Author's response to reviews

Title: Anticipatory nausea in cyclical vomiting

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Author's response to reviews: see over
Authors’ Response to reviewer’s comments

Thank you for your helpful comments regarding this manuscript. The points raised are discussed below:

Major Points

1) The title of the article has been altered as suggested.

2) It is true that the natural history of the condition could account for the reduction of episodes in the later teenage years. The case report meant to imply that this natural improvement was one factor that helped the patient to gain control over the conditioned component of her illness. This has now been made more explicit in the text (p.5, para 2).

3) Thank you for the suggestion of stating numbers of episodes to illustrate the effect of ANV. The mean numbers of episodes over the three years prior to, and following, the onset of ANV in December 1988 are now stated (p.4, para 2). Unfortunately, it is not possible to provide comparable figures for after the ANV came under control. Whilst the onset of ANV was a discrete event, occurring at Christmas 1988, gaining control over ANV was a gradual, continuous process that cannot be dated specifically. As the reviewer has already indicated in point 2, the clinical improvement in later years most likely occurred not only as a result of control over ANV, but also due to improved pharmacological interventions and the established natural history of the disease.

4) Statements about ANV affecting the frequency of episodes have been softened as requested. Specific changes include the following. Abstract: ‘conditioning significantly worsened the course…’ has been changed to ‘conditioning apparently worsened the course…’; ‘thus increasing the frequency of episodes and range of triggers…’ has been changed to ‘thus increasing the range of triggers…’ Case Report: specific figures are given, as suggested in point 3, without stating reasons for the increased frequency of attacks. Discussion: The statement ‘As her fear and expectation increased, so did the frequency of episodes’ has been replaced with ‘A concurrent increase in the frequency of episodes occurred’. This is a factual statement, based on the figures given on p.4, and is less suggestive of causation.

5) Regarding discussion of managing pre-episode anxiety; this paper is attempting to define the nature of this anxiety as a specific and real fear of severe nausea, as opposed to the generalised anxiety that has previously been assumed. Nevertheless, it seems likely that the use of stress management and anxiolysis that has been anecdotally reported would be valuable regardless of the origin of the anxiety. As the patient did not receive any of these anxiolytic therapies, we have no real data to add to previous anecdotal reports of their success. However, relaxation-based therapies of a very similar type are also indicated for oncology patients with ANV, and these are
already mentioned in this context (p. 9, para 3). Use of the anxiolytic lorazepam during the prodromal phase is also mentioned in the discussion (p.8, para 3).

6) As requested, the discussion has been shortened by 200 words.

**Minor Points**

Thank you for bringing our attention to the minor points, most of which have now been rectified.

Two minor points have not been altered – these are as follows:

p.3, para 2, line 4 ‘…anxiety about the prospect of severe nausea…’. Reviewer suggested replacing ‘nausea’ with ‘emesis’. The point of the article is that it is **extreme nausea itself**, which cannot be measured by doctors, that patients dread: this fear does not relate to vomiting *per se*. This assertion is backed up by the literature relating to oncology patients, where it is the **subjective degree of nausea** that correlates with development of ANV.

Similarly, p.5, para 1, line 4 ‘…fatigue and confusion that accompany nausea…’. Reviewer suggests replacing ‘nausea’ with ‘CVS’. Again, it is specifically the patient’s subjective experience of **severe nausea** that leads to fatigue and confusion.

We thank you for bringing these points to our attention, and hope that this revised manuscript is now acceptable for publication.