Author's response to reviews

Title: Implementing guidelines for depression on antidepressant prescribing in general practice: a quasi-experimental evaluation.

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Version: 2
Date: 24 January 2014

Author's response to reviews: see over
Dear Editor,

Thank you for having reviewed our manuscript entitled ‘Implementing clinical guidelines for depression on antidepressant prescribing in general practice: a quasi-experimental evaluation’. We are very pleased with the positive reactions of both reviewers on the relevance and content of our study, and have addressed their concerns in the revised manuscript (see sections in red). Below we have listed our point-by-point response to the comments, which corresponds to the changes made in the revised manuscript.

Reactions to comments of reviewer Caroline Mitchell
We thank Mrs. Mitchell for her useful comments which have enabled us to strengthen the manuscript. We have addressed her comments as follows.

- Comment:
  Whilst I agree it is very challenging and expensive in research terms to perform, a RCT would enable stronger statement of cause and effect using the MRC model of RCT evaluation of complex interventions. A RCT would have enabled a useful cost-effectiveness analysis.

  Reaction:
  We agree with the comment that effects in terms of causality would have been stronger supported by a study with a RCT design. However, RCTs may have the disadvantage of low inclusion rates and withdrawal at professional level because of discontentment with the randomization procedure, especially in implementation studies, thus introducing other problems of selection bias and lack of generalisibility of the results. Therefore, we do consider the design of this study valid for the exploration of our research question. We have added this consideration to our discussion of strengths and limitations of the study. and have added the following recommendation under ‘implications for research and practice’:

Researchers charged with the task of evaluating such programs are recommended to consider to adopt a randomised controlled design, to enable stronger statements about the effect of stepped care approaches and a useful cost effectiveness analysis. Although recruitment of participants to this type of implementation study is challenging, if feasible at all, useful frameworks exist to guide researchers in developing and evaluating these complex interventions (Craig P, Dieppe P, Macintyre S, Michie S, Nazareth I, Petticrew M. Developing and evaluating complex interventions: the new Medical Research Council guidance. BMJ 2008; 337: a1655).
Comment:
A significant limitation is the lack of patient reported outcomes. Data about the characteristics of the participating practices in terms of sociodemographic status of the population would be helpful.

Reaction:
We agree entirely with the reviewer and added the following extension to the existing description of the limitation about the use of available databases: Unfortunately, this did not enable us to use patient reported depression outcomes, since these were not documented in the databases of routinely collected clinical data. ... We were able to control for age, gender and co-morbid conditions of both study groups, but other factors may have played a role as well.

Comment:
Also did the controls chosen have access to low intensity psychological interventions at all?

Reaction:
We understand the reaction of the reviewer and explained the content of care as usual by adding the following to the description of the study population in the method section:
In principle, patients receiving care as usual, had access to all types of depression treatment, including the low intensity treatments, although these were relatively unknown by primary care providers [19].

Reaction to comments of Sara Macdonald

We thank Mrs Macdonald for her positive comments and have addressed the grammatical and typographical errors (see sections in red).

We hope that your editorial board will find our revision accurate and our manuscript acceptable for publication. We look forward to your reaction.

Yours sincerely, on behalf of the authors,
Gerdien Franx (corresponding author)

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