

Diagnostic validity of the anxiety and depression questions from the Well-Being Process Questionnaire

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Diagnostic validity of the anxiety and depression questions from the Well-Being Process
Questionnaire

Journal of Clinical and Translational Research

Dear author(s),

Reviewers have submitted their critical appraisal of your paper. The reviewers' comments are appended below. Based on their comments and evaluation by the editorial board, your work was FOUND SUITABLE FOR PUBLICATION AFTER MINOR REVISION.

If you decide to revise the work, please itemize the reviewers' comments and provide a point-by-point response to every comment. An exemplary rebuttal letter can be found on at <http://www.jctres.com/en/author-guidelines/> under "Manuscript preparation." Also, please use the track changes function in the original document so that the reviewers can easily verify your responses.

Your revision is due by May 21, 2018.

To submit a revision, go to <https://jctres.editorialmanager.com/> and log in as an Author. You will see a menu item call Submission Needing Revision. You will find your submission record there.

Yours sincerely,

Michal Heger
Editor-in-Chief
Journal of Clinical and Translational Research

Reviewers' comments:

Reviewer #1: I have reviewed the paper and with respect to the methodology and completeness of the content I find the article well done and also very useful, confirming that the two items (anxiety and depression) have diagnostic value and avoid the administration of other questionnaires and this facilitates (at least in my opinion) the truthfulness of the information given and does not further stress people.

The only observation is related to the sample, i.e. the fact that most of the respondents graduated and have high postgraduate specialization 'married or living with a partner (63%) and were educated to degree or higher degree level (73%)'. It would be interesting that in the article appear any differences with respect to the qualification (if there are any): those who are still in education perhaps have less awareness of their moods and tend to question less on this point. I would suggest it at least in the discussion. Insert another table with sample data because they are important and clarify questions on this point better, but also on others, such as marital status. I understand that the article has another objective but at least it widens the reflection.

I would like to suggest to the authors to insert a table with the demographic data of the sample and I suggest to add some observations about differences in the score compared to the degree and the marital status. Some comments can be added in the final part of the discussion.

Reviewer #2: The paper is well written and properly structured.

The Authors examined, in one hundred and twenty university staff members, the diagnostic validity of the anxiety and depression questions from the WPQ, comparing them with the HADS. The conclusions are that such single items can be used as initial screening tools to identify clinical cases of anxiety and depression.

Only few comments to the Authors.

1) Why they choose a "normal" population and not a pool of patients?. In this way the validity of the items of WPQ should be confirmed also for higher levels of anxiety and mood depression.

2) A general consideration, partially independent from the Authors. The two items of WPQ are "On a scale of one to ten, how anxious (or how depressed) would you say you are in general?". I think that a question submitted in this way is too much direct and it assumes that a patient is entirely aware of the concept of what is anxiety and what is depression. But this awareness is often reduced in psychiatric patients in which the concept of anxiety and mood depression could be mixed and has to be disentangled for therapeutic strategies.

In which way the cultural level of an individual can influence the knowledge of this concept? The education of an university staff can be very different from those of a general population

of patients. Perhaps a mitigation of the problem derives from the exemplification added to the questions (for anxiety "feeling tense or wound up, unable to relax, feeling of worry or panic" and for depression "feeling down, no longer looking forward to thing or enjoying things that you used to"). The concept of anhedonia can be adequate to identify a depression state, but the description of anxiety symptoms is limited.

Even more so the validation should be done also in a general population of patients.

Authors' rebuttal

No rebuttal letter submitted

2nd editorial decision

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Journal of Clinical and Translational Research

Dear authors,

I am pleased to inform you that your manuscript has been accepted for publication in the Journal of Clinical and Translational Research.

You will receive the proofs of your article shortly, which we kindly ask you to thoroughly review for any errors.

Thank you for submitting your work to JCTR.

Kindest regards,

Michal Heger
Editor-in-Chief
Journal of Clinical and Translational Research

Comments from the editors and reviewers: