Author's response to reviews

Title: Mediators between bereavement and somatic symptoms

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Version: 2 Date: 25 May 2012

Author's response to reviews: see over
Subject: submission of revised manuscript

May 25, 2012

Dear Gerard Clunn,

I would like to thank you for the referees’ comments on our article which has helped us strengthen our manuscript. As you will see, each of these suggestions has been systematically addressed when revising the manuscript in line with your request. Below we quote proposed modifications and indicate the corrections (in blue text) that we have carried out in relation to each one of the suggestions. All corrections made in the manuscript are highlighted by blue, thus modifications and amendments are easy to follow. We hope that the manuscript is now acceptable for publication in BMC Family Practice.

Unfortunately our co-author, Professor Mária S. Kopp recently died unexpectedly, so we put her name in black box and deleted her e-mail address.

Sincerely yours,

János Pilling
Reviewer's report
Title: Mediators between bereavement and functional somatic symptoms
Version: 1 Date: 26 April 2012
Reviewer: Thomas A Buckley
Reviewer's report:

Thank you for the opportunity to review this well written manuscript that makes a significant contribution to this area of research. The manuscript is well written and the methods/ results articulated clearly. The findings support the importance of recognising the role anxiety and to a lesser extent depression may have in bereavement.
I would suggest the following minor considerations:

On page &, please replace ‘Doctor” with health care professionals” or “clinicians”.

Done.

Page 8, the conclusion is not very strong and implies that anxiety or depression symptoms are a “mental disorder” which is arguable in the context of bereavement. To conclude that anxiety and depression should be 'treated' would need to be supported.

We agree with the reviewer that anxiety and depressed mood are not pathological phenomena in se in bereavement. Therefore we deleted the expressions from the main text and the abstract of the MS implying that these emotional states would be mental disorders.

Level of interest: An article of importance in its field
Quality of written English: Acceptable
Statistical review: Yes, and I have assessed the statistics in my report.
Declaration of competing interests: I have no competing interests.
Reviewer's report
Title: Mediators between bereavement and functional somatic symptoms
Version: 1 Date: 14 May 2012
Reviewer: Kurt Kroenke
Reviewer's report:

Re: ‘Mediators between bereavement and functional somatic symptoms’
Reviewer: Kurt Kroenke
1. Is the question posed by the authors well defined?  
YES
2. Are the methods appropriate and well described?  
YES
3. Are the data sound?  
YES
4. Does the manuscript adhere to the relevant standards for reporting and data deposition?  
YES
5. Are the discussion and conclusions well balanced and adequately supported by the data?  
YES
6. Are limitations of the work clearly stated?  
YES
7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?  
YES
8. Do the title and abstract accurately convey what has been found?  
YES
9. Is the writing acceptable?  
YES

Minor Essential Revisions

1. Delete the word “functional” from the title and throughout the paper. The PHQ-15 is a measure of somatic symptoms, not specifically “functional” somatic symptoms. Functional has different meanings, some of which can range from medically unexplained to related to one of the functional somatic syndromes (e.g., irritable bowel, fibromyalgia, etc.). Since detailed evaluation of symptoms was not possible in this epidemiological study, it would be better to delete the word “functional” in both the Title as well as throughout the manuscript (including when describing the PHQ-15).

   Thank you for this suggestion. We deleted the word ‘functional’ from the phrase ‘functional somatic symptoms’, and ‘functional symptoms’ were replaced with ‘somatic symptoms’ throughout the manuscript.

2. Abstract: The number of bereaved individuals should be noted in the Abstract.
   Done.

3. On p. 5, it is stated: “A score of #10 is the most commonly recommended cut-off point for “clinically significant” symptoms.” It would be more accurate for the last phrase to read “clinically significant somatic symptom burden”. This is because a score on any single symptom of 2 (“bothered a lot”) may be clinically significant for that particular symptom. However, a score of 10 or higher indicates multiple symptoms are rated as bothersome.
   Done.

4. On p. 7, it is stated: “Further, the effect sizes indicate that for both genders anxiety is the strongest predictor of functional somatic symptoms.” The authors need to clarify what they mean by “effect size”. Is it the F value or the last column (“n-squared” – see #5 below). The authors should explain what represents the effect size, and why.
   Done.
To make our results clearer, we added a sentence to the description of the statistical methods describing that effect size was expressed by partial eta-squared ($\eta^2$) throughout the GLM analyses.

5. Table 2 – what does the last column of “n-square d” represent? What is this parameter or statistic. The authors should explain it in both the Results as well as a footnote to the table.

We completed the methodological description (see above) and Table 2 to make our results more easy-to-follow to our readers.

6. Anxiety was measured with a single item, whereas depression was measured with a 9-item scale. This substantial difference in length of scales makes head-to-head comparisons of the effects of depression and anxiety difficult. Although the single item correlated well with the HADS, the internal reliability of short scales (especially single item scales) is weaker than that of longer scales. The authors should do two things:
   a. Acknowledge this fact of lower internal reliability of a single-item scale in the Discussion section of their paper
   b. In Abstract, the authors conclude that “anxiety is the strongest predictor of functional somatic symptoms.” This may be an overstatement. I would consider deleting this from the Abstract. Then in Results and/or Discussion, one would qualify the statement saying the effect sizes were larger for anxiety but the results for anxiety being a stronger predictor should be considered preliminary until confirmed in other studies using a multi-item anxiety scale.

We highly appreciate the reviewer’s comments drawing our attention to these limitations of our study. We completed the Discussion Section in line with suggestion No. 6/a and modified the abstract (according to suggestion No. 6/b) in a way that matches the reviewer’s opinion without deleting the whole sentence.

7. P. 8: The last part of the first sentence should read: “...only one analysis has been carried out using the PHQ-15 questionnaire on a representative sample.”

Done.

Level of interest: An article of importance in its field
Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests:
I have not competing interests