Author's response to reviews

Title: Sleep complaints and repressive coping in a sample of older Black and White women

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Author's response to reviews: see over
December 13, 2006

Deborah Saltman, MD, PhD,
Editorial Director,
BMC Women's Health
BioMed Central Ltd, Middlesex House,
34-42 Cleveland Street,
London W1T 4LB, UK.

Dear Dr. Saltman:

**RE: Insomnia symptoms and repressive coping in a sample of older Black and White women** (2433495551124874)

We thank the reviewers for their helpful comments. As suggested, we have made global and specific changes as itemized below. Although we have responded specifically to reviewer's questions, we have also clarified sections of the text in light of new data. We appreciate the opportunity to improve the quality of the paper.

Sincerely,

Girardin Jean-Louis, Ph.D.
*SUNY Associate Professor*
Itemized Changes

1. […] the discussion section should be shortened […] As recommended by both reviewers, we have removed the equivalent of three paragraphs in the discussion section, while providing more succinct explanations throughout the text.

2. […] no data was provided regarding somatic complaint […] We agree with the reviewer’s observation that the specific result for somatic complaint was omitted from table 2, where all other medical factors were compared. We added statistics for both Blacks and Whites with corresponding significance. Somatic complaint is indeed an important factor as demonstrated in regression analysis (see table 5).

3. […] no definition for leg problems […] The reviewer is right that the categorization of leg problems is not sufficiently clear. As anchored in the questionnaires, various leg problems were elicited from the respondents. One question forming this constellation was: ‘Do you frequently experience leg cramps at night?’ As the reviewer observed, this could easily capture symptoms of restless legs. Unfortunately, the study was not designed to assess restless leg syndrome; thus, a more precise scale was not used.

4. […] insomnia definition is a concern […] We agree with the reviewer that insomnia is not to be viewed as a diagnostic entity in this context. We have carefully reviewed the text to ensure that no such reference is made or language used. Indeed, in the initial text we specifically stated that ‘no formal diagnosis of insomnia could be made as data on frequency, duration, or severity was not elicited’ (last paragraph, page 6). As the reviewer knows, this is often a concern in epidemiologic sleep studies: investigators use varying definition of insomnia, which renders comparative analyses very difficult. In the present paper, we refer to ‘insomnia symptoms’ as discrete sleep complaints, which were either difficulty initiating sleep, difficulty maintaining sleep, or early morning awakening.

5. […] medical demographics are important to include in analyses […] As suggested by the reviewer, we have repeated our analyses with a special emphasis on the contribution of medical factors, which varied significantly between the two groups. We also expanded on the discussion of the importance of those factors as correlates of sleep disturbances among older individuals (second paragraph, page 14).

6. […] analysis contains only correlations […] We share the reviewer’s concern that many correlations (with adequate corrections) were run to examine relationships of ethnicity and repressive coping to insomnia symptoms. The reviewer might agree that partial correlation is a good tool to assess the likelihood of a variable serving as a mediating or suppressing factor. We have verified our findings using logistic regression analyses. This permitted the delineation of independent associations of ethnicity and repressive coping with insomnia symptoms and the relative contribution of each medical morbidities (see table 5). Adjusted odds ratios were also derived.