Yours truly,  

R.A. de Boer, MD  
University Medical Center Groningen (UMCG)  
Department of Cardiology, 9700RB,  
Groningen, The Netherlands  
Phone: +31503612355 / Fax: +31503614391  
E-mail: rudolfdeboer@wanadoo.nl
We would like to thank the reviewer for his comments. We apologize for the mistakes in English grammar and syntax and corrected them, we hope the manuscript now reads well. Furthermore, the manuscript was shortened.

**Reviewer’s report**

**Title:** QT interval prolongation after sertraline overdose: a case report.

**Version:** 2  **Date:** 22 June 2005

**Reviewer:** Victor Vieweg

**Reviewer’s report:**
The paper is substantially improved. In responding to the other reviewer, the authors have left out some important information. My comments are as follows.

In the Abstract, the first sentence of Case Presentation is not a complete sentence (no verb and no object).

*We have corrected this.*

“Routine laboratory studies were normal” is superior to “did not show any disturbances in her biochemistry.”

*We have corrected this.*

“The QT interval was normal” is superior to “did not show prolongation of the QT interval.” It is generally better to describe what is present rather than what is absent.

*We have corrected this.*

“Substantial” adds nothing to QT interval of 520 ms. Despite what the other reviewer said, the QTc interval (using Bazett’s formula) needs to be reported. At a heart rate of 60-80 bpm, Bazett is satisfactory.

*The word substantial was omitted. We have again added the QTc intervals.*

Drop “contrary to current belief” in the Conclusions of the Abstract. That is just trying to pick a fight.

*We have omitted this.*

In Background, the authors may want to remind the reader that R-fluoxetine never reached the market because of possible QT interval prolongation. Also, in overdose, citalopram will increase the QT interval in humans just as normal doses increase the QT interval in beagle dogs.
The reviewer mentioned an important point. We are aware of the increasing number of case reports describing prolonged QTc intervals after the use of other SSRIs and also new antidepressants, like the non-racemic version of Fluoxetine, r-fluoxetine. New concerns about the putative cardiovascular safety of these compounds are raised by these reports. For a comprehensive review on this subject these reports need to be discussed in detail, however in our case report, with limited space, we have focussed solely on the effects of sertraline.

I am assuming some one in editorial office of BMC Emergency Medicine will clean up to sloppy syntax. (For example “Physical examination revealed a blood pressure of 137/70 mmHg and a regular pulse of 60 b.p.m.—examination of the heart, lungs and abdomen were all normal.” I will comment no further on the sloppy English.

We again apologize for this. We have largely re-written the abstract, the introduction, the phrases you refer to, and the discussion. We sincerely hope the English is acceptable now.

Include expected ("normal") serum sertraline ranges along side measured levels.

We have requested for these data at the manufacturer of sertraline (Pfizer). They unfortunately were unable to provide reference plasma sertraline levels. We have found two reports on the internet (references 5 and 12 in the manuscript) that mentioned plasma sertraline levels in a steady state; both references report values that were rather comparable (reference 5: 20-55 ugr/l and reference 12: 28 ugr/l). We added the normal values as mentioned in reference 5. We could not find any data on normal desmethylsertraline levels.

5)  www.mdbrowse.com/Druginf/S/sertraline.htm#Sertraline

I still don’t think the EKGs add anything. If you have the space, publish them.

We leave this up to the editor.

I am not sure what constituted “strict guidance of her psychiatrist” means. Does that mean she never received more than a week’s supply and was seen weekly in perpetuity?

After discharge from our hospital, the patient was hospitalized for several months in a psychiatric hospital because of a refractory depression. It was in this latter hospital that the sertraline was re-started. During her stay in this hospital the patient only received daily doses of sertraline. ECG controls were performed regularly, and the QT interval remained normal. We omitted the word ‘strict’.

I would still shorten the paper considerably. There remains too much redundancy and irrelevant material.

We have shortened the paper with >300 words.