Reviewer's report

Title: Understanding the prescription of antidepressants: a qualitative study among French GPs

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Reviewer: Elizabeth Barley

Reviewer's report:

1) Is the question posed by the authors well defined?

Major compulsory revisions:

This study addresses an important topic: French GPs’ decisions to prescribe anti-depressants in a context of high levels of prescribing. The aims are fine, but they should be worded to indicate more clearly that this study describes GPs’ views of how they used anti-depressants. Since this is not an observational study, it cannot tell us ‘how anti-depressants were used in daily practice’, only how GPs reported using them (which is important too, but there is a distinction).

Since much is made of how GPs’ prescribing differs from ‘official guidelines’, it would be helpful in the background to briefly outline anti-depressant prescribing guidelines in France as these may differ elsewhere. Clarification of what is meant by ‘official’ would be useful as this word is used a lot to describe both guidelines and screening instruments.

2) Are the methods appropriate and well described?

Major compulsory revisions:

Qualitative methods are appropriate to study GPs’ views. The authors say they conducted a phenomenological analysis of the data. In the analysis section a more detailed description of what this involves and why this approach was chosen. How successful this approach was in answering the research question should be discussed under the strengths and limitations section.

Analysis section: ‘information on the patients’ social, family and professional background was collected’ – I am unsure to which patients this refers and there does not seem to be any further mention of this data – please clarify.

Participants section:

Major compulsory revisions

– much of the text here belongs under ‘procedure’. This section should focus on the participants’ characteristics and how they were sampled.

Sampling both rural and urban GPs is a useful way of ensuring a wide range of views are represented, but it would be useful to know how representative these GPs were of the population of French GPs in other ways. Specifically, did any of them have a special interest in mental health/depression?
I am not clear how ‘The dynamic interaction......enabled us to collect reliable data on their actual practices, taking into account the members’ wishes to participate and the location of their practice’. Please explain this further.

Please explain and reference ‘quality circles’ and ‘French peer group technique’.

Please explain how you knew ‘saturation’ was reached – I am not quite clear, would you have continued holding focus groups if it was not reached?

How were the locums recruited and from where? Please provide a reference or other justification as to why locums were expected to have a ‘different, more critical point of view......’ than the GPs.

3) Are the data sound?

More quotes are needed to support the assertions. There are quite a few important assertions made without supporting data and some findings are unclear. For instance:
- ‘though ADs were sometimes seen as useless, they were not seen as harmful’. The assertion that they were seen as ‘useless’ should be expanded and supported by data.
- please explain what ‘they were very rarely related to suicidal intentions’ means.
-what type of ‘depression symptoms’ did the GPs say ADs were useful for?
-what kind of ‘emergencies’ were they not considered useful for?

There is a lot of description of what the participants talked about, but often not what conclusion (if any) was reached. For instance:
-‘They questioned themselves whether or not the depression was ‘real’ and on the actual pharmacological effect of the prescription’- what does this mean?
-‘Some GPs insisted on the difficulties of prescribing antidepressants and contested or questioned actual consumption...’ – what difficulties did they discuss?

Quotes may help to clarify these and other points.

I am not sure what you mean by ‘politically correct tendency’, please clarify.

Quotes should be linked to a participant id so that the reader can tell whether more than one person is being quoted.

Also, since locums were expected to provide a different view point, please would you explain whether they did or not. This is mentioned in the discussion, but only briefly. Identifying quotes as coming from a GP or locum would help with this.

Similarly, it would be good to know if there was variation in views between GPs in
the different locations (rural and urban). Since this was a sampling criterion, one assumes that you might have been expecting a difference, this should be clarified.

The section ‘conditions’ is a bit unclear. The finding that the GPs contradicted themselves by saying initially that they rarely deviated from the guidelines, but then went on to discuss many examples of idiosyncratic prescribing is important. I think the problem with this paragraph may be to do with how the English is written, rather than content. For instance, I don’t understand what ‘the first/second part of these conditions’ refers to; ‘primary care conditions’ should be explained, as should ‘moral suffering’, and ‘physical symptoms associated with a major depressive episode’.

‘EBM guidelines’ are referred to – please state which.

Under ‘coping with patients’ the following need clarification:
- the use of placebo drugs – is this usual in France? It is not in the UK.
- giving sick notes is ‘inconvenient’.
- ‘transmission of patient data’ – to where?

quote 19 does not seem to support the statement ‘the way of seeking help differed.....’

Is ‘hide and seek’ a quote from a participant or the authors – the use of quotes around terms is a bit confusing throughout – it would be better to explain author generated concepts more fully than use quotes which should be saved for participant comments.

Results, final para:
the sentence starting ‘being familiar...’ is unclear to me and does not seem to relate to the quote (23).

Minor essential revisions
Under ‘coping with patients’ – please delete ‘overworked’ – it looks like overworked psychotherapists are not available, whereas I think you mean the no psychotherapists are available as they are all overworked.

4) Does the manuscript adhere to the relevant standards for reporting and data deposition?

yes

5) Are the discussion and conclusions well balanced and adequately supported by the data?

Major compulsory changes:
The authors state that the study resulted in ‘two main key points’ – i.e. GPs use ADs for a range of conditions, not just those recommended in guidelines and GPs rely more on their own idiosyncratic criteria for assessing depression than
on evidence based tools. This is well put, but I had not worked this out having just read the results. This summary is probably supported by the data, but I think that the changes suggested above would help clarify the results and justify this statement.

The conclusion is a bit too specific – it reads as if there are 24 ‘non-psychiatric’ conditions for prescribing ADs and that the ‘official criteria’ are ineffective. In fact, these are just the views of a small sample of GPs. Please make this more explicit.

6) Are limitations of the work clearly stated?
Major compulsory changes:
This section contains discussion about the findings. It should be more focused on the design and conduct of the study and how these affected the results e.g. was the phenomenological analysis a good choice, were the GPs representative, was it useful to include locums, what where the benefits/limitations of using focus groups, most of the authors appear to work in general practice could this have influenced interpretations of the data? etc.....

7) Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
None stated

8) Do the title and abstract accurately convey what has been found?
The title is clear.
Major compulsory changes:
Abstract: the last part of the last sentence of the background ‘and 20%......’ is not clear.
The aim should include an acknowledgement that the study concerns only GPs’ views not actual practice as implied by ‘to understand how ADs were used’ (an observational study would be needed for this).
Conclusions – the first sentence is too specific – something such as: The GPs in this study reported prescribing ADs for a wide range of conditions other than depression.....would be more accurate.

9) Is the writing acceptable?
This could be clearer in many places as specified above.

**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.

Declaration of competing interests:
I declare that I have no competing interests