Reviewer's report

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

Version: Date: 28 November 2006

Reviewer: Mary G Umlauf

Reviewer's report:

Measurement & Analysis concerns:

1. No data was provided regarding “somatic complaint” from the CARE instrument. What is it? If it was presumed relevant in the design phase - what were the findings?
2. No definition was provided for “leg problems” - I cannot intuit what this might be as a single disorder - claudication, arthritis, ... In sleep studies this might also infer restless leg syndrome.
3. Insomnia definition – This is a significant problem without a time reference (over what reporting interval) and the other qualities mentioned (frequency, duration or severity). The language of the analysis suggest that insomnia is the primary sleep problem of these women. It would seem that these are discreet “sleep symptoms” given the fact that there is insufficient data for diagnosing insomnia or for elevating the group of symptoms to the level of a diagnostic disorder.
4. Medical demographics: It appears that the White women have significantly more co-morbidities that are readily associated with discreet sleep disorders (arthritis – pain; heart disease – central apnea; respiratory disease – orthopnea). These facts are extremely relevant given the age of the sample but not mentioned in the discussion.
5. Individual medical co-morbidities were not used in the statistical analysis to examine the various sleep symptoms. Given the risk of sleep disorders associated with specific conditions, this seems essential.
6. Your analysis contains only correlations. Had you considered using regression? I recommend a statistical consult in this regard.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

See above.

Although this is a wonderful study, given that the sample consists of older persons, it is extremely relevant to consider medical co-morbidities in the statistical analysis and discussion. It is also important to sort out the issue of “sleep symptoms” instead of using a diagnostic term (e.g. see first heading under Discussion).

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Discretionary Revisions (which the author can choose to ignore)

Shorten the the discussion section.

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes