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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Author’s response to reviews:

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Editor

BMC Psychology

Respected Editor,

Re: SYO-D-18-00171R1

Validation of the Recent Life Changes Questionnaire (RLCQ) for stress measurement among adults residing in urban communities in Pakistan. Azmina Artani, MSc Epidemiology and Biostatistics; Ayeesha Kamran Kamal; Syed Iqbal Azam; Moiz Artani; Shireen Shehzad Bhamani, BScN, MSc Epidemiology and Biostatistics; Mehreen Saif; Fariha Afzal Khan; Nazir Alam  BMC Psychology
Thank you for your detailed review. We have made all the requested revisions to our manuscript. Please find our responses as below:

Editorial Comments:

1) Comment:

The rationale should be changed. Please, rephrase the following statement in the rationale section: “This would enable prediction of the vulnerability of individuals to develop common mental disorders like depression or suicidality at certain levels of stress”. I do not think that the study allows conclusions about predictive validity to be drawn, as you did not use a longitudinal design.

Response:

Thank you for your suggestion. We have rephrased the rationale paragraph in the introduction section (highlighted on page 7) and have removed the above statement.

2) Comment:

Following the comments provided by Reviewer 1, I strongly suggest you to expand the Introduction in order to justify the use of the MINI in your study as a measure of criterion validity. You should cite literature assessing stressors/stressful life events among individuals screened as meeting criteria for mental disorders at the MINI. This may support your speculation about the putative higher levels of stressors in those groups.

Response:

Thank you for the suggestion. We have expanded the introduction section citing literature that clarifies the link between stressful life events and common mental disorders. We have also added a paragraph describing the rationale behind the use of MINI as a diagnostic standard (paragraphs highlighted on page 6 and 7). MINI identifies individuals with a broad spectrum of mental illnesses including common mental disorders such as depression, anxiety, mood disorders and suicide. Globally, it has been used in research in order to validate other instruments measuring stress or common mental illnesses. Also, it is widely used in Pakistan in clinical practice making it appropriate to be used as a gold standard for criterion validity.
Response to comments Reviewer 1:

1) Comment:

The main problem is that you do not describe the RLCQ, in terms of content, number of items, how to estimate the individual's ratings, etc.

Response:

Thank you for the observation. We have included details about the original RLCQ and have provided reference to the adaptation work prior published in the introduction section (highlighted on page 6-7).

2) Comment:

Furthermore, another major problem is that you use MINI as a gold standard, and MINI does not intend to measure stress-related illness. Although MINI measures stress, it is post-traumatic stress, which is not the same as stress-related illness (ICD-10; F43.8 and F43.9).

Response:

Thank you for your comment. We acknowledge that MINI measures post-traumatic stress. Stress is mediated by repeated stressful life events experienced by an individual in different domains of life. In addition, the literature suggests that chronic stress may contribute to the development common mental disorders including depressive disorders, anxiety disorders, suicide and other mental illnesses. It is this aspect of the MINI that we have used. MINI covers a broad spectrum of mental illnesses including post-traumatic stress disorders. It is a structured tool that is widely used in clinical practice and research across the globe to identify common mental disorders. Because of its comprehensiveness and ability to identify wide-ranging mental illnesses through a single diagnostic tool, it makes it more applicable to be used as gold standard. This is the rationale behind choosing it in addition to the fact that it has been used in the LMIC setting. We have added this in our discussion section as a limitation.

3) Comment:

Abstract. I miss the aim of the study, as well as what kind of data analysis you used. Keywords; please use other keywords; the ones you have chosen are already included in the title.

Response:
Thank you for your observation. We have made the changes in the abstract section (highlighted on page 4 and 5).

4) Comment:

Background. I miss a definition of stress and stress related disorders. Please, also define Common Mental Disorders (CMD), which is an accepted concept (anxiety, depression and stress related disorders), but you also add other diagnoses in this concept, such as bipolar disease, suicidal etc. Further, the aim needs to be clearer, will the aim be to create a new instrument, or is it to test an existing instrument for its criterion validity?

Response:

Thank you for the observation. We have included the definitions of stress and common mental disorders in the introduction section (highlighted on page 6) and have rephrased the overall aim of the study (highlighted paragraph on page 7).

5) Comment:

Methods. Describe the RLCQ in detail regarding content, number of items, how it is rated, if the scale is on ordinal level or not, time for administration etc.

Response:

Thank you for the comment. We have added the requested details of the RLCQ in the introduction section of the manuscript and have provided the reference to our previously published adaptation work on the RLCQ (highlighted on page 7).

6) Comment:

Discussion. There is need to develop your instrument systematically. Use the literature, for example Kazdin’s Research Design in Clinical Psychology, which describes how to systematically develop and test an instrument.

Response:

Thank you for providing us the reference to this literature. We have followed steps of Streiner, Norman and Cairney’s book “Health measurement scales: a practical guide to their development and use” in the steps of adaptation and validation of this scale for use in an LMIC setting. In this book, the authors have outlined how instruments are developed for various health indices
including mental health. It also describes the types of validation studies, construct and criterion validity, testing of validity etc. and defines each with respect to the construct and applicability. We have provided reference of this book in the manuscript as well. In addition we submit the PDF for the reviewer that shows the methods that we used for adaptation and validation.

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