Author’s response to reviews

Title: Prevalence and gender patterns of mental health problems in German youth with experiences of violence: the KiGGS study.

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Author’s response to reviewers: see over
The Biomed Central Editorial Team

**Object:** MS 1673831933866904 - Prevalence and gender patterns of mental health problems in German youth with experience of violence: the KiGGS study.

Thank you for considering our manuscript for publication in *BMC Public Health*. Below we respond to the associate editor's comment.

**Associate editor’s comment:**

I recommend that this manuscript be accepted for publication. I sincerely appreciate the authors thorough and thoughtful response to the reviewers concerns. A couple of minor points: 1) There are a few editorial issues (e.g., beginning sentences with numeric percentages) that will be worked out during the copyediting phase involving the BMC Public Health copyediting team -- correct? and 2) I believe there may be standards for "at risk drinking" among adolescents. I am not completely familiar with the literature. However, I encourage the authors to consult the work of Natasha Slesnick and perhaps Cynthia Buettner, as I have recently read their work and recall cut-offs for at risk drinking among adolescents. It is possible that the U.S. Centers for Disease Control and Prevention has also set forth definitions of "at risk drinking" for youth. The cut-off that the authors set (5 or more drinks) seems consistent with what I am remembering about prior literature. I am comfortable with the cut-off the authors chose, yet it would be ideal to add a citation for it.

In a first step, we have again thoroughly evaluated recommendations as to thresholds for chronic adolescent alcohol use; however, we did not find any corresponding recommendations. To our best knowledge, also the CDC does not advocate thresholds beyond which adolescent regular at-risk drinking starts. In our opinion, this makes good sense because any level of alcohol consumption in youth should be considered risky. However, in the CDC publications – as well as in many other literature on adolescent alcohol use – adolescent *binge drinking* is defined by 5 glasses or more of an alcoholic beverage at one opportunity (cf. Centers for Disease Control and Prevention 2012, p.18). Actually, in that report, current alcohol use is defined by only one alcoholic drink during a 30 days period before the survey.

In a second step we have screened the work of Natasha Slesnick and Cynthia Buettner. Much of the work of Natasha Slesnick applies DSM-IV criteria for substance use disorders and/or the Form 90 Drug and Alcohol (Form 90 DnA) which are both different from our measure. For similar reasons, we were not successful in extracting suitable criteria from the work of Cynthia Buettner. Finally, however, we found a WHO study on alcohol use and injuries in young adults that applied a categorization of weekly drinking frequencies of zero, one, 2-3, 4-5 and 6 or more glasses of alcoholic beverages. In that study, a weekly consumption of 4-5 glasses already accounted for a significant increase in the likelihood of non-fatal injuries (Borges et al., 2006). Given the fact that minors are even more vulnerable to the effects of...
alcohol consumption than young adults, we feel that this study supports our choice of cut-off in the sense of a conservative approach. We have added a corresponding passage on p. 14 (changes are highlighted in yellow). We hope you’re happy with this.

References
