Author’s response to reviews

Title: Coping styles in substance use disorder (SUD) patients with and without co-occurring attention deficit/hyperactivity disorder (ADHD) or autism spectrum disorder (ASD)

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Author’s response to reviews: see over
To: BMC Psychiatry  
Zwolle, april 2015

Dear Mr. Carlo Rye Chua and Prof. Varuni de Silva,

Thank you for the review and the opportunity to submit a revised version of our manuscript “Coping styles in substance use disorder (SUD) patients with and without co-occurring attention deficit/hyperactivity disorder (ADHD) or autism spectrum disorder (ASD)” (MS: 7640942751603389) to BMC Psychiatry.

Below you will find a point-by-point response to all comments of Reviewer #1 and Reviewer #2, including the proposed changes in the text for the revised manuscript. In addition, we send you the revised manuscript, including all the changes that are mentioned in the detailed response letter.

We hope that our manuscript is now suitable for publication in BMC Psychiatry.

Kind regards,

Linda Kronenberg MSc MANP RN
Reviewer 1: Bram Sizoo

Major remarks
1. It is unfortunate that the authors were unable to compare with ASD or ADHD subjects without SUD. This should be mentioned in the strengths & limitations section.

Response
We agree with the reviewer that this should be mentioned in the strengths & limitations section. (L338)

Finally, we would like to note that this study did not include patients with only ADHD or ASD and therefore we have no information about the influence of SUD on the coping style of patients with ADHD and ASD.

2. Could the authors please explain why they have chosen not to adapt the significance level for multiple t-tests (table 3)

Response:
We understand the question. First, we tested if there was a difference between groups using ANOVA and if so, we tested which groups differed from each other using post-hoc T-tests. We decided not to use Bonferroni corrections because of the limited sample size and the fact that false negative findings are more problematic than false positive findings in an exploratory study (L208 and L332). However, this means that our finding need to be confirmed in future studies with a larger sample size.

Table 3 describes: p=0.05* and p=0.01**.

Minor remarks
1. In affiliation nr 8 “Sweden” is misplaced and should appear in affiliation nr 7 after “Uppsala”

Response: Done.

2. L.89: reference?

Response: Added.

3. L.92. May I suggest to explain the stress the authors mention by adding: “….cope with the stress associated with impairments relating to ADHD or ASD.”

Response: Accepted and changed.

4. L.139 delete either “show” or “report”

Response: Done.

5. L.213 Please provide the statistics with the significance levels for the differences in living

Response: We adjusted line 217: For example for amphetamines F3.413 p= 0.036 or for cannabis F 4.684  p= 0.011
6. **L346.: consider removing “thus”**.

**Response:** Done

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

**Response:**

Before submitting, the manuscript was edited by a Scientific Editing service: Lee Ann Weeks; [http://www.sciencewriting.nl/](http://www.sciencewriting.nl/) Following the comment of the reviewer, we carefully re-edited the revised manuscript.

Reviewer 2: Rutger Jan van der Gaag

3. Are the data sound? **YES – BUT SOME SEEM MISSING:** THE AUTHORS GIVE NO INFORMATION ON THE TYPE OF SUD NOR ON HOW THEY MANAGED TO DISTINGUISH SUD-ADHD GROUPS FROM SUD-ASD WHILST THE LITERATURE MENTIONS GREAT OVERLAPS BETWEEN THESE TWO GROUPS AND IGNORE OTHER COMORBID CONDITIONS (ANXIETY – AFFECTIVE CONDITIONS – PSYCHOSIS) – THIS IS SURPRISING AS THOSE OTHER, VERY PREVALENT COMORBIDITIES COULD IN FACT INFLUENCE THE OUTCOME OF THE STUDY. THE AUTHORS SEEM IN MY VIEW TO CONFIDENT IN RELYING ON THE FACT THAT BOTH SUD AND THE TWO OTHER CLINICAL GROUPS ARE HOMOGENEOUS. SOME MORE INFORMATION ON THE DIAGNOSTIC PROCESSES AND THE JUSTIFICATION OF THE CHOICE NOT TO TAKE THE TYPE OF ADDICTION AND OTHER COMORBIDITIES INTO ACCOUNT IS NECESSARY

**Response:** We agree with the reviewer that this should be mentioned in the methods and strengths & limitations. We therefore added:

*L163:* Although ASD and ADHD appear to frequently co-occur with each other [24,25], the DSM-IV does not allow a diagnosis of ADHD and a diagnosis of ASD at the same time. In the present research, only nine patients were diagnosed with SUD and both ADHD and ASD but excluded from the analyses.

*L324:* A second limitation is that comorbid conditions other than ADHD and ASD were not identified and utilized as an exclusion criterion. A third limitation is that we did not take into account the primary substance of abuse as a confounder for the differences in coping style between the three patient groups, because this may have lead to overcorrection and false negative findings. However, it can not be excluded that differences in coping style between the patient groups are partly explained by differences in the different patterns of alcohol and drug use.

Response: In response to point 3 we have already addressed this comment

EDITOR’S REQUEST:
1. We recommend that you copyedit the paper to improve the style of written English. If this is not possible, you may need to use a professional language editing service

Response: Before submitting the manuscript was edited by a Scientific Editing service: Lee Ann Weeks; http://www.sciencewriting.nl/. Following your comment, we carefully re-edited the revised manuscript.

2. Tables: please place your tables in the main manuscript file after the figure legends and references. You should remove the copy from the additional files / figure files.

Response: Done

3. Full names of IRBs that approved the study in each participating organization.

Response: Done  L170

4. Remove figure legend from figure and include this in the main manuscript file.

Response: Done.