

In Reply: Concerns on Methods While Altering Intervals in the Questionnaire - Results That Are Statistically Fixed: Commenting on Perceived Stress and Its Correlates among Medical Trainees in Oman – A Single-Institution Study

Thank you for giving us a chance to reply to this letter. It is good to hear that the article written by our colleagues and us [1] and the *Taiwanese Journal of Psychiatry* have been read by critical readers around the world.

The gist of the letter-to-the-editor written by Ahmed [2] is about how we scored outcome measures, i.e., the Perceived Stress Scale (PSS) [1]. While we did acknowledge how PSS is conventional scored in the literature (“Some studies have endorsed the score of 0–13 to constitute “low stress,” 14–26 as “moderate stress,” and 27–40 as “high perceived stress,” page 190), instead we have used cutoff previous employed by Sathiya et al. [3], namely cutoff score of ≥ 20 to differentiate “caseness” for perceived stress or otherwise. Cutoff points are widely used in psychiatric epidemiology whereby, in some instances, the receiver operating characteristics curve is used to calculate a cutoff score that most effectively compromises between sensitivity and specificity [4]. In our study, as a dependent variable (PSS), the cutoff point is required for meaningful analysis. This cutoff point is used because it has been derived from the doctors and nurses since our study was conducted among medical trainees as reported by Sathiya et al. [2].

While perceived stress is not yet recognized as a diagnostic entity, as is often the case in psychiatric epidemiology, the self-reported questionnaires (SRQs) such as the PSS, in parallel to other SRQs for soliciting mental health status, are often inferior to “gold standard” interview [4]. SRQs are known to give spurious results regardless of whether they were scored in established cutoff or lumping the composite score into “mild,” “moderate,” etc. [5]. The way forward to circumvent this confounder is to wait for the nascent field of neurosciences to tell us whether an amorphous entity as mental stress is accompanied by specific biomarkers.

Overall, we feel that the content in the letter-to-the-editor written by Ahmed [2] is out of synch with our write-up. Hence, the author might have misread our article [1].

Financial Support and Sponsorship

None.

Conflicts of Interest

The authors declare no conflicts of interest.

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Samir Al-Adawi, Ph.D.^{1*}, Siham Al Shamli, M.D.²

¹Department of Behavioural Medicine, College of Medicine and Health Sciences, Sultan Qaboos University, Al-Khoud, ²Psychiatry Residency Program, Oman Medical Specialty Board, Muscat, Sultanate of Oman

^{1*}Corresponding author. P. O. Box 35, Al-Khoud 123, Muscat, Oman, Sultanate of Oman.

E-mail: Samir Al-Adawi <samir.al-adawi@fulbrightmail.org>

Received: May. 4, 2022 revised: May. 5, 2022 accepted: May. 6, 2022
date published: Jun. 29, 2022

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Quick Response Code:



Website:
www.e-tjp.org

DOI:
10.4103/TPSY.TPSY_22_22

How to cite this article: Al-Adawi S, Al Shamli S. In reply: Concerns on methods while altering intervals in the questionnaire - Results that are statistically fixed: Commenting on perceived stress and its correlates among medical trainees in Oman – A single-institution study. *Taiwan J Psychiatry* 2022;36:101.

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