Reviewer’s report

Title: Tomophobia, the phobic fear caused by an invasive medical procedure: an upcoming anxiety disorder: a case report.

Version: 5 Date: 8 January 2009

Reviewer: Debra Kahn

Which of the following best describes what type of case report this is?: Other

If other, please specify:

Review of a increasingly common anxiety disorder using a case presentation format.

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: No

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: No

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:

This is a nice case report and review. I have included the following detailed edit recommendations:

Overall feedback, please make clearer demarcations between paragraphs.

Introduction:
Paragraph 1, Sentence 1, line 2: change to “in relation to”
Paragraph 1, last sentence: change to, “When the fear is beyond one’s cognitive or emotional control, or when the fear interferes with daily life activities, an anxiety disorder may be diagnosed.”

Paragraph 2, sentence 3, “situationally bound” or “situationally predisposed”
Paragraph 2, sentence 6: change to “The avoidance, anxious anticipation, or distress in response to the feared situation…”

Would strongly consider making this second paragraph into a figure with the DSM criteria listed in table format.

Paragraph 3, sentence 3, “In many cases patients present with more than one…”
Paragraph 3, last sentence: “while the prevalence in women …” and “in males…”
Paragraph 3, same sentence: it is not clear what the two different male prevalence rates refer to

Case presentation
Paragraph 1, second to last sentence: “Do to his intense fear…”
Paragraph 2, sentence 2: “He reported a 20 year history of severe coxarthrosis, which caused serious pain and progressive leg deformation and malfunction, and which had never been operated on because of his fear of surgery.”
Paragraph 2, last few sentences: change to …“fear about GP visits, and discussions..”
…”he described fear symptoms while knocking on or opening foreign doors.”
Paragraph 3, sentence 1,” by avoiding…” This sentence is very awkward and its meaning is unclear.
Paragraph 3, sentence 3: change to “The patient described being ashamed of himself…”
Paragraph 3, last sentence: change to “No history of syncope was found.”
Paragraph 4, sentence 1: change to “The psychopathological findings at the time of psychiatric exploration were limited to intense fear in relation…”
Paragraph 4, sentence 2: It is unclear what constitutes “adequate behavior”
P 4, S 3: change to “Obsessive symptoms were limited to repeated checking of electric appliances.”
P4, S5: change to “anxiety disorder in the patient’s father”
P5, S 1: OAD and TAD are not standard dosing frequency abbreviations, please correct
P5, S 2: It is not clear what is meant by emotional dissociation and if this is good or bad.
P5, S 3: What is conversational therapy? Please clarify if this is CBT, supportive, or some other form of psychotherapy.
P5, S 4: “the phobic fear seemed to him much stronger than the fear of dying...”

Discussion
P1, S 3: can be eliminated as it is redundant
P1, S 5: change to: “A frequent symptom of blood-injection-injury phobia that distinguished it from other specific phobia subtypes is syncope.”
P1, S 6: change to: “However, our patient never experienced syncope nor symptoms...”
P1, S 7: recommend changing to, “He rather described an intensely irrational and unavoidable fear of putting himself in the hands of others. He further described a fear of losing control of his body through loss of consciousness or compromise of physical integrity during and operation.”

I would also consider putting the above two sentences into the case presentation as they represent new information about the patient’s symptoms.

P2, S2: “sometimes tomophobia was accompanied...”

P3, S 2,: change to “The majority of patients suffering specific phobia do not seek professional...unless they have a comorbid disorder.”

P3, S 3: sentence about Overbeek findings is not clearly written and needs to be fixed
P4, S 2: consider changing sentence to, “Surgeons and general physicians may be increasingly confronted with competent patients who refuse medically urgent procedures.”

P4, S 3: sentence is awkward and can likely be more succinctly phrased
P4, S 5: sentence awkward and has too many commas

Conclusion
Recommend changing to: “Due to the rapid progress of modern medicine, including frequent use of invasive medical procedures, tomophobia will likely be an increasingly common and clinically impairing anxiety disorder. We suspect that tomophobia is often unrecognized, and as a result, underdiagnosed and undertreated. With this case report we would like to highlight a common but still largely unappreciated anxiety disorder and encourage improved diagnosis and treatment of suffering patients.”

Quality of written English: Needs some language corrections before being published

Declaration of competing interests:
I declare that I have no competing interests