Author's response to reviews

Title: The psychometric properties of Kiddie-Schedule for Affective Disorders and Schizophrenia- present and lifetime version- Farsi Version

Authors:

Ahmad Ghanizadeh (ghanizad@sina.tums.ac.ir)
Mohammad Reza Mohammadi (mrMohammadi@yahoo.com)
Arash Yazdanshenas (Arash-yaz@yahoo.com)

Version: 4 Date: 8 October 2005

Author's response to reviews: see over
Dear editorial team of BMC Psychiatry,

Thank you very much for your helpful comments regarding the manuscript (MS: 5800702347375726) entitled as: “The psychometric properties of Kiddie-schedule for affective disorders and schizophrenia- present and lifetime version- Farsi Version”.

The comments were used point-by-point and the changes were marked in highlighted red color in the according revised manuscript.

Reviewer: Mauri Marttunen

Reviewer's report:

General

The ms “The psychometric properties of Kiddie-schedule for affective disorders and schizophrenia- present and lifetime version- Farsi Version” is a comparison of child and adolescent psychiatric diagnoses generated in a K-SADS-PL- interview and a clinical interview….

1) A description of an approval of an ethical board should be provided.

The following sentence was added to the Method Section:

The study was conducted according to the Good Clinical Practice Guidelines, in accordance with the Declaration of Helsinki, 1975, as revised in 2000; and approved by the university.

2) Table 1 shows that no psychotic disorders or substance use disorders were diagnosed, which probably is a consequence of the referral procedure to the study site. Therefore, a description of the clinic and the referral procedure is needed.

The following sentence was added to the Discussion Section.

Also, Table 1 shows that no psychotic disorders or substance use disorders were diagnosed, which probably is a consequence of the sampling method.

3) The KSADS-PL – interview is semi-structured, requiring clinical decision-making. It was planned to be used by trained clinicians. So why did the authors use a “lay interviewer” in the KSADS-PL – interview?
The interviewer was not a lay person. He was a physician who had passed an extensive 2 months course of training. Also, in a pilot study he had interviewed with patients under supervision of the child and adolescent psychiatrist.

4) A more thorough description of the translation and back translation procedure would be informative.

The following paragraph was added to the Method Section:

**Translation and back translation of KSADS-PL**

The KSADS-PL was translated by a team of child and adolescent researchers. They had translated the KSADS-PL into Farsi. The K-SADS-PL-Farsi Version (K-SADS-PL-F) was back translated by a bilingual child and adolescent psychiatrist. The back translated version of the KSADS-PL-F was reviewed and reconfirmed by the team and the final translation was fixed by consensus. To examine the feasibility of the K-SADS-PL-F it had been administered to children in a child and adolescent psychiatry clinic. After approval of its performance and establishments of face validity and content validity, it was used in the current study.

5) How were the normal controls enrolled?

The following sentence was added to the Method section:

The normal control group recruited from a pediatric clinic. They were in accompanying with their parents and they had no any current or past psychiatric disorders or serious medical illness. They referred for routine check up.

6) How many outpatients and normal controls were in the sub-samples for inter-rater and test re-test reliability?

The following information was added to the Method Section:

The stability of the translated instrument (K-SADS-PL-F) was tested in the Iranian culture by a test-retest design on 11 subjects who were randomly selected, which all of them were from patients group. They were conducted at 4 weeks intervals. Inter-rater reliability was tested on 14 subjects of patients group who were randomly selected.

7) The results section should include a brief description of the main findings in tables 1-4.

These sentences were added to the Result Section:

The consensual validity of diagnosis by the K-SADS-PL-F was shown on table 1. Panic disorder, conduct disorder, Simple Phobia, and ADHD had the highest kappa score for consensual validity.
Sensitivity, specificity, Positive predictive validity, negative predictive validity of the K-SADS-PL-F indicated on table 4. The highest positive predictive validity was for tic disorder, panic disorder, and post traumatic disorder. The lowest positive predictive values were for anorexia nervosa, encopresis, and separation anxiety disorder. Negative predictive validity was very high for all of the disorders.

8) The discussion section deals mainly with methodological aspects of the study. It should more comprehensively discuss of the main findings and compare the findings with previous published psychometric research on the instrument. E.g. a table comparing the present and previous studies might be helpful.

Our results were compared with the prior study and as you recommended they were added to the tables 1, 2, and 4.

Discretionary Revisions (which the author can choose to ignore)

9) There are some minor typo errors and linguistic errors which need to be corrected. The manuscript was revised by a native English speaker.
Reviewer's report
Reviewer: Konstantinos Fountoulakis
Reviewer's report:
General

Dear editor

Thank you very much for giving me the chance to review the above paper.
Although the publication of similar studies is of interest for a limited number of colleagues, my personal opinion is that they should be published in international journals because they constitute a rare transcultural treasure which otherwise remains difficult to access.

Concerning the study itself, I recommend resubmission ........

Major Compulsory Revisions:

Abstract: It is poorly written and does not include any data.

The following sentences were added to the Abstract Section:

After, translation and back translation of KSADS-PL, the Farsi version of KSADS-PL was provided and used in the study. The interviewer was unaware of the child and adolescent psychiatrist diagnosis at the time of making the interview. Consensual validity, test-retest and inter-rater reliability, sensitivity, specificity, positive and negative predictive validity for the disorders were studied.

Consensual validity of all of the psychiatric disorders was good to excellent. It was highest for panic disorder, conduct disorder, and simple phobia. Consensual validity of anorexia nervosa was 0.49. There was sufficient validity and test-retest and inter-rater reliability and good to excellent sensitivity and specificity and positive and negative predictive validity for nearly all of the disorders. Test-retests reliability of attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), and tic disorder were 0.81, 0.67, and 0.56; respectively. Inter-rater reliability of ADHD, and ODD were 0.69 and 0.69. Tic disorder, post traumatic disorder, panic disorder, and ADHD had the highest positive predictive validities.

Introduction: We need a better description of the instrument (eg number of items, scoring etc).
The following sentence was added to the Introduction section:
It has been used to assess the status of 32 DSM-IV child and adolescent psychiatric diagnosis.

Also, the following sentences were mentioned in the method section:
It has essential questions for any diagnosis, which, if not met, allow the interviewer to proceed to the next disorder. The symptoms will be codified as present or absent.
The authors use sometimes the word ‘structure’ and other times ‘semi-structure’. It is not the same thing.
The term of ‘semi-structure’ is right. It was corrected in the text.

Material and methods:
Did the authors asked and obtained permission by those developed the interview?
The following sentence was added to the method section:
Permission of the study was asked and obtained from those who developed the K-SADS-PL.

The permission was obtained for the study from Joan Kaufman, Associate Professor of Yale University. The documents will be available upon request.

Which are the prerequisites for someone to be considered as suitable to apply the instrument?
The following sentence was added:
The interviewer was not a lay person. He was a physician who had passed an extensive 2 months course of training. Also, in a pilot study he had interviewed with patients under supervision of the child and adolescent psychiatrist.

The authors did not report any particular problems they faced with the translation process. The phrase ‘almost the same meaning’ is problematic.

More detailed were added to the Method section as follow:
The KSADS-PL was translated by a team of child and adolescent researchers. They had translated the KSADS-PL into Farsi. The K-SADS-PL-Farsi Version (K-SADS-PL-F) was back translated by a bilingual child and adolescent psychiatrist. The back translated version of the KSADS-PL-F was reviewed and reconfirmed by the team and the final translation was fixed by consensus. To examine the feasibility of the K-SADS-PL-F it had been administered to children in a child and adolescent psychiatry clinic. After approval of its performance and establishments of face validity and content validity, it was used in the current study.

The demographic characteristics of the sample must be included in the methods (subjects), not in the results

The demographic characteristics were transferred to the Method section.

Was the interview applied by a medical student (undergraduate …
The interviewer was a physician who had passed an extensive 2 months course of training. Also, in a pilot study he had interviewed with patients under supervision of the child and adolescent psychiatrist.
The statistical analysis is not adequate. According to the text, test-retest was tested in 11 subjects and inter-rater reliability in 14. These numbers are inadequate. In this frame, the tables are misleading and as shown in table 2, 2 out of 3 disorders have no temporal diagnostic stability.

We agree with you and added it to the discussion section as a limitation as follow:

The number of subjects for studying of test-retest and inter-rater reliability were relatively low and it should be considered in the interpretation of the results.

Also, we compare our results with the Korean version that the number cases of the Korean version for inter-rate reliability and test-retest reliability assessment were 11 and 13; respectively [7].

Table 4 refers to sensitivity, specificity etc. of a semi-structured interview applied by a student against a free clinical diagnosis by an expert. I am not sure if this is inside the scope of the particular paper.

The second paragraph of the discussion is a perfect reflection of my objections to the appropriateness of the design of the study.

This was corrected as follow:
The interviewer was a physician who had passed an extensive 2 months course of training. Also, in a pilot study he had interviewed with some patients under supervision of the child and adolescent psychiatrist.

And the second paragraph of the Discussion was corrected as :

Some of the interviewee had difficulties in understanding some of the K-SADS-PL-F questions, especially, in the depression and anxiety sections. A possible solution of these difficulties would be to more clarify the questions, to decrease the influence of clinical judgment in the questionnaire.

-----------------------------------------------------------------------------------------

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

Please let me know if more corrections are requires or if any change need it is under auspices of chief editor. The choice is with you to do ant changes.

Yours Sincerely
Ahmad Ghanizadeh, MD