This paper was submitted to another journal from BMJ but declined for publication following peer review. The authors addressed the reviewers' comments and submitted the revised paper to BMJ Open. The paper was subsequently accepted for publication at BMJ Open.

**ARTICLE DETAILS**

**TITLE (PROVISIONAL)**

Correlates of Post-traumatic Stress Disorder among adult residents of conflict-affected communities in Cross River State, Nigeria: A Cross-Sectional Study

**AUTHORS**

Awa, Theresa; Ugbe, Ugbe; Onwusaka, Obiageli; Abua, Eucheria; Esu, E

**GENERAL COMMENTS**

Thank you for the opportunity to revise this interesting paper. I have some questions and suggestions for the authors:

1) in the text is not described the timing of the cross sectional assessment for PTSD. It is well known that PTDS needs time to develop after the main stressful event and this could be more complex to evaluate with repeated, long-lasting stressors (like living in a conflict area during and after the war). I'd like the authors to add in the introduction a timeline of the conflict events in the region in study and especially to clarify in the text the timing of PTSD assessment after the end of the conflict. It is important to a better understanding of their results and for the results and the methodology to be comparable to other studies and for the study to be repeatable.

2) Moreover considering the complexity of the environmental stressor to which this population have been exposed I ask the authors to try to implement in the text the description of these multiple stressors and their different duration.

3) Related to the comment above, could it be interesting to perform a multivariate logistic regression on variables described in the table 2 to see which conflict related factors was prevalent in this sample? Or maybe adding more details (if collected) about the individual exposure (violence, displacement, wound injuries, death of a child, loss of home/job etc) because these could be stronger determinants of the PTSD. Consider adding these details or implementing the results section with an analysis of these factors.
4) In the abstract I suggest shortening the conclusion paragraph and instead adding results details or interpretation of results (discussion) for the abstract to be more balanced ad accurate according to what reported in the main text.

5) With regard to the main findings try to explain better with your evidences why higher educational level is positively associated with higher risk of PTSD by evaluating monthly income and financial strain that probably are associated. Try to implement the possible explanation of your results in the discussion.

6) The personal history of psychiatric illness and substance abuse before the conflict was not assessed? And the general health status of responders? It could be interesting to understand if the population was selected for being mentally healthy or for not having any chronic condition. In a conflict area providing regular health care could have been difficult and this could be a factor worsening the mental health of psychiatric patients or patients with other chronic conditions. I’d also like to know if any support intervention was performed to warrant health care and mental health support during the conflict.

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**REVIEWER**
Brown, Mark
Bradley University, Management and Leadership

**REVIEW RETURNED**
17-Dec-2023

**GENERAL COMMENTS**
Hello. I very much appreciate your manuscript. Your manuscript draws attention to Post Traumatic Stress Disorder (PTSD) which is an important public health topic. The public and policy makers likely underestimate the societal impact of PTSD and attention such as yours benefits us all – good work! Your introduction is particularly strong and it presents compelling support for your manuscript and its focus.

You test null hypotheses and find support for several sociodemographic and trauma related factors as being relevant in the context of understanding the incidence of PTSD in your sample. What I would like to see is a much more thorough explanation and description of the sociodemographic and trauma related factors you consider. You note “The elements connected to PTSD were predetermined based on data from the literature that has already been published and our theoretical presumptions that these aspects will be pertinent in researching PTSD in the target demographic.” I – and I suspect many BMJ readers as well - are really interested in these element and why you believe they are relevant in the context of PTSD. What’s the supporting literature here – what are your theoretical presumptions –how is this all consistent with the existing literature? I think your manuscript will be much improved by summarizing and explicating these factors in some detail. Additionally, I think you also need to give similar attention to the other national studies of PTSD you discuss in your manuscript (i.e., other Nigeria studies, Iraq, Georgia, Central Sudan). My suggestion is you include the above material directly after your introduction before your methods section.

I wish you well in your future endeavors with manuscript – thank you for the opportunity to review your socially valuable manuscript.
Reviewer: 1
Dr. Valeria Caramello, San Luigi Gonzaga University Hospital
Comments to the Author:
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I have some questions and suggestions for the authors:

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Reviewer: 2
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I wish you well in your future endeavors with manuscript – thank you for the opportunity to review your socially valuable manuscript.

Reviewer: 1
Competing interests of Reviewer: none

Reviewer: 2
Competing interests of Reviewer: I have no competing interests

Thank you for the opportunity to review the revised version of the paper, substantially improved.

Just a few more questions: in the text is not described the timing of the cross sectional assessment, please add a paragraph like ".. from date to date a semi structured questionnaire was collected.. data were collected from date to date"...

Please add in the methods section a sentence about the other variables associated with PTSD not collected in this study, as described in the introduction (i.e. the individual exposure (violence, displacement, wound injuries, death of a child, loss of home/job etc) and the history of psychiatric illness and substance abuse before the conflict was not assessed as well as the general health status / medical health condition. The limits above described could suggest future research.
Reviewer: 1
Dr. Valeria Caramello, San Luigi Gonzaga University Hospital

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These have been included in-text:

A semi-structured questionnaire was used to collect information on the socio-demographic characteristics of respondents and factors associated with Post-traumatic stress disorder in the study setting between June 15th to July 17th, 2023

Other life stressors not included in the model such as general health status and individuals' general quality of life would be subject to further research.