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Article Title: Authors reply: Anxiety disorders in mothers and their

children: prospective-longitudinal community study

Year of publication: 2008

Link to published version: http://dx.doi.org/10.1192/bjp.193.1.80 Publisher statement: This is an author-produced electronic version of an article accepted for publication in the British Journal of Psychiatry. The definitive publisher-authenticated version is available online at http://bjp.rcpsych.org

## Authors' reply to Mushtaq and Minn-Din's eletter

As Mushtaq and Minn-Din point out quite correctly in their eletter referring to our paper Schreier  $et\ al^1$ , Bijl  $et\ al^2$  did not find associations between prevalence rates of any psychiatric disorder (including anxiety disorders) in children and anxiety-related symptoms in parents. However, one must be aware of several methodological differences to our investigation: the results cited by Mushtaq and Minn-Din are based on 12-months prevalence rates and multivariate logistic regression analysis additionally controlling for childhood adversities and sociodemographic characteristics. We would like to clarify, that the results of the Bijl  $et\ al$  paper that are much more comparable to our study and that we are actually referring to are those based on life-time prevalence rates of psychiatric disorders in children without controlling for childhood adversities and reported separately for the various offspring disorders. Here Bijl  $et\ al$  clearly report associations between anxiety in parents and children.

In addition, it is true that the adult children in the Bijl *et al* study were considerably older (18-65 years) than the offspring in the Schreier *et al* study (17-21 years at follow-up). We would like to add, that there are other substantial ways in which the studies differ, e.g. assessment via direct interviews<sup>1</sup> versus family-history information.<sup>2</sup> Nevertheless, we do not see why our claim that we confirm and extend the Bijl *et al* study should be problematic, especially when taking into account the low median for age at onset of anxiety disorders.<sup>3</sup>

We would also like to point out that both the Bijl *et al* and Schreier *et al* studies are community-based so that the use of the term "patients" by Mushtaq and Minn-Din is slightly misleading.

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Declaration of Interest: None