Author’s response to reviews

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

Authors:
Jesper Kristiansen (jkr@nrcwe.dk)
Maria Friborg (mariakristine3@hotmail.com)
Nanna Eller (Nanna.Hurwitz.Eller@regionh.dk)
Lars Brandt (lars.brandt@rsyd.dk)
David Glasscock (David.john.Glasscock@vest.rm.dk)
Jesper Pihl-Thingvad (jesper.pihl-thingvad@rsyd.dk)
Roger Persson (Roger.Persson@psy.lu.se)
Aniella Besèr (aniella.beser@ki.se)
Marie Åsberg (Marie.Asberg@ki.se)
Sannie Thorsen (svt@nfa.dk)

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Author’s response to reviews:
Point-to-point responses to the reviewers’ comments

Authors: With regard to language issues: We have used an external professional language editing service. We hope that this has resolved the remaining language issues.

Reviewer 2: This paper is still suffering from some issues related to languages, expressions and unclear background in relation to aims and results. Beginning with the discussion, the first part is nicely written and says it’s all. This is also the case for the conclusion in the abstract that nicely summarize the results of the paper. However, other parts of the discussion and some parts of the background are not in line with the subject of the paper and I urge the authors to carefully look through these sections to make the paper more readable. For instance, the paper does not
measure prevalence and the part dealing with prevalence's could be shortened and raising problems in measuring prevalence it not warranted and only confuses the reader.

Authors’ response: The background has been revised and shortened:

The sentences describing the potential uses of the rating scale have been deleted, since this topic is addressed in the Discussion.

The section addressing other rating scales based on exhaustion disorder symptoms other than KEDS has been considerably shortened.

We have shortened the section that refers to studies with data on the prevalence of various stress-related outcomes. Hopefully it should now be clearer to the readers that this article is not about prevalence of stress-related health problems, but that data on the severity of the “stress problem” (including high prevalence of stress-related health outcomes) provides an argument for developing instruments like KEDS.

Finally, the discussion has been revised and shortened in order to make it more to the point.

Reviewer 2: Many phrases are a bit awkward like "risk of being treated" and I recommend that the authors omit this sentence along with several other sentences not relevant for the study.

Authors’ response: This sentence has been deleted. The English language has been thoroughly checked by a professional language editing service.

Reviewer 2: It seems strange after stating that stress-related problems are increasing in Denmark that the only thing needed is a scale. Please add a sentence or two about the need of prevention and treatments including valid measures to detect and monitor.. etc etc and from there you can concentrate on this study of this rating scale studied or even better omit this part and go more straight to the content of the paper, i.e. the usability of KEDS.

Authors’ response: Point taken. The sentence now reads: “Successful prevention and treatment of stress-related health problems depends on, among other things, instruments for monitoring these problems, e.g. a rating scale to assess stress-related symptoms.”
Reviewer 2: The section on ED and other scales should be looked through as neither ED or other scales are mentioned again in the paper. The same problem applies in the section elaborating on a rating scale as it was just any rating scale that can be used both in the clinic and among healthy. The aim of the paper is to evaluate KEDS and not to find rating scale for healthy population as this was not performed.

Authors’ response: Point taken. The changes that have been made are mentioned above. We have revised the background to make sure that it is clear that the focus of the study is on patients.

Reviewer 2: METHODS

Would it be better to change the heading "exhaustion symptom" with e.g. KEDS or the Danish version of KEDS or omit the heading? The entire study is about KEDS and how usable it is in discriminating patient groups. Since no control group is included the study has limitation in concluding about the magnitude of symptoms of exhaustion except between different patient groups.

The inclusion and exclusion criteria are unclear. Is the inclusion criteria "first time visitors" or were patients who had visit the clinic more than one time excluded?

Do you have the information how many of the patients are on sick-leave?

Authors’ response: The heading “Exhaustion symptoms” has been deleted.

We have revised and expanded the description of the inclusion and exclusion criteria. It now reads:

“The inclusion criteria were patients who were Danish-speaking and visiting the clinic for the first time. Patients who did not speak Danish, and hence were unable to understand the questions in KEDS, were excluded. Patients who were not visiting the clinic for the first time, such as those who were there for further counselling or treatment or who had already received a diagnosis, were also excluded. Seeking compensation for occupational injuries may influence the responses to questions in KEDS. Hence, we also excluded patients who were visiting the clinic for the purpose of obtaining a specialist statement, because these statements are used for assessing a worker’s right to compensation.”

We do not have information about patients on sick leave.
Reviewer 2: RESULTS

Is it possible to say anything about the population eligible but not included (around 1800 patient), like age? Gender? Diagnoses? What is possible to generalize from the population studied?

Authors’ response: We do not have this information available. It is reasonable to assume that the results (KEDS scores, exhaustion symptoms) can be generalized to patients in other DOMS. We have clarified this in the text as described below.

Reviewer 2: Discussion

I suggest that the authors omit this sentence; "In view of this, it may be a bit disappointing that KEDS has limited use as an aid in the differential diagnosis between stress-related disorders and other disorders." This is being concluded previously in the discussion and there is no need for this sentence.

The strength section needs to be revised. The part dealing with burnout does not fit in since this paper does not directly deal with burnout.

Authors’ response: The sentence has been deleted.

The strength section has been revised: The sentence mentioning burnout has been deleted. The sentence “…which increases the generalizability of the findings…” has been amended to “…which increases the generalizability of the findings to patients in other DOMs”

Reviewer 2: Finally, the paper is still suffering from several language issues Some few examples; "Stronger" symptoms cannot be used.

Is "presented" really the correct phrase to use instead of attending or visiting the clinic or seeking care?

Is it not more correct to write "symptoms of exhaustion" instead of "exhaustion symptoms" as well as patients with exhaustion disorder instead of exhaustion disorders patients Instead of "asking consecutive" write "consecutively asking”?
Authors’ response: We have used an external professional language editing service. We hope that this has resolved the remaining language issues.