Author’s response to reviews

Title: Comparison of exhaustion symptoms in patients with stress-related and other psychiatric and somatic diagnoses

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Point-to-point responses to the reviewers’ comments

Reviewer 1

1) Did you ask the patients how presented at the clinic consecutively? Authors’ response: We hope we have clarified this by rephrasing the description of how patients were invited. It now reads (in the “Methods” section, subheading “Patients”): “For a period of 9 months (November 2015 to June 2016) patients who presented consecutively at three DOMs (A, B and C) in Odense, Copenhagen and Herning, Denmark, were invited to participate in the study. The sample was selected by asking consecutive Danish-speaking patients if they would participate in the study”.
2) How you did the sensitivity and specificity analyses are missing. Authors’ response: The sentence “Sensitivity and specificity was calculated using the ROC procedure in SPSS” has been added to the Statistical Methods section.

3) On page 8 first line where is three … please delete. Authors’ response: The repeated punctuations (…) indicated that part of the quote has been omitted. We have now added the missing part of the quote and deleted the punctuation marks.

4) Results: On page 14, line 40 you write "the specificity of the KEDS sum score was too low for that purpose" What is this assessment based on? Please give a reference. Authors’ response: The conclusion that the KEDS sum score is not very useful as a diagnostic tool is based on (several of) the authors’ experience from the clinical practice. As far as we are aware there are no universal criteria as to what amounts to adequate sensitivity and specificity of diagnostic tests. However, the sentence that the reviewer refers to is very categorical and may give the impression that such criteria exists. We have therefore rephrased the sentence, so it now reads: “the specificity was deemed to be too low at the cut-off score of 19 suggested by Bèser et al. [12] for the KEDS sum score to be useful for diagnostic purposes”.

5) Discussion: I think you use the abbreviation ED for the first time on page 16 line 8, please avoid the abbreviation. Authors’ response: We have written out exhaustion disorder (instead of ED).

6) Concept: Sometimes you present KEDS as a questionnaire instrument and sometimes as an instrument, I think you help the reader if you are consequent. Authors’ response: That is a good observation. We have changed the terms instrument and questionnaire to “rating scale” as suggested by the reviewer 2.

7) Abstract: How the study was performed (sample selection) and statistical tests are missing. Authors’ response: The following sentences were added to the abstract (“Methods”): “Patients were sampled consecutively from three Danish departments of occupational medicine. Data were analyzed using linear mixed models with the SPSS statistical program”. Moreover, we have added the following sentences to the statistical methods section in order to describe the statistical tests: “Mixed models were estimated using the Mixed Procedure in SPSS. Pairwise
differences in KEDS sum scores of different patient groups were statistically tested using the estimated marginal means option. P-values were Bonferroni-corrected for multiple comparisons.

8) References: This journal uses the Vancouver reference style. In the text numbers in brackets are used. The references are numbered continuously and the reference list is set up in the same order. Authors’ response: This has been corrected. References are cited using the correct style.

Reviewer 2:

Major comment

9) The conclusion and consequently the discussion on KEDS score for the somatic patients' needs to be revised. Firstly, no comparison is made between healthy controls and patients with somatic symptoms. So even if one can relate to previous publication, this comparison was no performed in this paper and thus the lengthy discussion of why patients with somatic symptoms report higher KEDS score is not motivated. Authors’ response: We have deleted the parts of discussion that compares somatic patients and healthy individuals. However, the conclusion does not address the healthy controls. Therefore no changes have been made in the conclusion, except for some shortening.

10) Furthermore, the authors express it as a limitation that stress-related symptoms are not known in this group (except if it is reported as a secondary diagnosis). Since it is well known from the literature, also stated by the authors, that musculoskeletal symptoms and stress-related symptom frequently overlap, there is a good reason to believed that some self-reported symptoms of exhaustion are seen in patients with somatic complaints. The interesting data is that this does not reach the scores reported by of patient's primary seeking care for stress-related mental health problems. My recommendation is to shorten this part of the discussion. Authors’ response: We have shortened the discussion as advised by the reviewer.

11) The discussion is a bit long and could gain to be better organized but I think that above comment will fix most of this. Authors’ response: We think that the discussion has become better structured after the revisions described above.
12) My other major comment is related to how many analyses are performed and how clinical relevant difference are in mean scores of an ordinal scale, and how clinical relevant the difference is say from 3.0 to 2.2 for one single item. The amount of comparisons made in table 4 is not warranted and the information is the same as shown in figure 2. Figure 2 visualize clearly how the different items are distributed in the different patient's groups. I suggest that the authors keep figure 2 and omit table 4 and the statistical calculation for each item. Authors’ response: We agree with the reviewer. Table 4 has been deleted. Conclusions based on statistical calculations have been omitted from the text.

Minor comments

13) There are several languages errors and expressions that need to be corrected. Here are several examples but I urge the authors to carefully read through the paper. Authors’ response: One of the authors who is a native English speaker has carefully read through the paper to check expressions and for commas and language errors.

14) In the abstract; "psychiatric diagnoses than stress" Please rephrase this as stress is not a psychiatric diagnosis. Authors’ response: We agree. The sentence has been rephrased to “psychiatric diagnoses”.

15) The expression "questionnaire instruments” does not sound correct. Use either questionnaire or instrument. Even better is to use the same terms as the original authors that developed KEDS who referred to it as a scale. Authors’ response: We have changed the term to “rating scale” as suggested by the reviewer.

16) The term elevated cannot be used in this paper as this indicates change from a lower to higher value and the study is cross-sectional. Showing scores are not a good expression either. I suggest that the authors use terms as "reported" i.e. patients with xx reported higher KEDS scores than patients with XX etc. Authors’ response: “Elevated” has been replaced with “higher” (when comparing scores between patient groups). We have screened the text for “show”/”showing” and replaced it with “reporting” or alternative phrases as appropriate.

17) Please read through this sentence….."who presented at three departments of occupational medicine in Denmark" Firstly it should be "are presented", secondly "presenting patients might not be a suitable phrase, perhaps "seeking care" or "referred" might be used. Authors’ response:
The sentence has been rephrased to: “…care seeking patients (487 women) at three departments of occupational medicine in Denmark”

18) "table 1. Distribution of diagnoses in 698 patients". This heading is incomplete. Authors’ response: The heading now reads: “Diagnoses in 698 patients sorted according to frequency”.

19) "Data indicate that stress-related health problems constitute a significant problem in Denmark as well although the lack of a combined register for diagnoses made in the primary and secondary health care makes it difficult to get a clear picture". Divide this sentence into two sentences, it is too long. Generally long sentence should be divided into two. Commas are missing here and there. Authors’ response: The sentence has been divided into two sentences and rephrased to: “The lack of a combined register for diagnoses made in the primary and secondary health care sectors makes it difficult to assess the prevalence of stress-related health problems in Denmark. Nevertheless, data from various sources indicate that stress-related health problems constitute a significant problem in Denmark as well.”

20) Considered using obtain instead of get, or use another phrase. Authors’ response: This has been done, as described above.

21) The authors referred to "The high level of exhaustion symptoms associated with problems related to employment and unemployment (Z56)". Compared to which levels? It is the second lowest measured in this study? Authors’ response: Point taken. We have rephrased the sentence to read: “The increased level of exhaustion symptoms associated with problems related to employment and unemployment (Z56) compared to somatic diagnoses “

22) Please check the references; For instance are these two references' incomplete (Authority], 2015). (miljømedicin, 2012). Authors’ response: This has been corrected as outlined in the response to reviewer 1’s comment on the reference style.