Author’s response to reviews

Title: Insomnia is a frequent finding in adults with Asperger syndrome

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PDF covering letter
Please find enclosed our revised manuscript “Insomnia is a frequent finding in adults with Asperger syndrome” by Tani et al (ID- 143 822 505 317 9390) together with responses to the reviewers. We are grateful for the criticism and the suggestions presented by the reviewers. The following revisions have been made:

1. Page 3, line 22 a new paragraph and reference has been added referring to the previous studies concerning sleep quality in adults with AS.

2. Page 4, line 22 the sentence concerning ASSQ has been modified to: rating scale validated for screening children with tentative autism spectrum disorders”

3. Page 11, the results concerning Table 6 and the table itself have been omitted. Likewise on page 11, line 14 the sentence commenting the above-mentioned results has been omitted.

4. Page 13, the paragraph starting from line 16 has been clarified and results of a previous study have been added

5. Minor grammatical and typing errors have been corrected throughout the manuscript

We hope you will find the revised manuscript suitable for publication in BMC Psychiatry.

Sincerely

Pekka Tani MD
Helsinki
8 September 2003
To Prof. Tantam

1. It is true that there are two previous studies concerning adult AS sleep, assessed by polysomnography. It was not our intention in any way to ignore these studies. However, our study concentrates on insomnia. The term insomnia essentially refers to experience of low sleep quality for a prolonged period of time, which may, or may not, be associated with objective abnormalities in sleep structure. When the focus is on sleep architecture (e.g. REM-sleep) or specific problems of sleep (e.g. sleep apnea, restless leg syndrome) polysomnography is the method of choice. In assessment of insomnia, information about sleep for a prolonged period is required. This information can rarely be obtained using polysomnography, which is used when monitoring sleep for a night or two. The methods of choice for assessment of insomnia are sleep diaries, questionnaires and actigraphy. To avoid any indistinctness in this matter, we have now added a reference to previous work of sleep in AS (page 3, line 22) and modified the text.

2. Our clinical experience is in accordance with the notion that "Most people with AS are anxious much of the time, and their behaviour may be motivated by the desire to avoid anxiety" (Tantam 2000, page 391).
Thus the question whether the high prevalence of anxiety disorders in these individuals represents a selection bias or describes the nature of the AS is difficult to answer, since we are not aware of reports addressing the prevalence of anxiety disorders in AS adults. According to tradition in adult psychiatry we have classified psychiatric syndromes solely on basis of current symptoms. In the present study, all of those 7 AS subjects who did not meet the diagnostic criteria of any anxiety disorder had one or more clinically significant symptoms of anxiety as well.
Our conclusion is that anxiety is an inherent feature of AS, and it might be difficult to find AS adults without any symptoms of anxiety.
We are aware that the AS subjects in the present study represent a subgroup which may not be representative of the entire AS population in adulthood. This is discussed in page 12. It can be noted that although the present sample represented in many ways the mildest end of autism spectrum disorders, almost all subjects had insomnia.

3. AS subjects had higher frequency of middle insomnia in sleep diary as compared with sleep questionnaire. In closer look the definitions used for initial insomnia in sleep questionnaire and in sleep diary are comparable but the definitions for middle insomnia are not (BNSQ: 3 or more awakenings per night, sleep diary; wake after sleep onset ≥ 30 minutes). An unfortunate lapse has occurred here and the whole paragraph, together with Table 6, has been omitted. We thank Prof. Tantam for pointing this out.
To Dr. Riemann

The present study concentrated on symptoms of insomnia, which might be due to specific sleep disorders as well psychiatric disorders. For further studies about the possible causes of insomnia polysomnography is mandatory as the only reliable instrument in assessing sleep architecture. BNSQ includes questions about the frequency and intensity of snoring as well as possible breathing pauses during sleep. This information was obtained, whenever possible, from significant others as well. 2 AS subjects reported infrequent snoring without breathing pauses. The clinical symptoms of restless legs syndrome (RLS) were also inquired using IRLSSG criteria with the following results; one AS subjects and one control reported mild RLS symptoms. As the symptoms were infrequent, we did not include the data in the manuscript. However, if so desired, these data can be added to the manuscript.

The grammatical and printing errors have been corrected.

Reference:

IRLSSG (The International Restless Legs Syndrome Study Group). Towards a better definition of the restless legs syndrome from the international restless legs syndrome study group. Mov Disord 1995;10:634-42