Reviewer’s report

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

Version: 3 Date: 20 August 2010

Reviewer: Kim T Mueser

Which of the following following best describes what type of case report this is?: Unexpected or unusual presentations of a disease

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?: Yes

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:

The authors have been responsive to the reviewers’ comments of their initial submission and the revised manuscript is consequently much improved. There are a few points that should be attended to in a final revision of the paper, as described below.

1. The writing would benefit from a careful review and edit, as there are multiple awkward wordings or phrases throughout the paper. A few examples (but not an exhaustive list) include:
   - Page 4, change “fallen pregnant” to “became pregnant.”
   - Page 5, clarify what is meant by “the association between psychotic features on previous PTSD…”
   - Page 6, change “Our patient had PTSD symptoms, as recurrent distressing
image...” to “Our patient had PTSD symptoms, including recurrent distressing image...”

- Page 7, change “In a psychological point of view...” to “From a psychological point of view...”

- Page 8, change “…in devising an appropriate treatment...” to “…in developing an appropriate treatment...”

- Page 10, change “…our patient will benefit...” to “…our patient could benefit...”

2. On page 6, 4th line of new paragraph, the authors refer to “both disorders” but have previously in the sentence only referred to PTSD. Is the second disorder psychosis NOS? It doesn’t appear so, given the paragraph goes on to discuss how both disorders are associated with impaired functioning, poor relationships, etc. It might be worth raising the question here, to be discussed later, that the presence of psychotic symptoms in PTSD (in people who don’t have another established severe mental illness) might be better captured as a dimension or subgroup of PTSD than as psychosis NOS.

3. Also on page 6, towards the bottom the authors note that 20-40% of veterans with combat-related PTSD have psychotic symptoms. It might make sense here to note that PTSD with psychotic symptoms have also been reported in non-combat related cases of people with PTSD but not schizophrenia-spectrum or bipolar disorders. In addition to refs in this paper on PTSD with psychotic features in non-combat related trauma, other relevant ones for this point include:


4. When considering possible treatment options, the authors have mentioned the programs developed by Mueser and Frueh for treating PTSD in people with severe mental illness. This is good. However, the authors might consider making the point that when psychotic features are present in people with PTSD who do not have a well established severe mental illness, those individuals might also respond to conventional psychotherapeutic treatments that have an established track record for the treatment of PTSD in the general population (Bradley et al., 2005; Foa et al., 2009), such as in the case report by Waldfogel and Mueser (1988). The authors could then note that this has not been investigated systematically, and therefore is an avenue for future research.


Society for Traumatic Stress Studies (Second ed.). New York: Guilford Press.

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

**Declaration of competing interests:**

No competing interests.