Author's response to reviews

Title: Parental bonding in males with adjustment disorder and hyperventilation syndrome

Authors:

Dong-Sheng Tzeng (tzengds@seed.net.tw)
Ting-Hsuan Lee (emmafeiyin@gmail.com)
Bih-Ching Shu (shubih@mail.ncku.edu.tw)
For-Wey Lung (forwey@seed.net.tw)

Version: 2 Date: 5 July 2011

Author's response to reviews: see over
Editors,
BMC Psychiatry

July 05, 2011

Ref: MS 7300266245366904
Title: Parental attachment in males with hyperventilation syndrome

Dear reviewers of *BMC Psychiatry*,

The authors of “Parental attachment in males with hyperventilation syndrome” all appreciate your comments and learn much from you. We also appreciate you providing us opportunities to discuss and share some points with you.

We have made some corrections according to the reviewer’s opinions. As follow reviewer’s opinion, the title has also changed to “Parental bonding in males with adjustment disorder and hyperventilation syndrome”.

**Referee 1:**
1. One-hundred and fifty-six male conscripts with adjustment disorder who visited the emergency room at the same hospital due to an episode of acute hyperventilation were also recruited. Firstly, all participants underwent several clinical assessments, which included history taking, a physical examination, non-invasive blood pressure measurement, 12-lead ECG, continuous ECG-monitoring, pulse oximetry, standard blood tests and chest-X ray, by the emergency department physicians. Then, they had artery blood withdrawal for carbon dioxide partial pressure (PCO2) examination. The diagnosis of acute hyperventilation was made by two internal medicine specialists on clinical grounds, on the basis of patient history, observation, physical examination, and necessary biochemistry testing. Then, the psychiatrist was informed to take over the patient after ruled out the organic medical diseases. All participants lived in the hospital for at least one week to verify other psychiatric diagnoses, and were interviewed by a senior psychiatrist, all patients finally were confirmed to diagnose with adjustment disorder. We have described more detail in the section of methods.
Referee 2:

1. The title has changed to “Parental bonding in males with adjustment disorder and hyperventilation syndrome” as follow your opinion.

2. Indeed, as your comments, PBI is not a specific questionnaire for attachment style assessment and could be as a limitation in the present study. Based on the previous studies, attachment insecurity leads to disease risk through a range of mechanisms, which included increasing susceptibility to stress, increasing used of external regulator of dysphoric affect, and altering help-seeking behavior (Maunder and Hunter, 2001; 2008). Moreover, attachment style is also an important factor for understanding the particular ways that individuals can feel and react when stressed by illness, and assessing health care utilization (Ciechanowski et al., 2002; Hunter and Maunder, 2001). Hence, as your comments, a more in-depth assessment of attachment, such as specific self-report questionnaires or Adult Attachment Interview, should be considered in the further study. We have described more discussion in the section of introduction and discussion.


3. Indeed, hyperventilation syndrome always accompanied with comorbid psychiatric disorders (Goodwin and Hamilton, 2002; Hornsveld and Garssen, 1997; Ley, 1985). As panic disorder, sometimes is difficult to diagnose in an individual with hyperventilation syndrome without long-term follow-up (Herman et al., 1981). Hence, all participants lived in the hospital for at least one week to verify other psychiatric diagnoses, and were interviewed by a senior psychiatrist using the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). All of them had presented without any pre-existing mental disorders. No participant who had any clinical evidence of physical illness, panic disorder, or other psychiatric disorders included in the International Classification of Diseases, 10th Edition.
(ICD-10) was referred. A one-year cohort study was also used for verification of the stability of the diagnosis of adjustment disorder. We also have mentioned these in our revised manuscript.


4. One-way ANOVA data had been described more in-depth description and discussion in the revised manuscript. Also, some errors in Table 1 and Figure 1 had been modified and corrected in the section of results.

5. References no. 16 had been corrected in the revised manuscript.

6. More in-depth references by other authors have mentioned in the revised manuscript.

7. As your comments, although, PBI is used in research on parental attachment, it is not a specific questionnaire for attachment style assessment and it would be as a limitation in the current study. Hence, a more in-depth assessment of attachment, such as specific self-report questionnaires or Adult Attachment Interview, should be considered in the further study.

We have revised the manuscript, and resubmitted it to *BMC Psychiatry*. If you have any other comments or further information needed, please let us know.

Best Regards,
For-Wey Lung
Department of Medicine
Military Kaohsiung General Hospital
No. 2 Chung Cheng 1st Rd
Kaohsiung 802, Taiwan
forwey@seed.net.tw