Author's response to reviews

Title: Oral Paresthesia Rating Scale: A tool for assessing psychosomatic symptoms in oral regions

Authors:

Akihito Uezato (uezapsyc@tmd.ac.jp)
Akira Toyofuku (ompm.ompm@tmd.ac.jp)
Yojiro Umezaki (umezaki.vikings@hotmail.co.jp)
Motoko Watanabe (totoompm@tmd.ac.jp)
Akira Toriihara (trihrad@tmd.ac.jp)
Makoto Tomita (tomita.crc@tmd.ac.jp)
Naoki Yamamoto (n_yamamoto.psyc@tmd.ac.jp)
Akeo Kurumaji (0724.psyc@tmd.ac.jp)
Toru Nishikawa (tnis.psyc@tmd.ac.jp)

Version: 5  Date: 24 September 2014

Author's response to reviews: see over
24 September 2014

Dear Editor,

Re: Further Changes After Formatting Request in BMC Psychiatry MS: 1195194991426466.

Thank you very much for the useful comments. We are sending herewith the revised manuscript. In order to be as specific as possible in our responses to the editor’s important comments, we described below our answers with the corresponding comments.

Comment
1- The exact definition of cenesthopathy is not unexplained oral paresthesia but corresponds to any unexplained somatic symptom occurring in patient suffering from psychotic disorders.

Answer
To make our point clear, the initial part of the background section was revised (page 5, lines 2-9). Specifically, while the term ‘cenesthopathy’ refers to any unexplainable somatic symptoms, Japanese psychiatrists have been interested in cenesthopathy especially occurring in oral regions, designating it as ‘oral cenesthopathy’.

Comment
2- The abstract of the study does not mention that oral PRS have been tested on patients. The reader might think that the manuscript consists of a descriptive study regarding how the instrument has been constructed.

Answer
We revised the abstract to describe the scale was administered to 40 randomly selected patients to evaluate inter-rater reliability (page 3, lines 16-17).

Comment
3- In the methods section there are no mention for the testing of inter-rater reliability of the instrument on 40 patients. I think it is a major flaw.

Answer
We revised Inter-rater reliability section in the methods section to describe the instrument was utilized in 40 patients (page 8, line 11).
Comment
4- The reader is surprised in the result section that the reliability of the instrument described throughout the previous sections (without making any reference to any actual intent of practical studying of the reliability of the tests on real patients) have been actually tested on 40 patients. In addition, this part of the manuscript which seems to be the most important part is rapidly described.

Answer
To emphasize we actually tested patients to evaluate the reliability of the instrument, we mentioned it in the last part of the background section (page 6, lines 16-17). We think mentioning the actual 40 patients in the abstract and methods section as in the answers to the comments 2 and 3 will also reminds the reader that this study was conducted on real patients.
We revised the result section to describe the precise values to indicate validity and reliability for each item to help readers to refer to the figures and tables (throughout the result section). We also added the description for figure 2 (page 10, lines 1-4).

Comment
5- List of abbreviations
If abbreviations are used in the text they should be defined in the text at first use, and a list of abbreviations can be provided, which should precede the competing interests and authors' contributions.

Answer
We added the list of abbreviations (page 12, lines 12-22).

Miscellaneous corrections
- Page 8, line 22: with “psych” -> with “psych” package
- Font correction in Tables 1 and 2.

We greatly appreciate your help on improvements to this paper. We hope that with these modifications and corrections the revised manuscript is now suitable for publication in the BMC Psychiatry.

Yours sincerely,
Akihito Uezato, MD, PhD (Contacting author)
e-mail: uezapsyc@tmd.ac.jp