Resposta aos comentários dos revisores respeitantes ao artigo

Título "Adults with Down Syndrome: Characterization of a Portuguese Sample”, “Adultos com Síndrome de Down: Caracterização de Uma Amostra Portuguesa" submetido à Acta Médica Portuguesa.

**Revisor A**

**Comentário 1:**

Estrutura do Manuscrito

Nos resultados e resumo - A amostra dos doentes que efectuaram avaliação QI é pouco mais de 10% da amostra total. Deve ser salientado este aspecto, devendo os números estar separados

**Resposta:**

1) Nos resumos:

Inglês: Twenty-six individuals, that represent a little more than 10% of the total sample, were assessed with the WAIS-III. Data were statistically analysed using SPSS (v.19).

Português: Vinte e seis indivíduos, que representam pouco mais de 10% da amostra total, foram avaliados com a WAIS-III.

2) Nos resultados, subsecção 2. Participants: Of this initial sample, 26 individuals (approximately 10% of the total) present verbal oral language skills and could therefore be assessed using the Wechsler Adult Intelligence Scale (WAIS-III

**Comentário 2:**

Especificar quais as doenças cardiacas (congénitas, adquiridas?) e  
psiquiátricas

**Resposta:**

Alterações efetuadas, com a seguinte informação acrescentada na secção dos Resultados:

Table 1 indicates that the most frequent co-morbidity in this group of individuals is cardiac disease (21.5%), followed by psychiatric disease (14.1%), epilepsy (8.5%), hypothyroidism (7.3%) and venous insufficiency (6.2%). From the 38 individuals who suffer from cardiac disease, 3 suffer from congenital heart disease and have been previously submitted to surgery. The others have cardiac insufficiency. Twenty five participants suffer from psychiatric disease: 18 present psychotic behaviour, 16 have either depressive or anxiety symptoms and 2 have sleeping difficulties. It is not uncommon that psychiatric problems overlap, which in fact happens in 11 cases.

**Comentário 3:**

TABELAS

Juntar tabela / Quadro - das patologias associadas e percentagem

**Resposta:**

Alterações efetuadas, i.e., na Tabela 1 no final do artigo.

Table 1.

*Presence of co-morbidities.*

|  |  |  |
| --- | --- | --- |
| Co-morbidity | Frequency | % |
| Cardiac disease | 38 | 21.5 |
| Congenital heart disease | 3 | 7.9 |
| Cardiac insufficiency | 35 | 92.1 |
| Psychiatric disease | 25 | 14.1 |
| Psychotic disorder | 18 | 72.0 |
| Depressive symptoms | 8 | 32.0 |
| Anxiety | 8 | 32.0 |
| Sleeping problems | 2 | 8.0 |
| Epilepsy | 15 | 8.5 |
| Hypothyroidism | 13 | 7.3 |
| Venous insufficiency | 11 | 6.2 |
| Hyperuricemia | 9 | 5.1 |
| Digestive disease | 8 | 4.5 |
| Other treatable causes of dementia | 8 | 4.5 |
| Hypertension | 7 | 4.0 |
| Diabetes | 6 | 3.4 |
| Hypercholesterolemia | 6 | 3.4 |
| Liver disease | 6 | 3.4 |
| Hematologic disease | 5 | 2.8 |
| Obesity | 4 | 2.3 |
| Allergy | 3 | 1.7 |
| Kidney disease | 3 | 1.7 |
| Osteoporosis | 3 | 1.7 |
| Vascular disease | 3 | 1.7 |
| Dermatologic disease | 2 | 1.1 |
| Hyperthyroidism | 1 | 0.6 |
| Others | 1 | 0.6 |
| Total co-morbidities | 177 | 100 |

**Revisor B**

**Comentário 1:**

Um pequeno fluxograma sobre o recrutamento dos doentes para a aplicação da WAIS-III poderia ser mais explicativo.

**Resposta:**

Alterações efetuadas.

1.1.) Fluxograma acrescentado na secção dos Métodos/ Procedimento:

In the end, only 26 DS participants were assessed to determine IQ level with the WAIS-III (Fig. 1).

[Insert Figure 1 approximately here]

Mais se acrescenta que a Figura 1 a que se refere este fluxograma segue anexada a esta reposta.

1.2.) As autoras referem que a anteriormente Figura 1, constante da secção Resultados do artigo, passa a Figura 2 (*General performance of the DS subjects on the WAIS-III subscales*), tendo sido retificado o texto do artigo no seguimento desta alteração, bem como a respetiva legenda da figura, na secção dos Resultados:

Subscale analysis (Fig. 2) showed an overall better performance on Comprehension *(M =* 2.8*, SD =* 1.6*)*, Information *(M =* 2.7*, SD =* 2.0), and Picture arrangement *(M =* 2.7*, SD =* 2.3*)* tasks. The lowest scores were found on Picture Completion *(M =* 1.5*, SD =* 0.9*)*, Digit symbol – code *(M =* 1.6*, SD =* 1.0*)*, and Digit Span *(M =* 1.7*, SD =* 1.2*).*

[Insert Figure 2 approximately here]

**Comentário 2:**

Quanto às Referências, do ponto de vista qualitativo a literatura existente parece ter sido considerada de forma apropriada e parece seguir o estilo Vancouver adoptado pela AMP. Os artigos são bem citados e os artigos recentes ou relevantes sobre a temática não foram omitidos estando bem representados. Fiz uma ou outra sugestão importantes.

“It is well known that adults with DS are particularly vulnerable to psychopathology and psychiatric disorders, despite the low prevalence of mental illness in this population ([15](#_ENREF_15" \o "Visootsak, 2007 #19), [16](#_ENREF_16" \o "Mantry, 2008 #57)), especially depression, mania, schizophrenia, behavioural disease, personality disorders and neurotic disorders ([6](#_ENREF_6" \o "Chapman, 2000 #64), [16](#_ENREF_16" \o "Mantry, 2008 #57)).” - Depression is a must cite: Dykens, Elisabeth M. "Psychiatric and Behavioral Disorders in Persons with Down Syndrome." *Mental Retardation and Developmental Disabilities Research Reviews* 13, no. 3 (2007): 272-78.

**Resposta:**

Alterações efetuadas. Texto alterado da seguinte forma:

It is well known that adults with DS are particularly vulnerable to psychopathology and psychiatric disorders, despite the low prevalence of mental illness in this population ([15](#_ENREF_15" \o "Visootsak, 2007 #19), [16](#_ENREF_16" \o "Mantry, 2008 #57)). Depression, mania, schizophrenia, behavioural disease, personality disorders and neurotic disorders are the most frequent disorders, but depression has a major significance during adulthood ([6](#_ENREF_6" \o "Chapman, 2000 #64), [16](#_ENREF_16" \o "Mantry, 2008 #57), [31](#_ENREF_31" \o "Dykens, 2007 #93)).

Referência bibliográfica introduzida:

31. Dykens EM. Psychiatric and behavioral disorders in persons with Down syndrome. Mental Retardation & Developmental Disabilities Research Reviews. 2007; 13:272-8.

**Comentário 3:**

• Tabelas / Figuras: Faria uma tabela lista nominal dos 26 casos avaliados pela WAIS-III como referido no texto revisto. E um fluxograma do recrutamento dos mesmos. A tabela 1 ganharia em especificação das principais patologias cardíacas e psiquiátricas. A Tabela 2 não é informativa nem clara: talvez baste informar que a grande maioria da

medicação tem impacto comportamental.

**Resposta:**

Alterações efetuadas.

1.1.) Foi inserida uma tabela no Método com os dados sócio-demográficos dos 26 participantes avaliados com a WAIS-III (género, idade, número da instituição). Contudo, não foram inseridos os resultados individuais da WAIS-III já que estes são globalmente apresentados posteriormente na secção dos Resultados.

Of this initial sample, 26 individuals (approximately 10% of the total) present verbal oral language skills and could therefore be assessed using the Wechsler Adult Intelligence Scale (WAIS-III). The socio-demographic characteristics of these subjects are presented in Table 1.

[Insert Table 1 approximately here]

Table 1.

*Socio-Demographic Characteristics of the Individuals Assessed with the WAIS-III.*

|  |  |  |  |
| --- | --- | --- | --- |
| Subject nr. | Gender | Age (yrs) | Institution nr. |
| 1 | Male | 29 | 1 |
| 2 | Female | 46 | 2 |
| 3 | Male | 48 | 2 |
| 4 | Female | 26 | 2 |
| 5 | Female | 44 | 2 |
| 6 | Female | 35 | 3 |
| 7 | Female | 24 | 5 |
| 8 | Female | 26 | 6 |
| 9 | Male | 27 | 6 |
| 10 | Male | 34 | 7 |
| 11 | Male | 24 | 8 |
| 12 | Male | 36 | 11 |
| 13 | Male | 27 | 11 |
| 14 | Female | 38 | 11 |
| 15 | Male | 29 | 14 |
| 16 | Female | 36 | 14 |
| 17 | Male | 36 | 14 |
| 18 | Female | 39 | 14 |
| 19 | Male | 36 | 15 |
| 20 | Female | 29 | 10 |
| 21 | Male | 37 | 3 |
| 22 | Male | 36 | 3 |
| 23 | Male | 36 | 3 |
| 24 | Male | 26 | 7 |
| 25 | Female | 24 | 1 |
| 26 | Male | 20 | 14 |

1.2.) As autoras referem que, devido à inserção desta tabela, a anteriormente Tabela 1, constante da secção Resultados do artigo, passa a Tabela 2 (*General Presence of Comorbidities*), tendo sido retificado o texto do artigo no seguimento desta alteração, bem como a respetiva legenda da figura, na secção dos Resultados:

Table 2 indicates that the most frequent co-morbidity in this group of individuals is cardiac disease (21.5%), followed by psychiatric disease (14.1%), epilepsy (8.5%), hypothyroidism (7.3%) and venous insufficiency (6.2%).

2) Fluxograma já acrescentado na resposta ao comentário 1.

3) A (anteriormente) tabela 1 – alusiva às comorbilidades dos participantes- foi alterada e as respetivas informações acrescentadas no texto da secção dos Resultados, conforme se apresenta de seguida:

Table 2 indicates that the most frequent co-morbidity in this group of individuals is cardiac disease (21.5%), followed by psychiatric disease (14.1%), epilepsy (8.5%), hypothyroidism (7.3%) and venous insufficiency (6.2%). From the 38 individuals who suffer from cardiac disease, 3 suffer from congenital heart disease and have been previously submitted to surgery. The others have cardiac insufficiency. Twenty five participants suffer from psychiatric disease: 18 present psychotic behaviour, 16 have either depressive or anxiety symptoms and 2 have sleeping difficulties. It is not uncommon that psychiatric problems overlap which, in fact, happens in 11 cases.

Table 2.

*Presence of co-morbidities.*

|  |  |  |
| --- | --- | --- |
| Co-morbidity | Frequency | % |
| Cardiac disease | 38 | 21.5 |
| Congenital heart disease | 3 | 7.9 |
| Cardiac insufficiency | 35 | 92.1 |
| Psychiatric disease | 25 | 14.1 |
| Psychotic disorder | 18 | 72.0 |
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| Anxiety | 8 | 32.0 |
| Sleeping problems | 2 | 8.0 |
| Epilepsy | 15 | 8.5 |
| Hypothyroidism | 13 | 7.3 |
| Venous insufficiency | 11 | 6.2 |
| Hyperuricemia | 9 | 5.1 |
| Digestive disease | 8 | 4.5 |
| Other treatable causes of dementia | 8 | 4.5 |
| Hypertension | 7 | 4.0 |
| Diabetes | 6 | 3.4 |
| Hypercholesterolemia | 6 | 3.4 |
| Liver disease | 6 | 3.4 |
| Hematologic disease | 5 | 2.8 |
| Obesity | 4 | 2.3 |
| Allergy | 3 | 1.7 |
| Kidney disease | 3 | 1.7 |
| Osteoporosis | 3 | 1.7 |
| Vascular disease | 3 | 1.7 |
| Dermatologic disease | 2 | 1.1 |
| Hyperthyroidism | 1 | 0.6 |
| Others | 1 | 0.6 |
| Total co-morbidities | 177 | 100 |

4.) A Tabela 2 (alusiva à medicação tomada pelos participantes) foi retirada e o texto substituído pela seguinte informação na Secção dos Resultados:

From our sample of DS individuals, 72 (34.45%) are under some kind of medication. They have a mean age of 38.5 years (*SD* = 8.58). They take a mean of 2 medicines (*SD* = 1.44; range = 1-8 pills), from 1 to 4 different types of drugs.

The majority of the drugs taken by our DS adults (28.8%) are prescribed to control psychiatric disease (antipsychotics, antidepressants, benzodiazepines and sleep inducers), followed by antiepileptic drugs (14.4%), thyroid hormone replacement drugs (8.9%) and venotropics (6.8%).

Na secção da Discussão dos Resultados refere-se: We also observed that psychiatric diseases affected 14.1 % of the present sample, the most prevalent being psychosis, depression, anxiety and insomnia. Several subjects were taking more than one type of psychiatric medication. These drugs seem to have an effective impact on the subjects’ behavior.

**Comentário 4:**

Agradecimentos: Identifica a fonte de financiamento mas não refere ausência (provável) de conflitos de interesse.

**Resposta:**

Alterações efetuadas.

Imediatamente a seguir à secção “Acknowledgements” foi acrescentado:

Conflict of Interest Statement - The authors have no conflicts of interest to report.

**Comentários no texto revisto:**

Na Discussão dos Resultados:

**Comentário 5:**

“Concerning medication use, one study ([17](#_ENREF_17" \o "Kerins, 2008 #21)) revealed that the number of drugs used by adults with DS ranged from 0 to 16 per person.” – Maybe a range can be produced through another source?

**Resposta:**

Alterações efetuadas. Texto alterado da seguinte forma:

Concerning medication use, one study ([17](#_ENREF_17" \o "Kerins, 2008 #21)) revealed that the number of drugs used by adults with DS ranged from 0 to 16 per person. This is not a surprising fact given the DS’ adults vulnerability to several medical conditions and the consequent need to take medication.The most frequently prescribed drugs to the patients of that study were thyroid hormones, calcium, anti-anxiety and antidepressant medications, multivitamins, vitamin E supplements, and drugs for gastroesophageal reflux disease and for respiratory disorders.

**Comentário 6:**

“However, although we observed that 38 adults suffered from cardiac disease, only 4 needed medication.” – This should be more stressed. Cardiac disease is probably more frequent but not that severe.

**Resposta:**

Alterações efetuadas. Texto alterado da seguinte forma:

However, although we observed that 38 adults suffered from cardiac disease, only 4 needed medication. In fact, 3 individuals suffered from congenital heart disease – corrected while they were infants – and the other 35 had non severe cardiac insufficiency. Cardiac disease is the most frequent comorbidity, but it is not too severe in this sample.