Author's response to reviews

Title: A history of childhood trauma is associated with slower improvement rates: Findings from a one-year follow-up study of patients with a first-episode psychosis

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Author's response to reviews:

Martin Teicher  
Editor-in Chief  
BMC Psychiatry Oslo, 6th of August 2014

Dear Editor,

Enclosed please find a revised version of the Manuscript: “A history of childhood trauma is associated with slower improvement rates: Findings from a one-year follow-up study of patients with a first-episode psychosis”

We thank for the valuable comments from Editor and Reviewers. The revised Manuscript is updated accordingly. New included text based on Reviewers comments are marked in yellow in the revised version of the Manuscript.

On behalf of all the co-authors, I confirm they have read and approved submission of the Manuscript, and the Manuscript has not been published and is not being considered for publication in any language. There are no conflicts of interest.

We are looking forward to hearing from you,

Yours sincerely,

Dr. Monica Aas, PhD
Reply to reviewer's comments:

Reviewer's report
Title:A history of childhood trauma is associated with slower improvement rates:
Findings from a one-year follow-up study of patients with a first-episode psychosis
Version:2Date:1 July 2015
Reviewer:Paul Lysaker
Reviewer's report:
a strong paper overall. minor essential revisions: authors should review/comment on work regarding the linkage of childhood trauma in schizophrenia (or psychosis) with poorer psychosocial function in prolonged schizophrenia. papers on health related quality of life and trauma history in adults with schizophrenia, the prevalence and correlates of trauma-related symptoms in schizophrenia spectrum disorders and vocational function among persons with schizophrenia with and without history of childhood sexual trauma are all relevant - as well as others. These are important both for the framing of the question - ie since we see this in prolonged sz is it true in FEP but also for interpreting results as well.
Reply: Thanks for this, we have indeed added a paragraph in the Discussion regarding the issues described above (please see revised Manuscript). We have aimed to highlight that psychotic patients with a history of childhood trauma seems to be at risk for being a subgroup of patients who develop a less positive outcome over time as measured by reduced function (GA-F), reduced quality of life as well as reduced vocational abilities.

Level of interest:An article of outstanding merit and interest in its field

Quality of written English:Acceptable
Statistical review:No, the manuscript does not need to be seen by a statistician.Reviewer's report
Title:A history of childhood trauma is associated with slower improvement rates:
Findings from a one-year follow-up study of patients with a first-episode psychosis
Version:2Date:11 June 2015
Reviewer:Kelly Buck
Reviewer's report:
1. Is the question posed original, important and well defined?
The intention of the study is important research, but as presented, it is
disorganized and difficult to follow. The hypotheses needed to be clearly stated and addressed throughout the paper (the “aims” only confuse the reader). Other unexpected findings should be addressed and referred to as such after the hypotheses are clearly addressed.

Reply: AIMS are now deleted to improve clarity. Also the hypothesis are now clearly addressed throughout the paper.

2. Are the data sound and well controlled?

This is hard to judge given the lack of clarity in the ms. The groups were divided into “affective and non-affective” yet how this was done is not clarified. At some points the authors refer to depressive symptoms and manic symptoms, but other times only depressive symptoms. Then another time the groups are referred to schizophrenia spectrum and affective psychosis—so confusing.

It seems the patients and the controls both had physical and sexual abuse and in fact the groups even had the same median—this needs to be clearly addressed.

Reply: The revised manuscript is now updated to improve clarity. Diagnoses are now described throughout the manuscript as “schizophrenia spectrum disorder” or “psychotic affective disorder”.

Regarding the childhood trauma scores: Indeed for both patients and controls the CTQ scores were skewed in the direction of low scores, and the median score for both patients and controls were “5”, however as we can see from the Mann-Whitney tests the data clearly show significant differences between the two groups, with the maximum scores being higher in the patients than the controls (19 for physical abuse versus 11 in controls, and 21 in patients versus 14 in controls, see Table 1). These data support that although most patients and controls did not experience physical and sexual abuse- the patients had higher and more extreme scores. The following is now addressed in the result section. “…However, as we can see in Table 1, the childhood trauma scores were skewed to the left in both groups with a median score of 5 (i.e. low) for physical and sexual abuse in both patients and controls. However, a subgroup of patients had more extreme scores leading to clear differences compared to controls on the non-parametric tests”. The revised version is also updated regarding the consistency of reports of findings.

3. Is the interpretation (discussion and conclusion) well balanced and supported by the data?

The authors infer that the correlation between exposure to trauma is associated with an increased risk for “developing a more severe illness over time.” This cannot be assumed; there is only a relationship.

The authors should refer to the work of Paul Lysaker regarding trauma and
psychosis.

Reply: Thanks for this. Yes, we have indeed added several of papers from the group of Paul Lysaker into the Discussion of our revised Manuscript showing that a history of childhood trauma is associated with poorer quality of life and poorer work performance over time in schizophrenia. Our findings thus add to these results indicating reduced function and more symptoms over a 12 month period in patients with childhood trauma, compared to patients without trauma.

Following the point by reviewer regarding causation, we have updated the Discussion accordingly. We have stated that the statistics (two measures at different time-point) indicate that childhood trauma is associated with a more severe illness over time.

4. Are the methods appropriate and well described, and are sufficient details provided to allow others to evaluate and/or replicate the work?

What was the reliability of the GAF and YMRS? Using the GAF is quite a limitation in this study (which is acknowledged).

Reply: More information is now added regarding the method of YMRS and GAF in the method section aiming to facilitate sufficient detailed information on the scales used, including reliability score for GAF.

5. What are the strengths and weaknesses of the methods?

Re-conceptualize the ideas and rewrite to make more clear.

Reply: We have done our best to make the revised version clearer. This has been facilitated by adding more information in the methods regarding how the childhood trauma data were calculated. We have been clearer regarding definition of diagnosis sub-categories using the term only “schizophrenia spectrum disorder” or “psychotic affective disorder”. Further, we have added more information on how the Global assessment of Functioning (GAF) was divided into a symptom and function category (GAF-S and GAF-F respectively), and used the same abbreviation (GAF-S and GAF-F) throughout the manuscript. Furthermore, the Discussion has been rewritten to follow the same order as the Hypothesis (starting describing results from hypothesis 1 and ending with hypothesis 4).

6. Can the writing, organization, tables and figures be improved?

The ms needs to be read and corrected by someone fluent in English before it can be evaluated.

Reply: The manuscript has been proof read by a native English speaker.

The clarity and/or coherence of the paper must be improved before it can be adequately reviewed. Additionally, the authors should avoid the use of the term “chronic” which implies that recovery is not possible; please use serious or severe instead.
Reply: “chronic” schizophrenia is now updated to “serious” schizophrenia.
Also to improve clarity Aims are deleted, and Results and Discussion follows even more the order of the hypotheses.
These are major compulsory revisions.
Level of interest: An article of importance in its field
Quality of written English: Not suitable for publication unless extensively edited
Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.
Declaration of competing interests:
'I declare that I have no competing interests