Reviewer's report

**Title:** Trauma exposure, PTSD and psychotic-like symptoms in post-conflict Timor Leste: an epidemiological survey

**Version:** 1  **Date:** 24 August 2012

**Reviewer:** Kristine Chapleau

**Reviewer's report:**

This is an interesting paper examining the association between trauma and PTSD on psychotic-like symptoms using a sample from Timor Leste. Overall, I thought it was well-written and the study would be of interest to the readers. However, there are problems with the methods, statistical analysis, and discussion of results: there were no hypotheses; the surveys and determination of cutoff scores were not adequately described or cited; categorizing potentially continuous variables resulted in a loss of data; the coding-strategy for categorical variables was unclear and unjustified; the discussion did not accurately report the test that was conducted and overstated the results that were found. Specific comments are listed below:

**MAJOR COMPULSORY REVISIONS**

**Introduction**
1) p. 5: Authors need to clearly state hypotheses for relationships between psychotic symptoms and the other variables of interest (trauma, demographics, PTSD).

**Method**
2) Psychosis Screening Questionnaire (PSQ): Provide a brief description of determining PSQ positive cases (not just the citation). The authors cited reference #20 as justification for how to determine positive PSQ cases; however, that reference article does not make any mention of the PSQ or how it is scored.

3) Harvard Trauma Questionnaire (HTQ): Authors described how the number of different traumas was measured but not how PTSD was assessed. Please describe how many items were on this portion of the survey, the scale used, and how it was scored. The authors report 2.0 for cutoff as per reference #21; however, the cutoff reported in this reference was 2.5, not 2.0.

4) Additionally, is there any reason not to leave PTSD symptom severity and # of different traumas as continuous variables? Of the two, I would prefer that # of traumas be kept as a continuous variable.

5) Trauma count should be discussed in HTQ subsection for measures, not in Statistical Analyses section.

6) Demographics: Was age categorized in the survey or were categories created
for data analysis? Again, I’m wondering if Age could be left as a continuous variable.

Results
7) Include chi-square analyses comparing demographic differences in # of traumas and PTSD.

8) Provide description of and justification for coding strategy of categorical variables. It looks like the variables were dummy-coded which means that the group assigned the zero-value becomes the reference group. For example, in the case of Gender, women were the reference group (0) such that men’s psychotic-like symptoms (1) would be compared to women’s symptoms as the standard. Thus, there can be no significant coefficient for women. Why not use contrast-coding (-1, 1) so that the coefficient will be the average of both men’s and women’s symptoms? The same question applies to all of the other variables. My point is that the authors will get different results depending on how the variables are coded and which group is assigned as the zero-value (reference group). Thus, the coding strategy for these variables matter and must match specific hypotheses.

For more information on coding strategies, refer to the following articles:


9) The coding strategy and choice of categorizing continuous variables will also affect the mediation model. Once this issue is corrected then I can better evaluate the mediation model. The authors raise a good point that perhaps psychotic-like symptoms preceded the trauma. It may be interesting to test the reverse model in which PSQ (right arrow) trauma (right arrow) PTSD to determine which model better fits the data.

10) Include Nagelkerke’s R-squared for logistic regression and model.

Discussion:
11) p. 12, para. 2: “A striking finding of our study was the strength of the association between trauma exposure and psychotic-like symptoms, especially for the highest category of trauma (endorsement of > seven categories).” If the authors dummy-coded # of traumas as I think they did, then the significant finding is only between +7 traumas versus 1-2 traumas. The results do not indicate if +7 traumas is a better predictor of psychotic-like symptoms than 3-4 traumas, or 5-6 traumas. If the authors keep this coding strategy, then it’s incorrect to say that +7 traumas is “especially” associated with psychotic-like symptoms because this suggests that it was more predictive than the other groups even though this was not tested. Whatever the authors use as the coding strategy, they need to be
very specific in discussing what comparisons they actually tested. The same recommendation applies to every significant association discussed. Were data from this sample reported in other studies?

MINOR ESSENTIAL REVISIONS

Improving the organization of the methods and results would improve the quality of the paper.

12) Demographic data should be presented in Participants section, not the Results section.

13) Create subsections for measures.

14) p. 9, para. 3: OR is listed as 2.1%

15) p. 2 Abstract: Move analysis plan to Results section and remove stats from Results section.

16) Gender should be changed to Sex throughout the paper.

Again, this is an interesting study and I look forward to seeing the authors’ revisions.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare that I have no competing interests.