Author's response to reviews

Title: Assessing medically unexplained symptoms: Evaluation of a shortened version of the SOMS for use in primary care

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First we would like to acknowledge both reviewers comments. They were helpful to clarify and improve some aspects of the text.

The answers to reviewers are:

Reviewer Jose Pais Ribeiro

2. The number of participants is not described because when the study was planned (according to what is described in the “Methods” section) it was not determined – it depended upon the number of HC users, their willingness to collaborate in the study and inclusion/exclusion criteria.

From the Methods section, paragraph 1, namely:

“During a 10-day period alternating mornings and afternoons (August-September, 2007) all registered persons aged 18 years and older, able to read Portuguese, with no dementia, acute psychosis or mental retardation attending this unit were invited to participate.”

It may be concluded that the sample includes all HC users willing to participate and following the inclusion and exclusion criteria. In can be considered a simple random sample and it was expected to represent the adult population of a primary care services unit in Portugal with roughly the same size (11,000 registered persons) with no severe mental disorder aged at least 18 years. The question of randomness is addressed in line 4 of the Results section, comparing the age and sex distributions of the sample elements with that of the population registered.

The Methods section follows international rules well described in the following paper (extract follows):
Subjects and Methods
The first author drafts the manuscript and determines co-authors [8]. Although general guidelines are available [8], the reality often demands seeking advice from your mentor. Inappropriate inclusion of authors will decrease the likelihood of manuscript acceptance. Describe subject selection criteria and data collection tools. Make this description detailed enough so that if someone wants to repeat the study, it will be possible. If new imaging technology was used, tell how and by whom these tests were validated. Avoid presenting actual data in this section: ‘Study subjects were recruited from 1,215 patients admitted to our stroke unit from August 1999 through August 2002’. Instead say: ‘Study subjects were recruited from consecutive patients admitted to our stroke unit. Inclusion criteria were …’. Methods may disclose power calculations, estimated sample size, and stopping rules.

In the beginning of the Results section it was decided to add the total number of HC users contacted (928) within the study period.
The acronym “SOMS” in all text is now replaced by “SOMS-2”, the actual version used in this study.

The text concerning the number of symptoms in the SOMS-2 version is now only written in page 4-5.

Details of the adaptation of the SOMS-2 to use in Portuguese PC settings are published in two papers – reference 22 and another one (SOMS-2: Translation into Portuguese of the Screening for Somatoform Disorders. Act Med Port 2008; 21: 241-246) that was added to the reference list (22,23).

2. and 3. All symptoms included in the SOMS-2 screening tool are dichotomous (yes/no) and so the rpbi (point-biserial correlation coefficient) was used (see bottom of Table 2) – correlation of the item with the overall sum. The rpbi is mathematically equivalent to the Cronbach alpha.

The paper from Rief and Hiller refers to the SOMS-7 (7 days) and it was designed to evaluate treatment effects and not for population screening, that is why that paper was not meaningful.

6. The limitations (validity) of both SOMS-2 and R-SOMS2 (reduced version) as a screening tool for GP practice are mentioned in the abstract, based on the specificity and sensitivity obtained. The stability in the number of symptoms proved to be better for the 4-symptoms cut-off (mentioned in results and beginning of discussion). The generalization of the results to other similar settings is more questionable and that is why we have addressed the reduced sample size and the fact of the study being conducted in a single PC unit.

Answer to Reviewer Aleksandar Janca

Indeed the term “reliability” is not adequate to describe the SOMS-2 test-retest after a 6-month period. Other authors have used stability and the term “reliability” was replaced throughout the whole paper by “stability”.