Author's response to reviews

Title: Posttraumatic Stress Disorder: An exploratory study examining rates of trauma and PTSD and its effect on outcomes in Community Mental Health

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Response to Reviewer's Comments: MS 2033268150525932: Posttraumatic Stress Disorder: An exploratory study examining rates of trauma and PTSD and its effects on client outcomes in Community Mental Health

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Thank you for the comments. Please see below for response and revisions

1. Issue of shortening of background and 'outcome' sections

The paper has been significantly changed in its structure and layout - the major revision being the combining of the results and discussion section (SEE PAGES 15-32). The rationale for this was that several of the comments, including that of 'outcome' seem to indicate some confusion as to what was being discussed and which discussion related to what data. We are not sure if the 'outcome' referred to that section dealing only with the additional health outcomes, or to the whole section dealing with results.

For example, failure to discuss our results whilst discussing others, and example given as 'substance use'. The section referred to was NOT related to the findings on substance use in the study, but was in the discussion exploring the possible reasons as identified in the literature for the higher levels of trauma/PTSD found in the mentally ill population. So the discussion is NOT dispensable. All of the discussions that refer to other authors' results/studies do include reference to our results, where this is appropriate, for both the PTSD results and the 'outcome' section. We considered the problems to be related to the flow of the paper.

We hope by combining the results and discussions this has clarified what relates to what point.

2. The suggestions re expanding the hypothesis: This has been done and the research questions identified (SEE P7).

3. Scientific Writing conventions - the offending sentence has been removed (SEE P5) and conventions adhered to in the remaining aspects of the paper.

4. Sample Selection (SEE PP 9-10) - this section has been expanded and greater detail given (consequently, this has expanded this section).

5. Information regarding CM contact has been included in the demographic table and basic CM demographics provided in text - (SEE PAGE 15)

6. Information regarding the type of treatment clients received has been addressed in the 'SETTING' (P 8) - section of the Method.

7. Table 1 - the summary of DSM IV criteria for PTSD has been removed.

8. Demographic data has been presented as a Table as suggested and expanded Table 1.

9. The questions re levels of education and employment has been addressed in the discussion on the demographics (SEE PP 17-18).

10. Statistics: The statistical consultant has amended this section (SEE PAGE 15)

11. Question re purpose of the CM data: The focus of the paper was not on diagnostic expertise of CM relative to PTSD, rather their knowledge of the trauma history of the clients who were being treated for another Axis 1 diagnosis. This was explained in the text (under instruments section Page 9 original paper...
and in the results section under heading RATES OF TRAUMA.
12. Question re the "missing 7 subjects" The data identified that 7 clients did not report any traumatic events, therefore, they could not be included in trauma/PTSD symptomatology analysis after the first level of analysis that reported the rate of PTSD in the sample. In the outcome section they were included and this was also stated. This has been further clarified in the revisions (SEE PAGE 16/19) and also by including the n-size in the headings for the various results and reiterated in the 'outcomes' SECTION (PAGE 29), where these seven respondents re-enter the data as this section compares health outcomes for PTSD compared to no PTSD.
13. Representativeness of the sample: we did not state that the sample was representative (SEE PAGE 18/19 of original paper) we stated IF the sample etc. The IF has been bolded in the revised paper (SEE PAGE 24).
14. Statement re the conclusions; these conclusions are well supported in the paper and are not only based on the results of the 'small study', but on the data from the literature, which the findings of the current study supported. The small sample size is acknowledged in the limitations. There are 4 major conclusions (SEE PP 33/34) these are all well supported in the discussion section paper from both study results and the literature for this group of persons with mental illness and relate to the research questions of the study. The recommendations are a natural consequence of these and the need to test them in larger population under more rigorous design methodology. This was an exploratory study in terms of the PTSD component. The reviewer refers to the 17 clients participating at time 2 - this refers to the HEALTH OUTCOME segment of the study and the reports on QOL only; this is not the major focus of the paper - the PTSD profile is. However, the data on QOL is supported by that of other similar populations as identified in the paper; the discussion accurately reflects the lack of such data in the literature with which to compare the findings and openly acknowledges the constraints imposed by the small sample size and reduced follow-up time. It does provide some basis for future research in the area.

The QOL section has now been completely separated from the PTSD data/discussion in an effort to improve the clarity and flow of the paper (SEE PP 30-31). This section can be removed if further review supports this and will make the paper shorter and focused ONLY on TRUAM/PTSD findings.

The authors consider this a negative move, as there is very little data on the effect of PTSD on QOL in this population.
15. The question of missing labels on figure - we cannot find where this has occurred - the one figure and all tables have their respective headings and are correctly referred to in the text. Perhaps this was something that occurred in data transfer to the reviewer?
16. The editing errors have been corrected and the document carefully reviewed for editorial points.
17. The error in figures between the table and text for data on sexual traumas has been corrected.
18. The number shift the table referred to have been corrected.

Regarding the comment re level of interest: The authors do not agree that this is limited; there is VERY LITTLE data on PTSD in civilian trauma in this population (as the literature review clearly demonstrates) and we consider that this paper would be of great interest to persons working in the field of community mental health and the larger field of psychiatry in general both in Australia and overseas.