Title: Insomnia as a covariate of community integration in persons with delayed recovery from mild traumatic brain injury

Authors:

Tatyana Mollayeva (tatyana.mollayeva@utoronto.ca)
Colin M Shapiro (colinshapiro@rogers.com)
Shirin Mollayeva (shirin.mollayeva@utoronto.ca)
David Cassidy J (dcassidy@health.sdu.dk)
Angela Colantonio (angela.colantonio@utoronto.ca)

Version: 2
Date: 27 April 2015

Author's response to reviews: see over
April 25, 2015

Editorial Board
_BMC Medicine_
236 Gray's Inn Road
London WC1X 8HB
United Kingdom

Dear Members of the Editorial Board:

I, along with my coauthors, would like to ask you to consider the submitted manuscript entitled “Insomnia as a covariate of community integration in persons with delayed recovery from mild traumatic brain injury” for publication in the _BMC Medicine_.

Our research was commenced in 2012, the population of interest being insured persons who suffered mild traumatic brain injury at the workplace. There are several reasons why this population is relevant. First, delayed recovery from mild traumatic brain injury (mTBI) is poorly understood. In fact, many health care professionals are stumped when faced with persons who claim disability after mild traumatic brain injury, possibly reluctant to consider such trauma a neurologic disorder, believing it to be more a psychiatric one. This reflects the widespread reliance in medicine on observation of organic/structural damage for establishment of a diagnosis. This point of view stalls our progress in understanding chronically disabling conditions such as postconcussive syndrome. A biopsychosocial view of the functional disability has not been previously investigated in delayed recovery from mTBI, despite the associated clinical and societal burden.

We believe that our research findings provide knowledge that matters for several reasons. In the absence of findings confirming the presence of structural damage as a result of brain injury, clinicians may question the validity of symptoms that are being experienced, above all in persons with insurance claims. This is particularly relevant in neurology, where, despite patients presenting with functional problems, organic pathology is often absent. Furthermore, insomnia, which, based on previous findings of its incidence and effects, can explain many of the presenting symptoms, has never being investigated before. Problems with sleep, in fact, may bridge the gulf between physical and mental disorders in mTBI, highlighting a role for psychological and behavioural factors in treatment, which has not been considered before in this population.

Our manuscript has not been published or presented elsewhere in part or in entirety, and is not under consideration by another journal. There are no conflicts of interest to declare.
Thank you for your consideration. We look forward to hearing from you.

Sincerely,

[Signature]

Tatyana Mollayeva, MD, PhD cand
Graduate Department of Rehabilitation Science
Collaborative Program in Neuroscience
University of Toronto
Toronto Rehabilitation Institute
550 University Avenue, Rm 11207
Toronto, Ontario M5G 2A2
Email: tatyana.mollayeva@utoronto.ca
Tel: 416-597-3422 ext 7848