Reviewer's report

Title: Psychological Trauma and Evidence for Enhanced Vulnerability for PTSD through Previous Trauma among West Nile Refugees

Version: 1 Date: 8 April 2004

Reviewer: Joop T.V.M. TVM de Jong

Reviewer's report:

General

The authors attempted to address an important issue in a relatively understudied field in difficult circumstances in Africa, for which they can be applauded. However, to the opinion of this reviewer this study does not warrant publication due to a variety of major and minor methodological flaws that will be elaborated further on.

The study tries to replicate the findings of the Mollica et al. study, published in the Br J Psychiatry, 173, 1998. However, the methodology applied by Mollica et al. needs adaptation for the population studied in this paper. The current study shows several weaknesses of which some will be mentioned:

a. The authors mention that they use a multi-stage sampling design without providing any specifics of their sampling frame or strategy.

b. They mention qualitative research on traumatic events without clarifying whether, and if so, how they did that research in the Ugandan and Sudanese context or whether they used categories generated by other authors.

c. They mention that they use traumatic event types because they consider this to be more reliable than assessing the frequency of traumatic events. However, they do not mention how they distinguish event types. Further on it appears that they use traumatic events as reported by their respondents.

d. They then ask for lifetime traumatic experiences/events and 12-month traumatic experiences. They compare the Sudanese and Ugandan populations without controlling for their highly different traumatic histories, both in duration and severity, in the two countries.

e. They translated their instruments with the help of ‘repeated procedures of blind back translations’. There is a vast literature on the complex art of translating instruments for psychiatric epidemiological research (Marsella, Manson, Flaherty, WHO [Sartorius and Janca], Van Ommeren etc) of which they do not seem to be aware. Whatever ‘repeated procedures of blind back translation’ means, it is not sufficient to deal with semantic, conceptual, content and technical validity, a fortiori with a rudimentary and therefore difficult language such as Juba Arabic.

f. They use an instrument to assess PTSD, the PSD, which is a clinician administered instrument often used in the US. They then mention that this instrument was ‘modified for assessment by trained lay interviewers’ without indicating how they did the modification or how the lay interviewers were trained.

g. Next, they assessed the validity of the instruments with the CIDI and the SRQ ‘performed by German clinical psychologists’. WHO's CIDI is a lay administered instrument that includes a section on PTSD and that has been validated in a number of countries by (among others) German psychologists. Why do the researchers validate the PDS -a worrisome choice in the trauma field with series of PTSD instruments - with the CIDI? Why do they mention the SRQ which is highly unreliable (see papers Kortmann) and does not include questions on PTSD? Moreover, one either validates an instrument with culturally validated instrument or with clinical judgment. Mentioning the use of instruments and clinicians in this regard hardly makes sense.

h. They then mention that the PDS used by the local interviewers achieved high reliability without
referring to inter-rater and intra-rater reliability.
i. They explained that researchers were not working for (N)GOs without explaining the rationale for this choice. Moreover, the title page of their paper mentions vivo and MSF, which by many people are perceived as NGOs.
k. They obtained informed consent without explaining how.
l. They mention that counseling services were provided if necessary without mentioning by whom, assuming that this would be done by the NGOs mentioned before in the absence of government services in the area.
m. There is no information on the statistical procedures in the Methods section and the statistical methods are not adequate to answer the research question that is posed. In short, the methods used are not appropriate nor well described.

The authors do not provide sufficient details to replicate their work.
The cultural validation and the choice of instruments shows serious shortcomings.
The English at times deviates from common language in psychology and psychiatry.
The literature lacks several more recent papers such as the Paardekooper et al. paper among adolescents in the same region.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)X

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)

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What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of limited interest

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

Statistical review: Yes