Author's response to reviews

Title: Comparison of pain, cortisol levels, and psychological distress in women undergoing surgical termination of pregnancy under local anaesthesia versus intravenous sedation

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Version: 5 Date: 4 April 2007

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Version: 2 Date: 12 March 2007

Author's response to reviews:

12/03/2007

Sandra Le, Ph.D.
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Dear Ms Lee,

Re: MS # 1444412788119574
Manuscript title: Comparison of pain, cortisol levels, and psychological distress in women undergoing surgical termination of pregnancy under local anesthesia versus intravenous sedation
Authors: Sharain Suliman, Todd Ericksen, Peter W Labuschgne, Renee de Wit, Dan J Stein and Soraya Seedat

Thank you for reviewing the above-named manuscript and for the helpful comments of the reviewer (Oivind Ekeberg). We have revised our manuscript, addressing the issues raised. We outline these issues and our changes below. In addition to responding to the spirit and letter of the reviewers' comments, we have also gone over the paper very carefully ourselves, clarifying matters that seemed unclear.

1. Abstract: The reviewer has suggested that some data be presented in the results section. This has been included. The finding of differing acute reactions according to the different anaesthetic procedures is reflected in the conclusions as suggested.

2. The reviewer has noted that the choice of anesthetic treatment was determined by patient preference. This has been noted as a limitation on page 21.

3. The reviewer has pointed out that treatment differed at the two treatment sites, a point that should be discussed. This has been noted in the ‘discussion’ under the limitations on page 21.

4. The reviewer has also pointed out that the 3 months follow-up was conducted by telephone, contrary to
the other three assessments. This point in addressed in the limitations (under 'discussion'), also noting that despite this, responses were very similar at 1 and 3 months.

5. The reviewer has requested that the response alternatives for the CAPS, DTS, STAI and DES-T scales be more extensively explained. The response alternatives have been included in the ‘methods’ on page 10.

6. The response alternatives for the DTS are included on page 10.

7. The reviewer correctly notes that the response rate was very low, as only 37% completed all four assessments. This point is a significant limitation and is noted as a limitation in the 'discussion' section on page 21.

8. As the first part of the ‘results’ section focuses on the demographic characteristics of the sample, these data have been moved to the ‘method’ section on pages 7 & 8.

9. The reviewer has asked that a table showing the main measurements at the four time points be included, preferably with the mean values. Table 1 has been included.

10. We were also surprised that BDI scores at three months were much lower for the PTSD group than for the non-PTSD group as we were expecting the converse to be true. We cannot account for why this is so.

11. The reviewer has highlighted that women in the IS group had lower baseline cortisol than the LA group indicating that the self selected groups were different on an important variable at baseline, which weakens the findings. In addition, the correlations between cortisol and other variables (e.g. age) are presented.

12. The reviewer has suggested that previous trauma be included in the regression model. This has been done. Measurements at T3 have been omitted- the authors agree that this does not fit logically into the model. The reviewer has also suggested that the bivariate correlations be presented in a table. This is shown in Table 3.

13. The reviewer has suggested that the higher rate of PTSD for women with later abortion should be discussed. This has been included on page 19.

14. The reviewer correctly points out that a substantial proportion of the women had experienced significant traumas before the abortion and that this may explain the high baseline rate of PTSD, and suggests that the differentiation between PTSD symptoms that was caused by previous traumas and symptoms that were related to the abortion should be discussed. This is pointed out in the methods section.

We believe that these changes have improved the quality of the manuscript. We also believe that the target audience for this work are psychiatrists and psychologists. We look forward to hearing further from you. Thank you for your time and your consideration of this work.

Yours sincerely,

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