Author's response to reviews

Title: Health care utilization, somatic and mental health distress, and well-being among widowed and non-widowed female survivors of war

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Author's response to reviews: see over
Dear Dr. Majithia,

Enclosed is a revision of the manuscript (1120656667608721) titled "Health care utilization, somatic and mental health distress, and well-being among widowed and non-widowed female survivors of war". We carefully considered the suggestions by the reviewer and revised the paper to address each suggestion accordingly. This letter details how we handled the comments and suggestions point by point.

Sincerely,
The authors

Responses to Reviewer

Discretionary revisions

1. I would suggest providing a bit more detail in some parts of the methods: specifically,

   a. I would like to see more information about the trauma events checklist used in this study.

   Our response:
   We have added the following information about the checklist about war-related events (in the Methods section):

   “Potentially traumatic events were measured using an adjusted checklist for war-related events and is based on the first part of the Harvard Trauma Questionnaire [22]. The adjusted checklist assesses 18 potentially war-related traumatic events (such as “combat situation”, “forced evacuation under dangerous conditions”, “serious injury” or “lack of food or water”) and has been used before in the Kosovar population [8, 9].”

   b. The authors state that the PGD-I was modified to address the proposed criteria for PGD. Was this modified by the authors for the present study, or by the authors of the citation provided?

   Our response:
   We now report clearly in the manuscript that the PGD-I was modified by the authors of the citation provided in the manuscript.

   c. When referring to the PANAS, I would suggest further clarification for those not familiar with the scale, specifying that there are two subscales investigating the two types of emotions, each consisting of five items.

   Our response:
   We have reported more clearly that the short version of the PANAS consists of five items for the measurement of positive affect and five items for the measurement of negative affect.

   d. Note typographical errors where “affect” is spelled as “effect”

   Our response:
   We are thankful to the reviewer for reading the manuscript so carefully; we have corrected the two errors in question.

   e. I would like to see more information about the Client Service Receipt Inventory
Our response:
We have added the information that this instrument has been developed for collecting retrospective information on service utilization and that it has a multitude of forms. Furthermore, we believe that the rest of the description contains most significant information:

“In our study, participants were asked to provide details of services used during the previous three months. Services included primary health care, specialist health care, and hospitalization. Specialist health care included any sort of specialist physical health care (for e.g., gynecologist or cardiologist) and/or mental health care. Mental health care consisted of services provided by either a psychiatrist or a psychologist. Participants were first asked whether they had utilized mental health services during the previous three months. Those who reported use of health care services during the previous three months were then asked about the number of contacts and finally about the duration of contacts. Duration was recorded as following: 1=0-5 minutes; 2=6-15 minutes; 3=16-30 minutes; 4=31-45 minutes; and 5=46 minutes or longer.”

f. The authors state that the PGD-I and CSRI were given by the interviewer. Were the other scales not given by the interviewer?
Our response:
Yes. As stated in the manuscript, the other scales were self-reports that were thus filled in by participants themselves.

2. I have one major comment in relation to the statistical analyses in the present paper. It appears that the authors used t-tests to compare widowed mothers with the other sub-groups. I would suggest using between-groups ANOVAs with post-hoc comparisons as this will greatly decrease the likelihood of Type I error. It appears that ANCOVA was used for the analyses reported in Table 2, so I was unsure as to why ANOVA was not used for those reported in Table 1.
Our response:
We replaced the t-test with between-groups ANOVAs and the results are now presented in Table 1. The use of ANOVAs did not lead to different findings as compared to the results of the t-test from the original version of the manuscript.

3. The authors should also clarify whether the linear regressions encompassed all participants
Our response:
We now report more clearly that the linear regression analyses were performed among widowed lone mother only.

4. I would suggest that, when referring to “blocks”, the authors should specify that these are independent variables
Our response:
We have specified independent variables as independent variables.

5. Results - I support the authors’ decision to remove the table comparing traumatic events between the groups, however I would suggest that more information be provided on the nature of the traumatic experiences in the text so the reader can get a feel for what the sample has experienced.
Our response:
As reported in response to the first comment, we have added examples of several war-related traumatic events (such as “combat situation”, “forced evacuation under dangerous...
conditions”, “serious injury” or “lack of food or water”). In the Results section we have additionally added the following:

“The three most frequently reported war-related events in all three groups were “forced evacuation under dangerous conditions” (≥ 81.7% of participants in each group), “lack of shelter” (≥ 74.7% of participants in each group), and combat situation (≥ 60.6% of participants in each group).”

6. The discussion was excellent. One possible aspect of the present paper that the authors may wish to discuss is the role of the nature of the death in contributing to psychopathology. The widowed mothers all lost their husbands in the war, ostensibly under traumatic circumstances. The bereaved married mothers, in contrast, lost family members after the war. Is it possible that the differences between these two groups in psychopathology may be partly related to the traumatic context of the deaths for the widowed mothers? I’m not sure if the authors have any data that would allow them to look at this. If not, I would suggest raising this point for further research.

Our response:
We have addressed this issue in two different ways. First, we have reported throughout the text that widowed lone mothers had lost their husband due to war-related violence (as compared to bereaved married mothers who lost their loved one due to natural death at some point after the war). Second, we have added the following:

“Loss of the husband due to war-related violence might contribute to psychopathology in different ways, such as the loss of the husband with whom the widow had a strong emotional relationship as a partner, the traumatic circumstances under which the loss of the husband took place, or the loss of the father of the children of the widow.”

And at some later point we have added:

“Additionally, the impact of the traumatic circumstances under which the husband was killed on psychopathology needs further empirical investigation.”

We are thankful to the reviewer for the helpful comments.
Sincerely,
The authors