Reviewer's report

Title: Psychosomatic syndromes and Anorexia Nervosa

Version: 2  Date: 27 August 2012

Reviewer: Alexandra Martin

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The manuscript reports on psychosomatic syndromes in anorexia nervosa. It is of theoretical and practical interest to systematically assess these constructs in eating disorders. However results rely on a single clinical interview (DCPR), and a well-founded appraisal of the study would at least require a more detailed report on the psychometric qualities of the DCPR (in general, and specifically in ED).

The authors of the manuscript repeatedly use the label “psychosomatic diagnoses” – this appears a misleading description of the instrument. The DCPR scales consist of a mixture of clinical syndromes (e.g., health anxiety, thantophobia, conversion) and of personality concepts often used in psychosomatic medicine and behavioural medicine (e.g., alexithymia, Type A behavior).

Detailed comments:

Major Compulsory Revisions [and Minor Revisions]:

Abstract

1. The term “psychosomatics” in the first sentence of the abstract (p.2) is too vague; be more precise

2. The authors speak of “psychosomatic diagnoses” or of “psychosomatic syndromes” when referring to the DCPR; this is confusing especially as they examined individuals with the psychiatric diagnosis of anorexia nervosa according to DSM-IV; it would be helpful to consistently speak of “psychosomatic syndromes” throughout the abstract and the manuscript; this would also be in line with previous research in this area (cf. Fabbri et al., 2007; Procelli et al., 2009) and it is in accordance with the DCPR’s rationale: to translate psychosocial variables derived from psychosomatic research into operational tools.

3. “Demoralization” and “Duration of illness” are among the key words; why? These key words are not referred to in the abstract section and they do not appear to play a major role throughout the manuscript [Minor Revisions].

Background

4. Is frustration a somatic and anger an emotional perception? Please explain (p. 3) [Minor Revisions].

5. Authors should state some of the main limits of DSM-IV to diagnose
somatoform disorders; they should also explain why the DCPR has been found to be more suitable for the assessment of psychological distress especially in medical settings and refer to the main advantages of the DCPR (cf. p. 3)

6. Authors referred to several studies that have utilized the DCPR; however the study by Fassino et al. (2007) that assessed psychosomatic syndromes in individuals with eating disorders (EDs) is only briefly mentioned (p. 4); main results should be reported (e.g. did individuals with an ED in that study suffer from AN or BN? Which psychosomatic syndromes were assessed (obviously only 4 out of 12 – why?)? What was the most common syndrome in ED outpatients?)

7. The argumentation could also be strengthened by explicitly mentioning that the current study assessed psychosomatic syndromes in inpatients with an ED (as an extension to the study by Fassino et al. 2007, who examined outpatients with EDs) (p. 4) [Minor Revisions]

8. Theoretical and practical implications of assessing psychosomatic syndromes in AN patients should be stated.

Methods

9. Authors state that all patients were hospitalized (p. 4); How and by whom were patients approached? An exclusion criterion was ‘medical comorbidity’ (p. 5) – this should be more clearly defined as severe forms of AN are often associated with somatic conditions.

10. Was the DCPR part of standard diagnostic assessment or was it additionally used just for study purposes? (p. 5). [Minor Revisions]

11. Cronbach’s alpha in the current sample should be reported for all self-report questionnaires (p. 5 to 6) and - more important - psychometric properties (e.g., indicators of reliability, interrater reliability, validity) of the DCRP should be reported (p. 6). How does it relate to DSM-IV diagnoses?

12. Arguments against the use of Bonferroni correction in exploratory studies should be specified (p. 7); what is meant by “data dredging was avoided by conducting only a pre-planned analysis” (p. 7) – Overall, the rationale not to control for multiple testing does not appear convincing to me.

Results

13. Test statistics and p-values or confidence intervals for all sociodemographic and clinical variables need to be included either in table 1 or in the manuscript (p. 8)

14. Questionnaire measures (TCI, EDE-2, BSQ and BDI) should be included in table 1.

15. It is stated that AN-R did not differ from AN-B concerning the number of psychosomatic syndromes (p. 8); provide test statistics

16. Provide exact p-values for all Chi-square tests in table 2 [Minor Revisions]

17. In the statistical analysis section it is stated that an alpha < .05 was used for all tests, consequently the difference between AN-R and AN-B regarding
prevalence of irritable mood is not statistically significant, as p=.05 (cf. table 2); this should also be corrected in the abstract and the discussion section

18. Provide exact p-values for all statistical tests in table 4; what is meant by “sign” in table 4? [Minor Revisions]

19. Length of hospitalization: provide correct degrees of freedom for the ANOVA (p. 10) [Minor Revisions]

Discussion

20. Explicitly state what is meant by the psychosomatic vicious circle in AN (p. 10) and how it differs from psychosomatic aspects on the body? Eating disorders psychopathology has with physical effects; how do these relate to the assessed psychosomatic syndromes?

21. What is meant by concretized metaphors (p. 11)? Please explain.

22. The rationale and possible benefits of deriving clusters based on the DCPR syndromes in ED still do not appear very comprehensible.

23. Authors stress that a more complex assessment approach (such as the DCPR) would be helpful – they should clearly discuss their findings with regard to theoretical and practical implications; do they suggest different treatment approaches for their three AN subtypes? What would be such a tailored treatment?

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

**Quality of written English:** Needs some language corrections before being published

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

**Declaration of competing interests:**

'I declare that I have no competing interests'