

October 2, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: ESPS 5232 Edited.doc).

Title: DISSOCIATIVE DISORDER PRESENTING AS FOREIGN ACCENT SYNDROME

Authors: Nikita Rajpal, Subho Chakrabarti

Name of Journal: *World Journal of Psychiatry*

ESPS Manuscript NO: 5232

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewers. These are detailed below.

3 References and typesetting were corrected.

We would be grateful if the revised manuscript is re-evaluated.

With regards,

Subho Chakrabarti

Corresponding author

DISSOCIATIVE DISORDER PRESENTING AS FOREIGN ACCENT SYNDROME

REPLY TO REVIEWERS' COMMENTS

(All changes have been highlighted in bold red font)

REVIEWER 1

In this manuscript Rajpal and Chakrabarti describe a 20-year-old patient who presented since one year episodes of a change of accent in her native and non-native languages. In addition, she intermittently developed episodes of mutism. Repeat neurological investigations did not disclose an underlying organic cause to explain the condition. A diagnosis of mixed dissociative disorder was made on the basis of psychiatric examinations. This case report is a nice illustration of psychogenic FAS. The case report, in my view, merits publication in the World Journal of Psychiatry provided a number of shortcomings can be solved.

Most importantly the authors do not clarify in which way this observation, although interesting, is novel and how it adds to current insights in the pathophysiological mechanisms subserving FAS.

Comments about psychosocial factors involved in the genesis of FAS have been added to the abstract and the last part of the discussion of the revised version. A key word "psychosocial" has been added. The presentation in this young woman highlights the fact that in certain patients psychosocial factors may give rise to a foreign accent, which is virtually indistinguishable from its occurrence following brain damage.

The authors should clarify in which respect their case, as stated on page 10, "illustrates the fact that multiple factors, both biological and psychosocial may be involved in the genesis of FAS". In my view, FAS in this patient is of a pure psychogenic origin. The manuscript might benefit from some additional reflections regarding these issues.

This particular sentence has now been omitted. As suggested, emphasis has been placed on psychosocial factors in the genesis of FAS.

Page 4, introduction: FAS is defined as a "rare speech and language disorder". There is however some agreement in the literature that FAS is a speech and not a language disorder.

All references to FAS being a language disorder have been removed from the abstract & the text.

Page 4, introduction: contrary to the authors' statement FAS is not considered distinct from other motor speech disturbances. Many authors hold the view that FAS represents a variant of apraxia of speech or dysarthria.

Though in many instances FAS involves some degree of aphasia or dysarthria, it is usually possible to distinguish the syndrome from the more typical presentations of dysarthrias, aphasias or apraxias of speech following cerebral damage. (Poulin et al., 2007). This has been acknowledged in the introduction section of the revised version.

Page 5, case report: phonetic characteristics are not described. The case report might benefit from addition of a phonetic description of FAS qualities. In case no recordings are available for analysis the report might benefit from an impressionistic account. Page 5, case report: it might be important to know whether or not the patient's speech was only affected at the phonological level. The authors should describe whether or not changes occurred at the morphological, semantic or syntactic level.

An impressionistic account of her speech disturbances, which suggested changes at the phonological, rather than the semantic or syntactic level, has been included in the case description of the revision.

Case report: were formal psychiatric/psychological tests administered? The reader might benefit from a more detailed description of the psychiatric symptoms.

Although a detailed semi-structured assessment of her problems was carried out, the patient did not cooperate for formal psychological testing. This has been mentioned in the case description of the revised version. More details about psychiatric symptoms have also been added to the case description of the revised version.

REVIEWER 2

What disorder according to DSM? Dissociative identity disorder? Dissociative disorder not otherwise specified? Authors should be clearly described. The history of case looks like a Dissociative identity disorder.

The presentation met the criteria for Dissociative Disorder NOS as per DSM IV TR criteria. This has been mentioned in the case report and discussion of the revised manuscript.

Not used clinical scales such as Dissociation Questionnaire (DIS-Q), and the Childhood Trauma Questionnaire (CTQ) is serious deficiency.

Such scales are normally hardly ever used in routine clinical practice and so were not used in this case.

Discussion should be carried out as follows: ‘In DSM-IV, dissociation is defined as “a disruption in the usually integrated functions of consciousness, memory, identity, or perception of environment” As a complex psychopathological process that occurs on a continuum ranging from minor normative dissociations to psychiatric conditions However, dissociation is also defined as a lack of integration of thoughts, feelings, and experiences into the stream of consciousness. A history of neglect and abuse during childhood has been linked both to as a risk factor in the pathogenesis of adult dissociative psychopathology Dissociation has also been linked to traumatic life events, especially childhood traumas’.

These comments have been included in the discussion of the revised manuscript.

REPLY TO EDITOR’S COMMENTS

Language certificate

Since both reviewers have graded the language of the manuscript as Grade A, we believe that the language of your manuscript has reached Grade A. Thus we would choose not to have your manuscript edited by the above English language editing companies.

WL1 – Authors’ contributions

These have been included.

WL 2 – Correspondence address

This has been given in detail.