Author's response to reviews

Title: Prediction of posttraumatic stress disorder among adult in flood district

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Author's response to reviews: see over
Dear Dr. Nina Titmus,

Thank you very much for your letter of December 11, 2009 inviting us to submit a revised version of the above mentioned manuscript again. Below are our specific responses to the reviewers’ comments. All the changes are underlined in manuscript.

**Reviewer:** Anke Ehlers

**Comment 1:**

It is not quite clear how the risk score works for variables with more than 2 categories such as age or education. For example, if someone is illiterate, does this count as 13 (because this category are those at risk) or 2 x 13 (because illiterate is 2 steps from the lowest category) or 3 x 13 (because the weight for illiterate is 3)? Furthermore, some variables are coded 0/1, others 1/2/3 - how does this translate into the corresponding risk scores? The authors will need to clarify the calculation on page 8.

I am also wondering whether the risk scores should be dropped from the abstract as they are not understandable without the cut-offs.
**Response 1:**
Yes, we explained the risk score calculation detailed by an example in page 9 line 23-26, and also deleted the risk score (point) of every predictive variable in abstract.

**Comment 2:**
The authors state that they followed DSM-IV when diagnosing PTSD. However, the A criterion they used is NOT the A criterion in DSM-IV (A1: perceived threat to life or physical integrity, A2: person responded with intense fear, helplessness or horror). The authors will need to state why they used the old A criterion (DSM-III/ DSM-IIIR) or clarify whether they actually used DSM-IIIR (which also differs in where physiological responses to reminders are scored).

**Response 2:**
Actually we followed the DSM-IV when diagnosing PTSD, we have supplemented the A criterion in page 7 line 2-7. It is our neglect in writing the paper.

**Comment 3:**
On page 10, the authors deal with the problem of retrospective assessment of mental status before the flood by stating "Despite whether there is a definite association between mental health status before the flood and PTSD remains controversial". The wording is misleading. The authors need to acknowledge that the retrospective reports may be influenced by current symptoms. There is actually quite a lot of evidence for a small effect of prior depression or anxiety on PTSD risk.

**Response 3:**
Yes, your comment is very correct. We have revised the statement in page 11 line 12-15 according to your suggestion.

**Comment 4:**
The authors will need to check their references carefully.
Reference 11 should read American Psychiatric Association (Ed.) instead of Association AP
Reference 14 is incorrect. The authors surname is Brewin. So it should read: Brewin, C.B.
Response 4:
Thank you for your kind reminding. Because all references in our paper were organized automatically by Endnote program, we mistakenly thought that the error did not occur. Now, we have reviewed all references once again and revised the errors.

Reviewer: Cengiz Kiliç

Comment 1:
First, this is a study with a very big sample. We are told to believe that 25000 subjects were each phoned for appointments, all 25000 questionnaires were checked by one study supervisor (who ordered a re-interview when data were missing), each one of 25.000 survivors were seen in a separate room; all the assessment of demographics, other predictor variables and PTSD took 20 minutes. Add to this the fact that all interviews were done by 40 data collectors (650 interviews each). The authors also do not give any exclusion criteria. Were everyone in chosen household included? What about those who couldn't be interviewed? Or those who did not experience the floods?

Response 1:
Yes, we have supplemented some statements about the inclusion criterion in page 5 line 16-18. Of course, it is a very big task, the interview last 5 months as showed in page 6 line 5.

Comment 2:
PTSD diagnosis cannot be made using questionnaires. The measure they have used is not an interview, but a questionnaire. You can only mention "probable PTSD rate" when using a questionnaire.

Response 2:
The PTSD diagnosis was based on the interview result, we used the questionnaire in the interview, not a self-filled in questionnaire. But I agree your comment and change the “PTSD rate” to “probable PTSD rate”.

Comment 3:
The authors have excluded some potential predictors on the basis that they did not relate to
PTSD in the initial univariate analyses. This is not appropriate. They should have based their decision on the existing literature. Almost all studies point to subjective experience (i.e. fear) during trauma as one of the strongest predictors of PTSD, the authors have not assessed that.

**Response 3:**

Yes, your comment is correct. It may be a limitation of our study. Considering the diagnostic performance of our model, our study is still valuable in prevention of PTSD after flood.

We believe that we have adequately responded to the reviewers and hope that our paper is acceptable for publication in BMC now.

Sincerely,

Peng Huang