Reviewer's report

Title: Barriers in recognising, diagnosing and managing depressive and anxiety disorders as experienced by Family Physicians; a focus group study.

Version: 1 Date: 24 July 2007

Reviewer: Peter Verhaak

Reviewer's report:

General
In general: the opinions and points of view of GPs regarding recognition and treatment of common mental disorders are a very relevant object to study. In this paper such opinions and points of view are presented. However, it is sometimes difficult to appreciate the value that should be attached to the results. It is not always clear if a recorded statement is generally endorsed by the whole focus group and it is not very clear how representative the focus groups are for the population of Dutch GPs. The latter problem could perhaps be solved by presenting reference scores on the DAQ.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

A weakness in the study is the rather superficial discussion of the results. Opinions from the focus groups are presented without seriously testing their validity. For instance: strong reservations about the validity of DSM-IV for general practice are being expressed without giving real arguments for this point of view. Arguments against such a point of view, which could be derived for example from the Dutch GP guidelines on depression are not brought forward. In other words, the discussion should be more critical.

Examples of statements that could have been discussed more critically:
“specific diagnosis had few consequences for treatment… (p.6)
“difficulties in accepting the diagnosis ‘depression’ …… were in the eyes of the FPs important barriers for diagnosis…..”. (I can imagine, these difficulties to be important barriers for discussing the diagnosis or for treatment, but not for diagnosis or recognition by the GP)
“FPs expressed a deficiency in their knowledge of the specific anxiety disorders, especially obsessive-compulsive disorder…..” (I could have been mentioned in the discussion that this specific disorder is rare in general practice, contrary to Generalized Anxiety Disorder, Social Phobia or Panic Disorder; in other words, the GPs pick the most “exotic” disorder to express their dislike of psychiatric nomenclature)

Results:
which weight can be attached to the citations given in the boxes? Can the reader be sure, for instance regarding box 1, that none of the 23 participants expressed more positive opinions regarding the etiology of depression?

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

“Lack of evidence of the natural history and long-term prognosis” should be “lack of knowledge”?

Reference list

Reference 27 is from 1994 instead of 2000. Moreover, there is a much more recent guideline depression available from 2003.

Discretionary Revisions (which the author can choose to ignore)

Patient education is considered worthwhile and should be strengthened. However, one page earlier it is reportedly limited by time pressure. This discrepancy should return in the discussion.

Discussion

The usefulness of the medical paradigm is discussed. But did the focus groups put forward alternatives?

The DAQ has been used as an instrument for triangulation. I must have missed this in the method or results section.

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.