BMJ Paediatrics Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

	Management of medically unexplained symptoms in children and young people: a secondary analysis of a ten-year audit of referrals to a Paediatric Psychology Service
	Robinson, Sally

	Dr. Georgina Cox
	Murdoch Children's Research Institute The Royal Children's Hospital, 50 Flemington Road Parkville, Victoria 3052 Australia Melbourne Victoria 3052 Australia
	No
	Thank you for the opportunity to review this research letter for publication in BMJO. Medically Unexplained Symptoms (MUS) in children and young people are, in my experience, commonly seen in the paediatric hospital setting, and this paper highlights the importance of the age at which symptoms tend to require psychological input, a gender imbalance (leaning more towards females), as well as a clear trend to more psychological sessions being needed. The letter could be improved by considering the addition of the following: 1. A short explanation on what the common treatment objectives for this group are (e.g. increase in school attendance, increase in treatment adherence, decrease in reported pain/anxiety/mood sx etc), or if this is not know or can't be reported, an expansion on how the MUS are impacting the child's life. End of parag 1, where there is a reference to chronic sx in adulthood, does this refer to chronic pain sx and/or impact on participation? Just expanding on this a bit more would be helpful. 2. Use of language; Noting that the mean age of MUS children is bordering adolescents and the distribution appears at the upper end to early 20's (is that correct in a paediatric hospital system?), consider the use of children and adolescents or children and young people. 3. Can any information on the treatment approach be included (e.g. ACT/CBT/EMDR?), or the teams involved be expanded on? Is it psychologists providing intervention or broader mental health clinicians or medical/allied health

	staff within an MD team? Again, just helpful to understand the system and context of the service. I hope that the authors are able to address these points, as this paper is an interesting read, especially for those working within the pediatric hospital setting.

Reviewer: 1
Thank you for the opportunity to review this research letter for publication in BMJO. Medically Unexplained Symptoms (MUS) in children and young people are, in my experience, commonly seen in the paediatric hospital setting, and this paper highlights the importance of the age at which symptoms tend to require psychological input, a gender imbalance (leaning more towards females), as well as a clear trend to more psychological sessions being needed.

The letter could be improved by considering the addition of the following: 1. A short explanation on what the common treatment objectives for this group are (e.g. increase in school attendance, increase in treatment adherence, decrease in reported pain/anxiety/mood sx etc), or if this is not known or can't be reported, an expansion on how the MUS are impacting the child's life.

- We have added the example of 'return to school' as an illustration of a typical objective, on p3. However the rating of objectives achieved, which was routinely completed by clinicians and added to the database, was very simple (ie 0 = no objectives achieved, 1= some objectives achieved, 2= all objectives achieved) so we are unable to provide more detailed information on this, in this anonymised audit.

End of parag 1, where there is a reference to chronic sx in adulthood, does this refer to chronic pain sx and/or impact on participation? Just expanding on this a bit more would be helpful.

- The reference here is to an influential UK government health strategy document ('No Health without Mental Health') which makes a wider point about the importance of mental health provision more generally in childhood. Although it had a wider focus than MUS it did however specifically recommend that more funding was made available to increase access to early psychological support for MUS. We have reworded to make this clearer.

2. Use of language; Noting that the mean age of MUS children is bordering adolescence and the distribution appears at the upper end to early 20's (is that correct in a paediatric hospital system?), consider the use of children and adolescents or children and young people.

- Our hospital is a general hospital (ie not a children's hospital) which sees children aged 0-18y in paediatrics but very occasionally older young people are seen by the paediatric team as part of work related to transitioning to adult services on the same site. The top of the whiskers in these box and whisker plots reflects this small number.

- At the reviewer's suggestion, the word child(ren) has been rephrased or replaced with the more inclusive term 'children and young people' throughout.

3. Can any information on the treatment approach be included (e.g. ACT/CBT/EMDR?), or the teams [illegible] expanded on [illegible] psychologists providing intervention or broader mental health clinicians [illegible] medically led health staff within an MD team? Again, just helpful to understand the system and context of the service.

- Thank you for this suggestion. We have now added a sentence at the top of p4, to the effect that our approach is primarily cognitive-behavioural and typically involves input from family and the multidisciplinary team. The space available precludes a more detailed discussion of treatment strategies.

I hope that the authors are able to addree d

- We could not find % on p5? but have now added n to accompany % on p3 and p4, as requested.
Pg 5 it would be really interesting to add what the co-existing medical conditions were and whether these differences between groups.

- We have indicated the specialties most often referring children with MUS and have now added an example of a type of comorbid condition (eg respiratory infection), but unfortunately there were too many different types of condition to make meaningful comparisons between groups. In practice the co-existing problem was often relatively minor and whilst it may have been the trigger for initially becoming involved with health services, did not explain the degree of impact on functioning.
General comment- It would be helpful to define what is meant by a 'session'.

- We have replaced the word ‘session’ with ‘appointment’ to make the meaning clearer.

Pg 5 Treatment objectives- it would be good to define what the authors mean by this.

- (see response to similar question from Reviewer 1, above)

Figures need title and numbering

- The titles of the Figures are provided at the end of the manuscript with images uploaded separately as per submission process. We have also referred to Figure 2 now in the text as we noticed this had been omitted.

For pie graph need to add %

- Thank you for this suggestion. We have now added % to piecharts in Fig 2

For Box diagram need y axis title

- Apologies for this omission. We have now added y axis title ‘age’ to Fig 1