Reviewer’s report

Title: A diagnostic dilemma between psychosis and PTSD: a case report

Version: 1 Date: 2 June 2010

Reviewer: Ross White

Which of the following best describes what type of case report this is?: An unexpected association between diseases or symptoms

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?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: No

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?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

A diagnostic dilemma between psychosis and PTSD: a case report

General comments:

1. The case report was generally well written. There were a couple of grammatical errors that would need to be addressed in any revision:

   • The sentence:
   ‘Our patient had PTSD symptoms, as recurrent distressing of the traumatic event, with markedly diminished…’ does not make sense.

   Should this perhaps read:
Our patient had PTSD symptoms, as recurrent distressing image of the traumatic event, with markedly diminished…'

- The sentence:

‘Psychotic symptoms are associated with more severe symptomatology and their present is also known to decrease the efficacy of conventional treatment [16], further indicating a possible role for antipsychotic treatment.’

Should read:

‘Psychotic symptoms are associated with more severe symptomatology and their presence is also known to decrease the efficacy of conventional treatment [16], further indicating a possible role for antipsychotic treatment.’

2. At times it is difficult to piece together the chronological order of events. This is complicated by the fact that at times the authors anchor the occurrence of particular events to the patient’s age at the time of the event, and at other times to the year in which the event occurred. It might be best to consistently state the year in which the event occurred.

3. I think that a major problem with the paper is the lack of a psychological formulation aimed at accounting for the emergence and maintenance of the positive symptoms of psychosis that the patient was experiencing. I believe that this is a necessary step for helping the reader to make a distinction between psychotic symptoms and symptoms of PTSD.

4. A weakness of the case report is that the diagnosis of PTSD and psychotic disorder not otherwise specified seems to have been done simultaneously. It is therefore not clear whether the PTSD actually preceded the psychosis or vice versa. Although the symptoms of PTSD appear to relate to an identified traumatic event, the report relies heavily on the patient’s self report of the occurrence of events. The report claims that.... ‘Her PTSD developed soon after a severe traumatic experience associated with civil war: witnessing the murder of her nuclear family’ it’s not altogether clear how this information was arrived at – was it from hospital notes? Was it self-report?

5. It would have been helpful to incorporate information relating to a cultural perspective on how ‘abnormal’ the woman’s response to the traumatic event was in the context of her indigenous culture.

6. Need more detail about the symptoms she continued to experience following discharge from hospital. The statement: ‘She continues to have ongoing PTSD symptoms’ is too vague. Are these PTSD symptoms related to the original event (murder of family) or to other potentially to more recent, or psychosis-related, events.

7. Inadequate information about symptom change is provided. Where symptoms rated objectively? If so, what measures were used? Or was it self-report of symptom severity that was used as the index of change?
Revisions necessary for publication:

1. The paper should include a psychological formulation for the emergence of the psychosis. This may help highlight underlying psychological mechanisms that are potentially important for the emergence of both PTSD and psychosis e.g. appraisals of shame or fear etc.

2. A clearer account of the chronological order of events and limitations associated with gathering this information should be included e.g. how an over-reliance of patient report may lead to difficulties.

3. More detail on symptom changed and how it was measured.

4. The discussion should be more conclusive about the clinical implications of the overlap between PTSD and psychosis. This might include pointers about how to address the ‘diagnostic dilemma between psychosis and PTSD’. E.g. using psychological formulation, getting other sources of information to corroborate the patient’s account, using appropriate assessments and diagnostic criteria, discussing the case in complex case meetings with staff.

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