Reviewer's report

Title: Family doctors' problems and motivating factors in management of depression

Version: 1 Date: 27 April 2006

Reviewer: Daniel W O'Connor

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. Is the question posed by the authors new and well defined?

The study is very simple. The authors presented a brief questionnaire about depression to Estonian family doctors (FDs), of whom 41% responded. This response rate is reasonable. Their questions concerned doctors’ knowledge of depression, their willingness to treat depressed patients and their views regarding treatment.

FDs’ responses were fairly predictable. They wished to treat depressed patients but were constrained by time, patients’ attitudes and a lack of access to specialist services.

The questions, while not new, are still of interest. FDs are the first point of contact for many depressed people throughout the world and it’s good to be reminded of doctors’ own perceptions of their role.

The questions put to FDs by the authors were so narrow, however, that we learn little of enduring value. The authors imply that depression is primarily a medical problem that should be treated with antidepressant medication. The problem, the authors suggest, is that patients do not always share that viewpoint and are reluctant to take “psychiatric” pills. I agree with the patients here. Pills aren’t always the answer. Biological treatments work best for “major depression” and have little more impact than placebos on milder “depressions.”

The reality is that “depression” lies on a spectrum from “normal” human unhappiness, frustration and grief at one end of the spectrum to profound melancholia at the other. The paper glosses over this distinction. FDs are not necessarily the best agents to tackle personal, marital, family and occupational distress. They cannot be all things to all people. Their training is mostly medical in nature and their time is limited.

For mildly depressed people, an encouraging comment may be all that is required. Antidepressant medications can certainly help patients with more severe and persistent depressive conditions and FDs can play a crucial role here. They can also help greatly by diverting patients with obvious psychiatric conditions from endless, pointless and risky medical investigations. Some patients are so unwell that they must be referred to psychologists or psychiatrists.

The authors gloss over the complexity of these issues and I’m not sure that FDs who read this paper will learn much from it. Most FDs said that they needed more training. This statement by itself isn’t very helpful.

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?

The methods and findings are very clear. They’re just not very interesting. The paper would be strengthened by a brief outline of FD and psychiatric services in Estonia. How many FDs are there? Are they free? What is the average length of consultation? What training do FDs have in psychological and psychiatric assessment and treatment? What specialist mental services are provided? What antidepressant medications are available?

3. Are the data sound and well controlled?
The data are presently very clearly.

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?
Yes.

6. Do the title and abstract accurately convey what has been found?
Yes.

7. Is the writing acceptable?
Yes, the paper is very well written.

In summary, I think this paper needs to be taken to a higher level of complexity to make it useful in an international forum.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

None.

Discretionary Revisions (which the author can choose to ignore)

None.

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No

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