

26 May 2014

Dear Editor

Please find enclosed our revised manuscript. We thank the editor and reviewers for their feedback. We have taken their suggestions into account. and feel that the paper is much improved as a result. Detailed responses are provided below and the changes highlighted in the manuscript.

Title: “Role of Ethnicity in Social Anxiety Disorder: A Cross-Sectional Survey among Health Science Students ”

Authors: Philip de Jager, Sharain Suliman & Soraya Seedat

Name of Journal: *World Journal of Clinical Cases*

ESPS Manuscript NO: 10690-edited

Editor

- 1) Please choose your column as the format of ESPS-Columns scope note.
 - On page 1 we have indicated that the paper is an observational study.
- 2) Author Contributions: All the authors' work should be given in this section. Thank you.
 - We have listed the author contributions on page 1:
De Jager P: conceptualized study; wrote protocol; conducted study, data-analysis and interpretation; first authored manuscript
Suliman S: data-analysis and interpretation; co-authored manuscript
Seedat S: contributed to study concept; supervised protocol and study; data-analysis and interpretation; co-authored and supervised manuscript.
- 3) Core Tip: Please write a summary of less than 100 words to outline the most innovative and important arguments and core contents in your paper to attract readers.
 - We have included a summary/ core tip on page 3.
- 4) Please put the reference numbers in square brackets in superscript at the end of citation content or after the cited author's name.
 - We have modified the references in text as suggested.
- 5) Please write the comments.
 - We have included the comments on pages 15-16.
- 6) Please add PubMed citation numbers and DOI citation to the reference list and list all authors. Please revise throughout.
 - We have included these where possible.

Reviewer 02445298

- 1) Abstract: Materials and Methods: name the questionnaires for substance use and depression.
 - We have included the following information in the abstract in the Materials and Methods section:
“Substance use was assessed with the Alcohol Use Disorders Identification Test (AUDIT) and Drug

Use Disorders Identification Test (DUDIT), and depression with the Centre for Epidemiological Studies Depression Scale.”

- 2) Materials and Methods Page 6: SES categories need a brief explanation.
 - On page 6 we now clarify the SES categories: “The SES variable was based on questions pertaining to household access to basic needs, number of inhabitants and their educational level, as well as total income. A total score out of 44 was then calculated. Three SES categories were created by dividing the SES scores into thirds: low: 6-19, medium 20-33, high 34-44.”
- 3) Results: Page 9: the results in the last paragraph should be given in the table, there are too much data and are difficult to follow.
 - The results in this paragraph are provided in Table 2. We have moved the paragraph to after the following paragraph (so that it is now paragraph 3 of the results), in order to facilitate the reading of this section.
- 4) Page 10: the data for SHY-SR are different in text and in the table 1 - mean score of 87.77 (SD = 32.12)
 - Thank you for noting this mistake. We have corrected the errors in the text.
- 5) Page 10: SAD with socio-demographic and psychopathology variables are different in text and in the table 2 - depression (71.4%) compared with students without the disorder (28.6%)
 - Thank you for noting this mistake. We have corrected the errors in the text.
- 6) Overall: The paper needs some technical corrigenda – dots, spaces...
 - We have gone through the paper and fixed any typographical errors we picked up.

Reviewer 00489383

- 1) One of the major point of criticism is socio-economic status assessment. Although it was performed, no information on the correlations between socio-economic status and ethnicity is provided. It is not possible, therefore, to distinguish the effect of the ethnicity per se and related differences in socio-economic status.
 - In paragraph 2 on page 10 we have noted: “The mean SES score was 33 (range: 19 – 44) with all ethnic groups falling into the “high” SES category. Despite this, the difference in SES between ethnic groups approached significance, with white and black participants endorsing a higher SES than Coloured and Indian participants, based on our scale ($F(3,43) = 2.804; p = .051$).”
- 2) Another issue is that all study is based on self-report measurements. To be fair, the authors acknowledge this limitation. However, they may consider to perform professional third-party assessment of the SAD symptoms in limited number of participants, randomly selected from the self-reporters with and without SAD.
 - Thank you for this suggestion. Although we do feel that this would have strengthened the paper, we were/ are unable to do this as the online assessment was anonymous.
- 3) Finally, although the main aim of the paper is to investigate the role of ethical factors in the SAD (as it can be seen from the title), ethnicity-SAD correlations are only briefly addressed in the discussion, among other issues.
 - On page 13 we have added in additional information and discussed the topic further.

Specific minor points:

- 4) Introduction, page 4, first line: more information should be provided on underdiagnostic nature of the SAS;
 - We have provided more information on the underdiagnosed nature of SAD in paragraph 2 of the introduction.
- 5) First paragraph in general: more details on the SAD diagnostic, etiology, and treatment should be given;
 - We have provided more information as suggested. Paragraph 1: Social Anxiety Disorder (SAD), which is characterized by a persistent fear of social or performance situations (such as public speaking) where embarrassment might occur, is a common, psychiatric underdiagnosed, condition, with a lifetime prevalence ranging from 7% to 13% in the general population.
 - Paragraph 2: Psychological treatments and medication have been shown to be effective in the treatment of SAD, with a combination of the 2 seeming to be most beneficial. [5-7] Despite this, the condition remains underdiagnosed and only a small proportion of those in need receive treatment, [8] possibly due to factors such as fear of stigmatization, inability to access care due to financial issues and lack of awareness of the disorder by both patients and service providers.
- 6) Second paragraph, line 9: please use proper format of the references, e.g., Stephan and Stephan [8] instead of [8] Stephan and Stephan (1985)
 - We have corrected the references here and throughout the manuscript.
- 7) Methods, page 6: more information on informed consent should be given. Was it also on-line or in proper paper documentation? Were students informed about the aims of the study?
 - At the end of paragraph 1 of the Methods section (page 6) we note: "The informed consent form was available online and in the e-mails sent to students, and provided study information (i.e. aims), as well as contact details of investigators and the ethics committee."
- 8) Results, first paragraph: what is the sex ratio in general students' population? Are there any links between compliance and sex (and ethnicity)?
 - In the first paragraph of the results (page 10) we have noted: "Given that the gender distribution of students at the university is roughly 50/50 this shows that females were more likely to complete the survey."
 - We have also noted on page10: "The ethnicity of respondents was similar to that in the general undergraduate student population, for Black and Colored students (16% each), but there were significantly more Indian/ Asian respondents (15% compared to under 3% in the student population), and fewer White respondents (48%.compared to 65% in the student population)."

We would like to thank you again for considering our manuscript for *World Journal of Clinical Cases*.

Sincerely yours,
Sharain Suliman (corresponding author)



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