Author's response to reviews

Title: Surveying of Relationship between Anxiety, Depression and Duration of Infertility

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Dear Sir
I must thank you in advance for processing my manuscript review. According to guidelines you sent me and point by point answering the questions of all three respected reviewers I accomplished following revision:

*The questions of Mr/Mrs Hidehiko Matsubayashi:

> >>Discretionary Revisions
1- To added special characteristics of Iranian would be much better.
In this study, we couldn't find any special characteristics.

> >>Minor Essential Revisions
1- Do not use Arabic numerals in the top of the sentences (C.F, page 4, lines 2, 6, 20) those should be spelled out.
It is corrected by typist.
2- page 4,line 1;/Results and Discussion/ should be/ Results/
It is corrected as Results.
3- Page 2, line 3/ Medicine/ It is not appropriate/ Previous reports/ Would be much better.
It is corrected as "medical community" (page 2; line 4)
4-Page 2, line 5-6, it would be/ Effect on psychologic factors such as anxiety and/or depression,
resulting in reduction of physiological functions/
5- It is corrected as "It seems that infertility has a significant effect on psychological factors such as;
anxiety and depression resulting in reduction of psychological functions." (page 2 lines 6,7)
Page 2,line 6; it would be/ Infertility sometimes accompanied/
It is corrected as "Infertility sometimes accompanied by existential crises and emotional tensions."
(page2, line 15)
6- Page 2; line 11; BDI should be spelled out because this is the first appearance in the text except for abstract.
It is corrected as "one study demonstrated that 74.6% Patients reported changes in their mood."
(page 3, lines 2, 3)
7- Page 2; line 16-18; This sentence needs correction using/ Non/ But/ No/ Is not appropriate.
It is corrected as " some studies show that there is not any relation between duration of infertility and
depression or psychological factors." (page 3, line 11)
8- Page 4, line 6 and page 6 line12, homemakers would be housewives.
We corrected it. (page7, line 2, page 8, line 8)
9- Table 1; spouse job should be spouse's job.
We omitted this table, because the spouse's job is not correlation with anxiety and depression. (page 15)
10- Table 2, Male cause, Female cause, both cause, and unknown cause is much better than male, female, both and unknown.
It is changed completely as "percent of depression and anxiety in different infertility causes (Table 2, oligo-astheno-terato spermia, Azospermia, Ovulatory, Endometriosis, Uterus, Tubal, Habitual, Unexplained, Male&Female (both))." (page 16)

>> Major Compulsory Revisions

1- Results and Tables are quite confusing. Tables represent just a raw data and it is difficult to understand the results. Table should be expressed clearly and understandable with itself. For example it would be much better that the rate of tables 2 and 3 might be expressed percentage in each group. (see blow) Frequency against all women is not important. All results and tables must be reconstructed. In table 1, demographic frequency of your study is not so important. The important point is depression or anxiety scores of each group and whether it is statistically different. We reconstructed the tables completely, tables 1, 2 shows the frequencies and percents and table 3 shows the results of spearman's rho test. Also, table 4 displays the results of t-tests. (page 15-18)

2- How to calculated p value between which group is not clear. To clarify which groups are compared. It is necessary to separate groups and to show p value in the table. We calculate p value in women who had anxiety and depression disorders comparison with women who had not these two disorders. P values are showed in tables 3, 4. (page 17-18)

3- Too much word/ Relationship/ Is used in this manuscript. Relationship includes both negative and positive correlation. It should be clarified and clearly described. They are corrected by author at results and discussion sections.

4- How to classify the stage of anxiety or depression should be addressed. which cut off points were used and why such cut offs were used?

It is explained completely on pages 4, 5 in the Methods section.

Beck Depression Inventory (BDI): The test used was a translated and validated Persian version of Beck's depression Inventory. The full 21-items BDI administered. This scale is a widely used measure of intensity of depression. Each item describes a specific behavioral manifestation of depression. Scores on each item can range from 0, indicating no depressive symptomatology, to 3, indicating a severe level of symptomatology. Total scale scores can thus range from 0 to 63. Scores of 17 or above it indicates of a clinically significant depression. The classification of depression scores involves:

1- 0-16 (without depression)
2- 17-27 (mild depression)
3- 28-34 (moderate depression)
4- 35-63 (severe depression)

Cattle Inventory: The cattle inventory is a 40 items self-report measure of anxiety. This test was a translated and validated Iranian version of Cattle's Inventory. Scores can range from 0 to 80, with scores of 28 or above demonstrate anxiety. Classification of anxiety scores involves:

1- 0-27 (without anxiety)
2- 28-40 (moderate anxiety)
3- 41-49 (neurotic anxiety)
4- 50-80 (severe anxiety)

5- Page 3, line 14, How to choose 370 women randomly? What is their background (c. f age, duration of infertility, infertility cause, routine work up, Treatment).
The subjects were 370 infertile women who were referred to Vali-e-Asr Reproductive Health-Research Center between January 2001 and January 2002 for treatment of their infertility problems. We chose 370 women based on previous study (prevalence of anxiety and depression). (page 6-8)

6- Page 3, line 18; statistical analysis more information. which groups were compared with which methods? How did you consider it as statistically significance?
The data were evaluated by SPSS software using Frequencies' tables and statistical methods like t-test, chi square test and spearman's rho test. (page 5, lines 16-17)

7- Page 3, line 14; who (Dr, Ns, or psychologist) told the objectives to patients and how?
Patients were visited by gynecologists, then they were visited by a psychologist and they were informed of the study purposes. (page 4, lines 8-9)

8- Page 6, line 1; why your study showed such high depression and anxiety level in comparison with
other studies? You need more references in comparison and more explanation.
To have a child is very important for our people, especially our women, therefore they show higher
and longer emotional reactions (page 9 lines 14, 15, 16) also we used more references at this
section.
9- Page 6, lines 6-7, which study did you indicated / If reference#8/ This/ Would be/ That/
It is changed to reference 18. Domar AD, Broom A, Zuttermeister PC, Seible MM, Friedman R. The
(page 13)

*The questions of Mr/Mrs Ellen Olshansky:
>>Major Compulsory Revisions
1- please describe the type of infertility, beyond simply female or male factor(e.g. infertility due to
tubal problems, an ovulation, Azospermia, etc).
The type of infertility is divided to:
Oligo-astheno-terato spermia, Azospermia, Ovulatory, Endometriosis, Uterus, Tubal, Habitual,
Unexplained, Male & Female (both) (Table 2). (page 16)
2- Describe the cross-sectional in more detail - what groups were sampled in a cross sectional
manner/
The subjects were 370 infertile women who were referred to Vali-e-Asr Reproductive
Health-Research Center between January 2001 and January 2002 for treatment of their infertility
problems. (page 4 lines 6-8)
3- Describe cattle questionnaires.
Cattle Inventory: The cattle inventory is a 40 items self-report measure of anxiety. This test was a
translated and validated Iranian version of Cattle's Inventory. Scores can range from 0 to 80, with
scores of 28 or above demonstrate anxiety. Classification of anxiety scores involves:
1-0-27 (without anxiety)
2-28-40 (moderate anxiety)
3-41-49 (neurotic anxiety)
4-50-80 (severe anxiety)
It is written on page 5 lines 5-12.
4- In the discussion section, please describe the implication of these finding for clinical practice for
further research.
The results of this study suggest that psychological interventions especially in 4-9 years of infertility
might prevent the surge in depression, anxiety and could presumably lead to increased pregnancy
rates. (page 9 lines 16, 17, 18)

*The questions of Mr/Mrs Secondo Fassino:
>>Discretionary Revisions
1-Introduction: The Authors do not mention some recent papers on the issue they discuss.
The introduction is changed and we tried to use new articles related to this research.
2- Methods: the questionnaires used should be described with more details and some references
about them should be cited. Which BDI version was used/ Which are the cutoffs used to describe the
depression stage? How were the causes of infertility investigated?
Beck Depression Inventory (BDI): The test used was a translated and validated Persian version of
Beck's depression Inventory. The full 21-items BDI administered. This scale is a widely used
measure of intensity of depression.
Each item describes a specific behavioral manifestation of depression. Scores on each item can
range from 0, indicating no depressive symptomatology, to 3, indicating a severe level of
symptomatology. Total scale scores can thus range from 0 to 63. Scores of 17 or above it indicates
of a clinically significant depression. The classification of depression scores involves:
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1-0-27 (without anxiety)
2-28-40 (moderate anxiety)
3-41-49 (neurotic anxiety)
4-50-80 (severe anxiety)
The causes of infertility investigated by gynecologists. (pages 4-5)

3- Discussion: references are scarce also in this section of the paper. The limits of the study should be discussed with more details. Moreover the results be discussed after revising the adequacy of the statistical analysis.
We wanted to use more new articles related to this research but we didn't find any more about this topic. This research doesn't have any limit. After obtaining results, we discussed about results at discussion section. (page7 lines 13-17,page 8 lines 4-5,9-10,16-18,page 9, lines 12-15)
4- page 2 line 11 BDI=spell out; in the results section , data should be presented a clearer way , separating descriptive analyses from correlation and association analyses. It is often difficult to understand whether in the text the authors refer to individuals or couples: e. g page 4 they refer to depressed couples, but what does this exactly mean? The chi square value should be reported in the tables. Explain the basis on which subjects were subdivided according to infertility duration in 1-3 years, 4-6 years, 7-9 years.
All of mistakes are corrected at this section. BDI is changed to "one study demonstrated that 74.6% reported changes in their mood." (page 3 ,lines 2-3) The results are reconstructed. The word "couples" is corrected as "infertile women". Subjects were subdivided according to infertility duration in 1-3 years, 4-6 years, 7-9 years based on previous study and consult with specialists. We changed all of the tables. The Table 1 shows prevalence of depression and anxiety in our samples (Descriptive Result ) and table 2-4 show their analytic results from correlation and association analyses.
>>Major Compulsory Revisions
5-The statistical analyses displays some problems. chi -square value should be reported when presenting the results , for the study of the association of categorical variables.
Chi-square value is shown at results section. (page 6, lines 10-11)
6- Continuous and categorical variables can not be correlated with Pearson's method, but Pearson's correlation should be used. Though dichotomous variable can be codified in spss as 0 and 1 and used as continuous variable, this is a forced situation which should be understand and discussed. A liner regression might provide more reable results. Last data analysis should investigate also the possible correlation between anxiety and depression in the same studied.
We changed all of tables and analyses based on Reviewer's Recommendation.