Author's response to reviews

Title: Depression prevalence and primary care among vulnerable patients of a free outpatient clinic in Paris, France, in 2010: Results of a cross sectional survey.

Authors:

claire rondet (rondet@u707.jussieu.fr)
philippe cornet (philippe.cornet@upmc.fr)
bacha kaoutar (bacha.kaoutar@sat.aphp.fr)
jacques lebas (jacques.lebas@sat.aphp.fr)
pierre chauvin (chauvin@u707.jussieu.fr)

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Author's response to reviews: see over
Dear editorial board of BMC Family Practice,

Please find enclosed the manuscript: “Depression prevalence and primary care among vulnerable patients of a free outpatient clinic in Paris, France, in 2010: Results of a cross sectional survey”, by Claire Rondet et al., to be submitted as a Research article to the BMC Family Practice for consideration of publication. All co-authors have seen and agree with the contents of the manuscript and there is no financial interest to report. We certify that the submission is original work and is not under review at any other publication. In this manuscript, we report the results of a study on the risk of depression among poorest patients and their access to care. These results are informative with regard to the socioeconomics characteristics of depression. Our aims were to estimate the prevalence of depressive episodes in this vulnerable population seeking primary care, to define the sociodemographic characteristics of the depressed patients, and to assess their demand for healthcare. We believe that our findings could be of interest to the readers of BMC Family Practice because of the important prevalence of depression in family practice consultations and of their originality in the French context.

We hope that the editorial board will agree on the interest of this study.

Changes made:

We made all corrections proposed by reviewers. We added the semi directive interview guide as figure 1.

All corrections are described above in the response to reviewers sections.

Sincerely yours,

Claire Rondet on behalf of the authors.

Corresponding author:

Claire Rondet
27 rue de Chaligny
75012 Paris France
rondet@u707.jussieu.fr
Phone: 00 33 (0)144738644
Response to reviewers

Reviewer: Abdulbari Bener
Reviewer’s report:
Manuscript ID:
Title: Depression prevalence and primary care among vulnerable patients of a free outpatient clinic in Paris, France, in 2010: Results of a cross sectional survey

1. Sample size: the authors need to provide statistical justification for the given sample size. How was the sample size calculated?
Thank you for your comments and advice. We did choose the sample size, 250 patients, for its convenience.

a. Setting and Study Population: It would be helpful to the readers if this were displayed in diagram format
Only 5 patients were excluded from the survey. We have corrected the “Materials and methods” section and detailed this point in the “Survey population and outcome” section.

b. Eligibility criteria: The authors need to explicitly report any inclusion or exclusion criteria for the selection of subjects in this study.
This point has been corrected in the “Materials and methods” section.

2. Typographical error: Page 6, line#3; “95%CI=[44.8%-62.2%]”, is it 622 or 62.2%?
This point has been corrected.

3. Limitations: the authors need to identify some of the important limitations of this study and add it at the end of discussion section
The limitations are mentioned and discussed separately in different paragraphs in the manuscript.

4. Table 3: a short footnote providing differentiation between the three logistic regression models should be provided.
Footnotes have been added under Table 3.

Quality of written English: Needs some language corrections before being Published.

This manuscript has been completely reviewed by an English mother-tongue professional translator.

Reviewer: Ilaria Tarricone
Major Compulsory Revisions

Thank you for your comments and advice.

Introduction

The studies about prevalence of depression in primary care setting are not scarce (please modify this statement in the abstract).
This point has been corrected.
However, the evidence available about prevalence of depression among immigrants and poor population attending general practice facilities are few (see Tarricone et al. meta-analysis 2012) and this point should be state more clearly in the introduction section.
This point has been added in the introduction.

A more detailed description of the setting where the study was carried out (Baudlaire hospitals) should be provided. The readers would know for example if the service belong to public health system or charity organization and if it provides special attention to mental health problems.

We explain in the introduction that the Baudelaire Outpatient Clinic is at the Saint-Antoine Hospital in Paris and that it is a general medicine outpatient clinic in one of the 32 university-affiliated general hospitals. It does not provide special attention to mental health problems.

Materials and methods

The qualitative study is poorly described. It seems that it was conducted to devise the quantitative instrument used in the subsequent cross-sectional study. However, it is not described how the sample was collected and (more important) which qualitative open-questions were used and how the final qualitative questionnaire was devised.

In fact, the qualitative study was conducted to construct the quantitative instrument. We explain in the Materials and methods” section how the sample was collected, and we have added the semistructured interview guide, as Figure 1.

The inclusion/exclusion criteria for quantitative- cross sectional study must be more clearly defined.

This point has been corrected in the “Materials and methods” section.

It must be described how migrant status and nationality were defined (selfascription?)

Nationality was self-declared by the patients. We add this point in the “Materiel and methods” section.

The final quantitative research instrument must be more deeply described.

We have entirely reworked the “Materiels and methods” section and have described the quantitative instrument in greater detail.

M.I.N.I. is a diagnostic structured interview for ICD-10 and DSM-IV disorders.

Which diagnostic categories the authors included in their study?

We used the section of the M.I.N.I. asking about major depressive episode. We explain this in the “Materials and methods” section.

Ethical: I agree that no formal ethical approval should be obtained. However, it must specify that all subjects give a proper informed consent to take part at the study!

This point has been corrected.

Results

“MINI indicated an estimated prevalence of depressive episode of 57.6%...” Do the authors mean that they found a prevalence of current major depressive episode of 57.6?

We did, in fact, find a prevalence of 57.6% of current major depressive episode.

Please, give data on refusals and differences with people who consented to take part at the study.

Three people refused to participate. We have included in the “Results” section the only information we have about them (their nationality and sex).

How low-socioeconomic status was defined?

We have developed this topic more clearly in the “Materials and methods” section.
Immigrants: do the authors mean first generation immigrants? How many were second generation migrants?
We can only distinguish between French people and foreign immigrants. We have therefore replaced the word “immigrant” term with “foreign immigrant”. French people from an immigrant background could not be identified.

Please remove any not significant results, such as “although the association was not significant ...women receiving AME had a five time greater risk of depression...”
We wanted to keep this result because the association between these two variables was quite strong. We thought that it was not significant because of a problem with sample size. This matter is largely described in the literature.

Discussion

It is not clear if the clinic where the study was conducted gives special attention to psychiatric problems. In this case, the high prevalence found of depression is not surprising. In any case, the authors should compare since the first paragraph of the discussion section their prevalence results with those of studies conducted in health services and not in general population.
You’re right. We have reworked the discussion.

Main results should be summarized in the first paragraphs of the discussion section.
This paragraph has been added.

In my opinion, the willingness of the interviewed people to speak with their physician about their mental health problems is a relevant result and should be commented among main results in the first paragraph of the discussion.
This point has been corrected.

Conclusion should be more focused on clinical implication for international readers.
The conclusion has been reworked.

Minor essential revisions

Table 3: give explanation for “model 1, 2 and 3 and list the variables included in those models in the foot-notes of the table.
Footnote have been added under Table 3.

Quality of written English: Needs some language corrections before being published.
This manuscript has been completely reviewed by an English mother-tongue professional translator.