Reviewer’s report

Title: The prevalence of common mental disorders and PTSD in the UK military: using data from a clinical interview-based study

Version: 1 Date: 13 July 2009

Reviewer: Per-Olof Michel

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General aspects
This is very important research in order to increase knowledge about the effects of modern warfare on the women and men who perform the duties we ask them to do for higher causes.

The data seem sound, keeping the limitations in mind!

The manuscript has two major problems that need to be addressed. One of them has to do with the method and the description thereof and the other one regards the presentation of the results.

Major Compulsory Revisions

Introduction
• In the introduction it is stated that there is a need to confirm the results from earlier reports regarding poor health outcome since these were drawn from self-reported symptoms obtained by questionnaires. As I understand it the studied sample is made up, and distinguished from others through cutoff scores in, guess what - questionnaires! This is not thoroughly described nor discussed!

Method
• Why was the cutoff score 50 used on the PCL? There are other cutoff scores used in different studies (30 or 40) depending on the aim. Needs a comment.
• Sample size. Not anywhere in the Method section you get a good idea of how the sample of 821 was derived. This is mentioned first in the Results part, with reference to Fig 1. And furthermore, it is not until far back in the Discussion part that we learn that the complete sample size originally was 61 %! But instead we can read about it twice there!
• Survey instruments. This section starts off with: “The telephone interview…” as if referring to an earlier part where the method has been described, but it has not! In order to understand how this study was done one needs to have a clear description early in the Method section!
• The Patient Health Questionnaire (PHQ) was used without discussing its merits or drawbacks. I myself do not know much about this questionnaire but it sounds as primarily being used on civilians. Does it work well in military settings? Should be commented.
• PC-PTSD was also used. It is interesting that the PC-PTSD is derived from
Breslaus 7-item questionnaire which is based on the DSM-IV criteria for PTSD. The PHQ, however, as I understand it, uses the diagnosis from ICD-10! Why both diagnostic systems are used on the same population, in the same study could be worth a comment!

Results

• Package. The results are not presented in a high quality standard way, which is the second major problem! What is a supplementary Table? Some Tables have wrong numbers in the text and are not presented in the right order! In supplementary Table 2, there are a lot of “#”! What is that? Table 2 contains too much information. In Table 3, the authors could delete all figures on “Any neurotic disorder” and “Alcohol abuse”.

• Socio-demographics. Nowhere in the text are the “Pre-enlistment vulnerabilities” described. What is that variable made up of?

Discussion

• The description of the limitations in the study could be elaborated on regarding the above mentioned concerns.

Minor Essential Revisions

Introduction

• The research question may not be fully pronounced but the aim is well described.

Method

• The Authors are probably aware of the abbreviations used for instance KCMHR, but not all readers are! I had to check it on the Internet!

• Which GHQ was used? I concluded the 12-item version, since the cutoff score > 3 was used, but not all readers will know!

• It is said that a random sample was used of the non GHQ-cases, but it is not said if that was the case for those who scored above the threshold for caseness?

Results

• PTSD or PTSD-symptoms. Is the use of these terms adequate? Can we talk about PTSD or PTSD-symptoms without a clinical investigation? Could the use of the term “posttraumatic stress reactions” be more reasonable?

• I also have problems with the term “Neurotic disorders” that is used in the text and in the Tables. Sometimes I get the notion that it only means depression or anxiety disorders in the text, and other times it seems to include more. However, I believe that it probably is used as a short description of ICD-10 diagnosis “F40-48 Neurotic, stress related and somatoform disorders”. Maybe this could be clarified somehow?

Discussion

• Comparison with the general population. Again, I wonder why the PHQ was used since there apparently are no figures in the civilian society to compare with either. The difference that was found in “Neurotic disorders” (see earlier
comments) “(anxiety, depression and panic)” (Isn’t panic an anxiety disorder, by the way?) between UK population and the military sample could perhaps be commented?

• Comparison with other military populations. What is “Era personnel”? The last meaning in this section about the different findings in medically unexplained symptoms is left without any comment. Could be worth one or two probable explanations!

Discretionary Revisions

Method

• For a Swede it sounds strange to pay people to take part in studies, but maybe that’s the only way sometimes. Maybe the implications could be commented briefly.

Discussion

• A detail perhaps: When describing the relation between to entities, is it common in the English language to start with something that is lesser? In the discussion it is said that “…major depressive disorder is less common than milder depressive disorders.” I would probably write: “…milder depressive disorders were more common than major depressive disorders.”

• Panic disorders are rare, it is said, and briefly commented. Is that not a consequence of selection procedures in the British Army?

Next step

The manuscript can be accepted when the authors have responded to the Major Compulsory and Minor Essential Revisions. The manuscript will be improved by that!

Level of interest: An article of outstanding merit and interest in its field

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.