Author’s response to reviews

Title: Psychological distress and self-rated health status in reproductive aged women with pain: findings from a national, cross-sectional survey

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Author’s response to reviews:

Response to Editor:

Dear Dr Cassady-Cain,

Re: BMWH-D-18-00594R1 “Psychological distress and self-rated health status in reproductive aged women with pain: findings from a national, cross-sectional survey” April Miller; Fiona Judd; Peter Dargaville; Amanda Neil

Thank you for ensuring the robustness of the review process and providing us with the third review of our paper. We have addressed the reviewer comments incorporating the changes outlined below, and otherwise justified where changes have not been made.

We thank you for consideration of our revised manuscript and look forward to hearing from you soon.

Kind regards,

Amanda Neil
(on behalf of the authors)
Response to reviewer comments

Thank you for your review of our paper. We appreciate the additional comments which have been provided and the opportunity to respond as below.

Reviewer Three:

1. It only became clear to me after reading the results session that the analyses were done separately by groups (pregnant, breastfeeding and NP/NF). This should be stated in the methods session when writing analysis plan.

While the groups are mentioned within the planned analysis section of the methods (line 109-112) (final paragraph), to ensure clarity the groups are now specified within the second paragraph of the methods (lines 83-85).

‘For analysis these data were divided into three groups; pregnant women, breastfeeding women and non-pregnant/non-breastfeeding women. No women in the sample reported as currently pregnant while still breastfeeding.’

2. The small sample sizes of pregnant and breastfeeding groups make the estimates of prevalence less precise (wider confidence interval). I think the authors should state this as a limit in the discussion session. On the other hand, given the small sample sizes, for the analyses of associations between health status and pain severity, I would recommend to combine "excellent" and "very good" and then combine "fair" and "poor" to make the points. Tables with actual percentages might be preferred instead of plots.

We agree that the small sample size of pregnant and breastfeeding groups is a limitation as specified in the final sentence of the limitations section of the paper (Lines 202-204).

In the literature women with poor self-rated health are identified at being at risk of morbidity and mortality.1 A priori, we had made the decision that combining the Self-rated health categories ‘fair’ and ‘poor’ would not accurately report the proportion of women who are at greatest risk of these adverse health outcomes, a position we still hold.

In addition, our statistician strongly advises us against conducting additional post-hoc analyses as have been suggested. We therefore have not combined the categories as suggested. We also note that significant differences were found for pregnant and non-pregnant/non-breastfeeding groups based on the current breakdowns.
3. On Page 7, line 127-128, this sentence should be removed since it might not be true for pregnant and breastfeeding groups.

Given the concern raised, we have qualified this sentence with reference to weighted point estimates (line 130-131):

‘The weighted point estimates for high to very high levels of psychological distress increased with pain severity, within each group of women (Table 1).’

Reference