Reviewer’s report

Title: Exercise therapy for Stress-related Mental Disorder, a randomised controlled trial in primary care.

Version: 1 Date: 28 December 2010

Reviewer: Timo Hinrichs

Reviewer’s report:

I previously commented on this manuscript. The authors have performed major revisions and re-submitted.

The authors designed a new concept where general practitioners invite patients with stress-related mental disorder (SMD) to participate in a physical activity programme. The programme is delivered by physical therapists within 8 individual sessions.

The authors investigated (by randomized controlled trial) whether the new concept is able to improve general health (measured by the SF36) in patients with SMD. Authors were not able to demonstrate an effect of the new concept.

The reasons for the “failure” of the concept are diverse because there are a number of limitations to the study (e.g., choice of primary outcome, limited supervision of therapists, limited structure/supervision/definition of the exercise programme, questionable compliance to exercise).

Considering all limitations (including the new information authors provided on the contents of the programme), conclusions have to be drawn very cautiously. Conclusions should not refer to “structured physical exercise” but only to “the new concept”.

Major Compulsory Revisions

1. Abstract
   - lines 9/10: The description of the intervention is mistaken, the exercise sessions themselves were not “monitored”.
   - Conclusion: The authors conclude that “structured physical exercise is not likely to be very effective in improving recovery from SMD”. In fact, the authors “obtained no reports from the therapists as to how the exercise was done, nor what the contents of the monitoring visits were”. The contents of the programme are not very well defined. There is no evidence that the patients did exercise at all. Therefore the authors can only judge on their concept (promotion of physical activity to SMD patients by physical therapists) but not on “structured physical exercise”. Therefore the conclusion should be changed to e.g.: “our concept could not be demonstrated to be effective…”. The reasons why the concept was unsuccessful are diverse because there are a number of limitations to the study. One possible reason might have been an insufficient patient compliance.
2. Methods
- The following question has not been answered by the authors: “How were participants instructed about the correct exercise intensity?”

There is no use in defining an intensity (“between 50 and 85% of maximal individual exercise”) if patients are not instructed accordingly. One possibility would be to use the Rate of Perceived Exertion (RPE). Another possibility would be that the therapist specifies the walking or swimming or cycling speed.

A comment on this matter has to be made within the manuscript.

3. Conclusions
- see comments above

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

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests.