

March 28, 2007

RE-NRES-D-07-00009 “Psychiatric Disorders in Patients Presenting to the Emergency Department for Minor Injury”

Please accept the revision of this paper. As always, we have found the peer reviewers’ comments most helpful. Below, we detail our responses to the reviewers.

Critique	Response
Reference list is good, but needs formatted in APA.	We have edited all references to meet APA format. We have also corrected citation style within the body of the text. Please note that we have unblinded authorship of references from our previous work. If you send this out for re-review, they should be re-blinded.
A note needs to accompany each table to inform the reader - clarify and define terms and abbreviations	Notes have been added to each table.
Methods: Include explicit research questions specific to this report.	Research questions have been added under study design, p. 5
Include how long it takes to administer each instrument and the reading level	We have now included the time to complete each instrument and specified that all instruments were interviewer-administered, thus reading level is not an issue.
Summary - add one or two sentences to provide an explanation of why it is important to refer patients for therapy.	We have included additional content to the summary paragraph, p. 15
What does PTSD stand for. I don’t think it is appropriate to use this term for minor injury	I have broadened the term to Posttraumatic Stress. However, it is important to note that the literature does not support the reviewer’s belief that PTSD is not relevant in minor injury. Multiple studies have shown that severity of physical injury and severity of psychological responses are not associated and that it is the individual’s perception of the injury event that is the key player. Indeed, this very argument was core to receiving NIMH funding for the longitudinal study from which this paper emerged.
It is good to say that most studies focus on major injury, but it would be better and more important to put reasons on why and what the association of minor injury and psychiatric disorders are important.	The reviewer’s point is well taken. We have altered the opening of the paper and removed the reference to major injury and focused on the interplay between ED injury and psychiatric disorders, p. 3

I don't think this study is relevant to Nagi's theory. Nagi's theory explains the factors that affect independence in the performance of roles and daily tasks. Using in the traumatic patients, this theory may not be relevant.

The entire program of research over the past 10 years is grounded in this theory. Thus I respectfully and strongly disagree with this comment. In the event, that we did not provide sufficient explanation of the theoretical foundations to this study, we have added content about the theoretical propositions to enhance clarity, p. 3-4

Line 12 It would be clearer to specifically explain these vulnerable patients

It was unclear exactly to what the reviewer was referring. On word search, the term vulnerable patients was used in the discussion section. We have omitted that language and became more specific in our discussion of these patients, p. 14

You may need to give more information why 29 patients refused to be in the study

We are unsure as to what the reviewer is specifically referring. In the results section, we note that 93/368 refused consent. No additional data are available from non-consenting patients.

Remove % from middle and right columns

We have removed the %.

If you have any questions, please do not hesitate to contact me. We look forward to hearing of your decision on this revised manuscript.

Sincerely,

Therese S. Richmond

Therese S. Richmond
Associate Professor