

AUTHOR'S REPLY

Dear Sir,

I thank Dr Afifi for his comments.

Firstly, we did not perform statistical analysis on the weighted sample because the sociodemographical characteristics of the children in the sample were similar to those shown in the Singapore population census statistics. The majority of the children (76%) were Chinese, and 81% resided in public housing estates.

Secondly, the CBCL, TRF, MASC and CDI were used in this study because they are established rating scales that have been widely validated throughout the world. Their α reliability coefficients are 0.78–0.97 for the CBCL, 0.72–0.97 for the TRF, 0.50–0.89 for the MASC and 0.71–0.89 for the CDI.

Thirdly, we used the ROC curve to determine the optimal cut-off score of the CBCL against a gold standard, the NIMH DISC-IV, because we felt that Singaporean children may present differently from children in other countries due to different social norms. ROC analysis was performed for the TRF, CDI and MASC but the Area Under the Curve (AUC) was not favourable (0.48–0.55 for the TRF). Hence, we decided to use the recommended clinical cut-off points from the manual.

Finally, we repeated the analysis in Table II using non-parametric tests and obtained similar results.

Yours sincerely,

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