Author’s response to reviews

Title: Validation of the Recent Life Changes Questionnaire (RLCQ) for stress measurement among adults residing in urban communities in Pakistan

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Editor

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Respected Editor,

Re: PSYO-D-18-00171. Validation of the Recent Life Changes Questionnaire (RLCQ) for stress measurement among adults residing in urban communities in Pakistan. Ayeesh Kamran Kamal; Azmina Artani, MSc Epidemiology and Biostatistics; Syed Iqbal Azam; Moiz Artani; Shireen Shehzad Bhamani, BScN, MSc Epidemiology and Biostatistics; Mehreen Saif; Fariha Afzal Khan; Nazir Alam

Thank you for your detailed review, we have made all the requested revisions to our manuscript.
Comments:

Many thanks for submitting your manuscript to BMC Psychology. I understand the effort in performing a psychometric study and I appreciate the sampling method and the statistical analysis, which appear accurate and carefully implemented. However, after a reading of the structure of your work as a whole, I think that the aims are not completely consistent with the protocol you have used. Some points should be addressed before the manuscript can be sent for peer-review.

1) In the Study Design paragraph you state: “This is a criterion validation study where our aim was to validate the adapted RLCQ by comparing it with a diagnostic parameter (gold standard) practiced in Pakistan that measures the construct related to stress”. I am not completely convinced by the idea that a measure evaluating the presence of a specific mental disorder or a set of mental disorders (ie, MINI) is a gold standard measure of a construct related to stress, such that it is a proof of criterion validity of a measure of recent life events. We might expect that experiencing stressful life events in the last months does not necessarily correlate with having a mental disorder.

Response: Yes, we agree with this observation and we will include this in our limitations. However, our rationale to take development of mental disorder as a criterion was to state that this stress has resulted in an adverse outcome and we are trying to correlate and predict where in the scale (at what level of experience of stressful life events, or score) mental disorder starts to happen or in other words the scale becomes meaningfully predictive, these are the pragmatic rationales and considerations. Also, the tool is about chronic stress reflecting stress from life events occurring over last 6-12 months as there comes a tipping point where these stressors translate into mental illnesses and psychological adverse outcomes. Secondly and very much in alignment with your observation, is the fact that modifying effects of resilience have been explored for the same reason in the study as simply adverse chronic life events may not directly predict mental disorder if resilience is high. We have now included the rationale behind these design considerations in the discussion section (line no. 314-318).

Comments: In addition, individuals with mental disorders might have a recall bias when they complete the RCLQ due to their impaired psychological condition. This appears particularly important given the cross-sectional nature of your study. Another point related is that the individuals you have recruited for your study are not help-seeking patients but they are drawn from the general population. Please, clarify these points.

Response: Thank you for the observation. We agree that there may be a chance of recall bias as it is inherent in the design of cross-sectional study. However, as these events are objectively occurring in the life of an individual and are causing them to suffer mentally, the chance of the recall bias is limited. We have included this in the limitation section (line no. 311-314).
The purpose of the study was to validate a stress measurement tool that can be utilized by community health workers for community level screening of stress. In general, a community possesses a mix of help-seeking as well as non-help-seeking individuals. Our sample was drawn from the community and may represent both sorts of individuals as the tool was not aimed to be developed for any particular type of individuals. The context is important. For a country like Pakistan, the prevalence of mental illnesses is around 25% whereas there are only 2-3 psychiatrists per million population. Hence, even help seeking individuals would have limited access. Additionally, a stigma persists for seeking psychological support in the general community, and we have included this in the discussion (line no. 280-281).

2) Comment: In order to provide a well-established background for your analysis, in the Introduction you should cite previous research investigating criterion-related validity of the RLCQ by using psychopathology measures.

Response: Thank you for the observation. We have added a table summarizing studies done on stressful life events questionnaire and its adaptation and validation performed in other countries as an Appendix 1. Some of these studies have utilized psychopathological outcomes as a measure for validation. The reference to this is provided in the background section (line no. 119).

3) Comment: Suicide cannot be considered as a mental disorder.

Response: Yes, it is a terminal outcome. We have refined it in the discussion and have changed the terminology throughout the manuscript. Also, we have changed it in the title of the figure 3.

4) Comment: In the Conclusion section of the Abstract, as well in the Discussion, you state: “The adapted and validated RLCQ characterizes common mental disorders such as 90 depression and anxiety with moderate accuracy and severe mental disorders such as suicide, bipolar and dysthymia with high accuracy”. However, I have some doubts about considering dysthymia as a severe mental disorder since it consists of persisting but mild symptoms of depressed mood. So, you should rethink this label.

Response: Thank you for the observation. We included Dysthymia as it had a serious impact on the daily life of the affected individuals in this population. We agree with your suggestion and have clarified that it is for the study use only and in a limited context. We have modified the name of the category as serious mental disorder and adverse outcomes (the changes have been highlighted in the revised manuscript).
5) In the Introduction, I suggest you citing previous studies on the RCLQ in other languages to provide a more comprehensive description of the international literature on the RCLQ.

Response: We have summarized this information in the Appendix 1 and have provided the reference to this appendix in the revised manuscript.

6) Table 6 should be renumbered as Table 3.

Response: Thank you. We have made this correction in the main manuscript.

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