Author’s response to reviews

Title: Post Traumatic Stress Disorder and Coping Strategies among Adult Survivors of Earthquake, Nepal

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Review

Gerard Clarke (Reviewer 1)

1. As the authors acknowledge in the limitations section, only a provisional diagnosis of PTSD has been made. This makes it difficult to accurately compare and contrast with previously published studies - this important caveat needs to be reinforced throughout the discussion and not just in the limitations at the end. For example, the authors note that many other studies revealed that age was not associated with PTSD after an earthquake. Could the diagnostic limitation impact on this or are there other reasons that can be identified to explain the differences between the studies?

Page 16, Limitation section, line 3

- Yes, PCL-5 checklist is one of the tool for measuring PTSD at community or screening level. For the clinical diagnosis, those who are screened with this checklist are further referred to the psychiatric clinic or hospital.

- The National Centre for PTSD explains that PCL-5 is developed according to DSM- 5 criteria with the purpose of monitoring symptom change during and after treatment, screening the individuals for PTSD and making a provisional diagnosis of PTSD

- Regarding the differences in other studies in discussion section, all other studies also have used similar checklists with DSM-IV and DSM- V criteria for finding the prevalence of PTSD. That’s why comparing and contrasting is relevant.

- Furthermore, for difference in association of PTSD after earthquake with age; those studies have also used same criteria of DSM.
2. I also have some concerns about the validation of the questionnaires used although the authors indicate that the '. . . Validity and reliability of both tools have been documented'. What does documented mean - has it been published and peer reviewed?

Page no. 5, method section (Data collection Procedure)

- PCL-5 is the standard valid and reliable checklist for measuring PTSD after traumatic event (National Centre for PTSD, 2013). Various studies have been performed and PCL-5 scores exhibited strong internal consistency ($\alpha = .94$), test-retest reliability ($r = .82$).

Whereas, the brief cope scale has been developed by Khalid and Malik in Pakistan, to be used after Kashmir earthquake, 2005. All the items are related to coping measures used after earthquake. The Chronbach’s alpha coefficient for the total scale was 0.83. Internal consistency estimates for the COPE subscales were religious coping: ($r = 0.91$), passive coping: ($r = 0.85$), active coping: ($r = 0.84$), social coping ($r = 0.73$), substance use coping: ($r = 0.91$), self distractive coping ($r = 0.57$).

The main purpose of the study was to adapt a reliable and valid scale that quantitatively measures the coping strategies of the 2005 earthquake survivors. The items of the scale were developed by conducting in-depth interviews, qualitative data analyses, reviewing relevant literature to identify Pakistani coping mechanisms distinct to the earthquake survivors. Although the coping scale identifies similar areas, this is a comprehensive scale which explores all important dimensions of coping styles. Reliability analysis of total 41 items and six factors was performed by using Chronbach’s alpha coefficients. The Chronbach’s alpha coefficient for the total scale was 0.83 (Malik, 2010).

3. Did the participants have prior exposure to other natural disasters? This is an important consideration since the authors report that age was associated with PTSD after the earthquake in contrast to many previous reports. Notwithstanding my point above about the possibility of different diagnoses in these studies, perhaps this finding is confounded by aged individuals experience more prior trauma?

- That might be the possibility but, PCL-5 is the checklist to measure the Post Traumatic Stress Disorder among the people who suffered from traumatic event but the questions are asked with reference to the past 30 days. And the interviewer strictly followed the instructions to eliminate the possible confounding variables.

The instruction given in checklist is: Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

4. The authors suggest that '. . . males are more confident with their capabilities for handling the problem and to face the difficulties and challenges in relation to their counterparts'. Do they have any evidence to support this speculation?
– I have changed this speculation in the manuscript since this was only my opinion without any literature. I have added another speculation with the evidence to support the speculation.

5. The manuscript would also benefit from careful proofreading by an experienced English speaker to improve the grammar.

For English, its being very hard for me because English is not our native language. I have tried my best to improve it but its very hard here in Nepal to find out anyone for proofreading the English. I tried for online, but it is very costly and do not come under my budget. But still I am trying my level best. If I still need the English language improvement of the manuscript; can I get some more time so that I could get online assistance.

6. The authors state that 'Ethical approval was obtained from The Institutional Review Board Tribhuvan University, Institute of Medicine'. Please provide details of this approval number, date etc.

– The approval letter with date is attached herewith.

Added references


The comments to Irene Bighelli (Reviewer 2)

All the changes has been made to the revised manuscript final according to the feedback. the track changes made in previous manuscript has also been attached