Author's response to reviews

Title: Psychotic and schizotypal symptoms in non-psychotic patients with obsessive-compulsive disorder

Authors:

Stian Solem (stian.solem@svt.ntnu.no)
Kristen Hagen (kristeha@stud.ntnu.no)
Christoffer Wenaas (c.weenaas@gmail.com)
Åshild T Håland (aashild.haaland@sshf.no)
Gunvor Launes (gunvor.launes@sshf.no)
Patrick A Vogel (patrickv@svt.ntnu.no)
Bjarne Hansen (angstsenteret@gmail.com)
Joseph A Himle (himlej@med.umich.edu)

Version: 4 Date: 10 April 2015

Author's response to reviews: see over
April 10, 2015

Editor
BMC Psychiatry

Dear Editor

We are thankful for the opportunity to revise our article. Below you will find our response to the reviewers’ comments. We hope that the revised manuscript could be found suitable for publication in your journal.

Sincerely,

Stian Solem
Norwegian University of Science and Technology
Department of psychology
7491 Trondheim
Norway

+ 47 73 55 04 93 (voice)
stian.solem@svt.ntnu.no
Reviewer #1:

1. With the second comment, is there psychometric data to support examining psychoticism and paranoid ideation scales for the study’s purpose in these patient groups?

   **Reply:** This is the first study using these scales with these patient groups. As we mentioned in the previous revision, we agree that other measures could be used that are more appropriate with regard to assessing psychotic and schizotypal symptoms. We also mention the use of SCL-90-R in the limitation section.

2. Regarding the 6th comment, it appears that there were trend level (i.e., $p < 0.10$) group differences for psychoticism and schizotypal symptoms in the non-psychotic group. Which groups differed here? Perhaps putting this into a Table would be helpful for readers. This would also help in addressing Comment 4 by Reviewer 1 (and reader concerns) by illustrating that there were not differences in the participants with no diagnosis.

   **Reply:** We think that adding a table for this non-significant finding would not benefit the manuscript. However, according to the reviewer’s suggestion we have included the following: Post-hoc tests using Tukey’s method revealed that the no diagnosis group trended towards lower scores than the depression group on paranoid ideation ($p = .078$) and psychoticism ($p = .117$).

3. The authors did a nice job of responding to most of the revisions. Regarding the first comment, I still feel that there could be clarification with the “delusions and obsessions” statement, perhaps by stating that there may not be a clear distinction in OCD patients.

   **Reply:** The sentence has been adjusted according to the reviewer’s suggestion.
Reviewer #2

I have just one comment on the revised manuscript. The authors state that "Scores on psychotic and schizotypal symptoms were moderately correlated with depressive symptoms. There may be considerable overlap between depressive symptoms and some of the SCL-90-R items assessing psychotic and schizotypal symptoms." Do they have any references or further comments to qualify this statement? Is it possible that it is a true association?

Reply: We have added the following to the discussion: This corresponds with previous research which has challenged the factor structure of the SCL-90-R. Vassend and Skrondal [27] found psychotic and schizotypal symptoms to be significantly associated with the other symptom dimensions and it was suggested that SCL-90-R may measure general negative affectivity rather than specific symptom dimensions [27].
Reviewer #3:

My concerns have been addressed. I would recommend publication.

Reply: We wish to thank the reviewer for her valuable contribution to the revised manuscript.
Editor’s comments:

I would like to ask the authors when they are in the proof state to consider qualifying the statement suggested by the second reviewer which reads: "Scores on psychotic and schizotypal symptoms were moderately correlated with depressive symptoms. There may be considerable overlap between depressive symptoms and some of the SCL-90-R items assessing psychotic and schizotypal symptoms.?

**Reply:** As mentioned above, we have now added the following to the discussion: This corresponds with previous research which has challenged the factor structure of the SCL-90-R. Vassend and Skrondal [27] found psychotic and schizotypal symptoms to be significantly associated with the other symptom dimensions and it was suggested that SCL-90-R may measure general negative affectivity rather than specific symptom dimensions [27].