Reviewer's report

Title: Mediators between bereavement and functional somatic symptoms

Version: 1 Date: 14 May 2012

Reviewer: Kurt Kroenke

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Re: 'Mediators between bereavement and functional somatic symptoms'

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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 Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?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).

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

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.

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.

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

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.

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.”

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