Author's response to reviews

Title: Managing depression in primary care: A meta-synthesis of qualitative and quantitative research to identify barriers and facilitators.

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Author's response to reviews: see over
Dear Dr Patel

Re: Managing depression in primary care: A meta-synthesis of qualitative and quantitative research to identify barriers and facilitators

Thank you for asking us to revise this manuscript. We were delighted to receive the reviewers’ very positive comments. We have addressed the issues raised as follows:

**Reviewer: Theo Lorenc**

1) we are asked to clarify whether certain references were considered for inclusion:

- Richards et al 2006 – this paper was excluded since data from GPs/Practice nurses could not be separated from that of other professionals. This was an inclusion criterion.

- Gask et al 2005 – this was excluded for the reason the reviewer suggests. Data presented concerned attitudes to a specific intervention and not to management of depression which was the focus of our review.

- Smith et al 2004 – As with the paper above, this paper did not present data on attitudes to depression, but to depression guidelines. Such studies were excluded.

- Lloyd Williams and Payne 2003 – this paper presents data from hospital and community settings, not primary care which was our focus.

Our search did identify the studies highlighted by the reviewer, but we take on board his comment about the possible lack of sensitivity of our search and have added a comment to this effect under ‘strengths and weaknesses’ as he suggests.

2) We have now set out the inclusion/exclusion criteria in the form of a checklist as requested.

3) This review was conducted in the context of the UPBEAT-UK programme which is concerned with depression and CHD. Our finding of a lack of research concerning attitudes towards managing depression in co-morbid physical illness is important given the increased prevalence of depression in the physically ill and findings of increased morbidity and mortality in those with co-morbid depression. However, we accept the reviewer’s comment about the lack of relevance of some of the information concerning UPBEAT-UK; we have therefore limited mention of UPBEAT-UK to the final paragraph and changed references to CHD specifically to ‘physical illness’ to increase relevance.

4) ‘note to self’ removed with apologies

5) the search strategy in Appendix 1 is now numbered as requested.
Reviewer: David Pilgrim

This reviewer made 4 ‘brief suggestions’ for revision. One was that: more could be said about the ‘cross cultural challenge of understanding human misery’ – we agree that this is a complex issue and have highlighted, in an additional paragraph (p19), the lack of data available concerning this in the included studies.

The other suggestions concerned the need for criticism of the ‘naïve realist paradigm of psychiatric positivism and epidemiology’ and our use of ‘a standard epidemiological statement’ as an opening sentence. The review makes some very interesting points which could involve considerable elaboration; however we are concerned to keep our paper concise and not to extrapolate too far from the findings of our review which are grounded in those of the included papers. We have retained our opening sentence since depression management guidelines in the UK are informed by such epidemiological data. We had noted in the discussion that there is ongoing debate concerning the nature of depression and the use of screening tools. To further emphasise this according to this reviewer’s recommendations, we have now also cited the reviewer’s work concerning the ‘medicalisation of misery’ and incorporated his comments that this complicates judgements of ‘underdiagnosis’ and ‘optimal treatment’ (p17).

Editorial requests

The editors request that we adhere to PRISMA. The PRISMA guidelines are concerned mainly with syntheses of quantitative studies of the effectiveness of healthcare interventions. Our review is of qualitative and quantitative studies of attitudes. Some PRISMA sections are therefore not relevant to this work. We have however restructured sections of the paper to better reflect PRISMA for instance: we have divided our original section ‘identification and selection of studies’ into 3 ‘PRISMA’ sections - eligibility criteria, information sources and search, study selection. Our ‘data extraction’ section is now ‘data collection process and data items’ as per PRISMA. We have also amended Figure 1 to conform to the PRISMA flow chart.

Additional files: we have now altered these so that they should display correctly.

We trust we have now addressed all the required issues and would be very grateful if you would re-consider this manuscript for publication.

Kind regards

Elizabeth Barley