Author’s response to reviews

Title: Multicultural appearances of depression - a challenge for the general practitioner: a qualitative interview study

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Author’s response to reviews: see over
To
Editor-in-Chief
BMC etc…..

Comments to reviews concerning the manuscript: MS: 9884557372579098 –
(Multicultural appearances of depression –a challenge for the general practitioner: a
qualitative interview)

Thank you for the valuable and important comments from you and the reviewers. We have
tried to answer all questions, and we have revised the manuscript according to the
suggestions from the reviewers. We feel that the manuscript has been improved and hope
that it now is acceptable for publication in your journal.
In our response, we refer to the reviewers as they occur in the text, i.e. Reviewer I,
Reviewer II and Reviewer III. We have also copied each relevant question or statement
“quotes” from each reviewer, in the order they appear in the reviews.

Response to Reviewer I

1. “….and it would have been interesting to see the results of another study with GP
patients. Perhaps the authors have considered this already?...”

Comment: We agree and have made a more thorough search on relevant studies
published in international journals.
Measure: We have added some new references.

2. “…It is not clear if the 14 GPs participated twice or were divided into two or three
groups with one group session each....”

Comment: Fourteen of the interviewed GPs were divided into two groups with one group
session each.
Measure: We have explained the GPs’ participation more clearly

4. “…On p 12, "requirement" should be "request", I think…”

Comment: We agree
Measure: We have replaced “requirement” with “request”

Response to Reviewer II

1 “The authors need to revise title to better reflect the content of the paper: recognition of
depression in people of different cultures: a qualitative study might be more accurate”
Comment: During the time of writing we have discussed alternative headlines a couple of times. We chose our alternative *(Multicultural appearances of depression –a challenge for the general practitioner: a qualitative interview)* as the key question was the GP’s thoughts and reflections when seeing patients from a foreign culture and who presented potential depressive symptoms. The prime aim was not to contemplate on how to identify depressions. We think our alternative headline more properly cover to the questions proposed - not only recognition of depression was in focus but also management and reflexion on the assignment were sought for.

Measure: We prefer to retain the original headline.

2. “The paper could be more useful to an international audience by reference to guidelines outside Sweden( eg NICE guidelines in UK)”

Comment: We agree
Measure: We have added other relevant references

3. “….Was Ethics approval required and gained for the study?…..”

Comment: According to the regional research ethics committee at Umeå University (and Swedish legislation) the study did not need a formal approval. However the study was performed according to general ethical procedures like voluntariness, possibility to break the participation at any time and written and oral information.
Measure: We have added a short informative sentence on this.

4. “ the literature review is inadequate and needs revision in light of comments above”

Comment: We agree
Measure: We have added new references and tried to deepen the background.

5. “ It was not clear how many GPs were given opportunity to participate in interviews or focus groups.”

Comment: In all 18 GPs were invited to the group interviews and all the GPs at the health centres who were in duty at the time of the study agreed to participate. One GP, absent on the interview day, was individually afterwards. One male GPs who also attended a group interview was also interview individually afterwards. He had worked and met patients in a non-Western country and presented ample material.
Measure: We have added and clarified the number of GPs invited

6. “ The authors need to state whether they felt their sample was broad enough to capture the many facets of the phenomenon under study and whether there were any limitations to their study”
Comment: We regarded the material from the group interviews unambiguously rich which is also mentioned in the Discussion section. The individual interviews did not include any specific new cues; these talks mainly reinforced tendencies and information already received.
Some limitations have been described in the end of the Discussion section.

Measure: In the Discussion section in the manuscript we have given some examples of limitations. Now, in the revised manuscript we have more clearly, in a separate paragraph, depicted the strengths and limitations.

7. “The authors need to emphasize that sharing their results with participants at meetings was an attempt to increase the trustworthiness of their analysis”

Comment: We agree

Measure: We have added a discussion of this important concept in the new paragraph strengths and limitations.

8. “The authors should mention the importance of reflexivity in clinicians conducting qualitative work and the need for their stance to be considered in qualitative work involving interviews with peers or colleagues (Chew-Graham…”

Comment: We agree

Measure: We have commented on this in the revised text.

9. “the authors do not refer to their theoretical stance taken during data collection and analysis”

Comment: We agree

Measure: We have added comments on the theoretical lens we look through

10. “it appears that there are further themes that emerged from the data and are presented in the Discussion but not in the Results”

Comment: This is a tricky point.

We think that in the written presentation of qualitative research the border between Results and Discussion is difficult to clearly differentiate between. In some Journals (also in BMC Fam Pract for ex) in the instructions to the author there is no strict recommendation on how to label the headings. You quite often find “Results and Discussion” as an amalgamated heading even in highly appreciated journals like Soc Sci Med.

We have aimed at in the Result section to more be strict in presenting the central categories/themes found in the interviews. In the Discussion section we have elaborated comments and consequences and displayed the meaning of the results. And these consequences might alternatively be interpreted as Results.

Yet we have contemplated on the reviewer’s comment but we have difficulties in doing a rewriting of the paragraphs. We do not think that the content will be made clearer by that.

Measure: We have mainly kept the same character in the Result and Discussion sections.
11. “The authors need to identify the data presented by code- currently it is not clear from where (which focus group, indication of age and gender of participant) the data extracts originated”

Comment: We agree partly. Umeå is not a big city and GPs are fairly well acquainted with each other. We need to be aware of the risk of identification and not make detection easy.
Measure: We have added a number (1, 2, 3…) and a gender mark (F/M) of the participants but will not note age.

12. “The optimizing management” theme caused most difficulty for me. The first paragraph described a number of different issues … none of these ideas were supported by any data

Comment: We agree. The first paragraph (measures to be followed) lacks support from data in the manuscript. The section deals with the difficulties reported by most GPs when trying to sort things out at the end of a consultation. How to organize the care and management of the patients, when often so many uncertainties were at hand? It could be time restrictions, verbal doubts, hesitations about compliance, social conditions unknown. There is a sort of summing up at this point and technical problems of practice have to be compared with existential conditions. The GP has to deal with many of the issues mentioned in earlier categories.
Measure: We have added more quotations to make this paragraph clearer.

13. “it is not clear (p 9) who is querying the task of the GP”

Comment: We agree; the wording is unclear.
Measure: We have made it clearer

14. “the discussion continues to report results and does not really discuss findings in greater depth. The use of sub-headings (Checklists versus intuition, GPs dilemma) is not usual in a Discussion heading- these headings imply themes and should be in the Results section”

Comment: See Reviewer II: 10.
Measure: We have changed according to the reviewer in some of the sub-headings.

15. “the sub-headings that would be acceptable in the Discussion are Summary of results, Comparisons with previous literature, Strengths and limitations of the study, Implications for practice”

Comment: The sub-headings suggested by the reviewer are the traditional ones. We think however that there is a freedom of expressing headlines in accordance with the unique character of the research process. See Reviewer II:10
Measure: We have considered the proposal and partly we have changed the sub-headings. “On method” is transformed to “Strengths and limitations”.

16. “The statement that “GPs with longer experience of multi-cultural patient-doctor encounter expressed a greater security and authority” is not justified with a sample size of 14.”

Comment: We agree, the statement has a low truth value
Measure: We have omitted the statement.

17. “The section on page 11 about “endogenous” and “reactive” depression is quite of place in the discussion section and should be included in the results as sub-category of the first theme, and having referred to the literature on the the classification of depression in the introduction”

Comment: We agree that different approaches should be mentioned in the Introduction section. Yet, we do not regard it as a sub-category of its own in the Results. We prefer to present in the Discussion section. See Reviewer II: 10.
Measure: We have added this perspective in the Introduction section.

18. “There is an existing literature on the difficulties GPs encounter in making and negotiating the diagnosis of depression which authors might usefully cite in the Introduction and then in the discussion”

Comment: We agree
Measure: We have quoted some further articles from medical journals.

19. “The issues of gender and patient-centered consultations need to be more fully presented in the results section and supported by data.

Comment: We agree
Measure: We have added further material.

20. “The really important area of sickness certification is not picked up in the discussion—again there is a growing literature that could be usefully been cited”

Comment: We agree
Measure: We have added some relevant comments from articles on this.

21. The section titled “on method” is good but needs to be supported by the literature

Comment: We agree
Measure: We have added some references
22. “the conclusions does not adequately sum up the paper. The use of the term “psychiatric care” is inappropriate. The authors need to refer to the growing literature on cultural competence.”

Comment: We agree that the term “psychiatric care” is inappropriate. But we hesitate to add further references in the Conclusion section which is a summing up of what had been said earlier.
Measure: We have changed the suggested term.

23. “The authors need to suggest ways in which GPs might be trained to develop cultural competence, modify their consultation styles to meet needs and expectations of people from different cultural backgrounds, and support people with depression irrespective of background and culture.”

Comment: We agree
Measure: We have mentioned some ways of improving consultation style.

Suggested revisions:
24. The authors need to revise title to better reflect aims of the study

Comment: See Reviewer II:1

25. The literature review is inadequate and needs revision in light of comments above.

Comment: See Reviewer II:4

26. “I would recommend that the themes presented are revisited and incorporate the results that are presented (erroneously) in the Discussion. I would particularly like to see the following developed:
Cause of depression
Language difficulties
Use of anti-depressant medication (ADs)
GPs’ feelings of helplessness
Medicalisation of distress
Role of sickness certification
GPs’ dilemmas
Issues of gender
Difficulties with patient-centred consultations”

Comment: We have commented on this point earlier (See Reviewer I:10) and we argue for the maintenance of our original division of the material. The themes we present quite chronologically follow “the depression journey” as it is described by GPs. We think that our themes are illustrative and include all the categories above.
Measure: We have added more quotations in some of the categories.

27. Data extracts need to be identifiable

Comment: See Reviewer II:11
28.” Discussion needs to be revised using the following (or similar) headings
Summary of results
Comparisons with previous literature
Strengths and limitations of the study
Implications for practice (or research, or policy)”

Comment: See Reviewer II:15

29. “The authors need to consider the relevance of the section on “endogenous”
and “reactive” depression”

Comment: See Reviewer II:17

30. “The authors need to consider the relevance of their mention of HADs and the
use of instruments to assess severity of depression – if included then it needs to
fit with themes presented in the results.”

Comment: We agree
Measure: We have added this in the results

31. The Conclusions needs revising in light of revised Results and Discussion

Comment: See Reviewer II: 22

Minor essential

32. “The authors need to state whether Ethics approval was gained.”

Comment: See Reviewer II: 3

33.” Clarification of how many GPs were invited to participate is required.”

Comment: See Reviewer II: 5

34. “The authors need to emphasize that sharing their results with participants at
meetings was an attempt to increase the trustworthiness of their analysis.”

Comment: See Reviewer II: 7

35.” The authors should mention the importance of reflexivity in clinicians
conducting qualitative work, and the need for their stance to be considered in
qualitative work involving interviews with peers or colleagues (Chew-Graham
The authors do cite Coar and Sim in the section “On method”.

Comment: See Reviewer II: 8

36. ” The authors should refer to their theoretical stance taken during data collection and analysis”

Comment: See Reviewer II: 9

Response to Reviewer III

1. “My understanding of focus groups is not that they serve as an efficient way to conduct interviews with many participants at once, but they offer an opportunity to see in action the social production of knowledge and the interaction between the participants is a prime interest of focus group research. I do not think the authors have really used the groups in this way and it may be worth noting”

Comment: An important comment, we agree. We think the working method used offer different advantages and the prospect of participating in a social production of facts and reflexions in an interactive setting are creative and stimulating. The reviewer’s description and interpretation of our group-work stay close to our own experiences.

Measure: We have added some new sentences.

2“Highlighting the dichotomy (technical problems of practice and a genuine questioning of the underlying construct of depression as a socially produced form of patienthood and the implications for the role of GPs in such a production process) and what the future research could do to help understand this better might be worth a sentence or two”

Comment: We agree. This difficult balancing has been earlier commented in comments to Reviewer II:12

Measure: We have commented on this in a few lines.

3 “The statement that we “need more tools for multicultural psychiatric care” suggest that the authors primarily see this as a former problem rather than the latter. May be worth clarifying their position and conclusions”

Comment: Important issue, we do see both realities as necessary to encompass. There is no primarily or secondarily. Incomparable elements have to be compared! We think our standpoint could be better expressed

Measure: A few words are added