Reviewer's report

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

Version: 1 Date: 21 May 2006

Reviewer: Jane Gunn

Reviewer's report:

General
This paper reports a survey of 500 Estonian family doctors on their views about caring for people experiencing depression. The authors report a low to fair response rate for surveys of health professionals of 41%. The paper addresses an issue of importance to primary care as primary care practitioners are the main providers of depression care in many countries in the world. The paper contains a number of grammatical errors that require careful editing. Overall the paper reports fairly limited descriptive data about how Estonian family doctors view their role in depression care, the analysis presented is very basic and there is very little discussion about how the findings compare and contrast with the published literature in this field.

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

The authors should state their key hypotheses and justify the choice of method (survey). Identifying barriers and facilitators often leads researchers to use qualitative interview methods. Why did the authors choose the survey method?

It is not clear how the reported study links to the PREDICT study mentioned on page 3, Background.

Provide information about the context of the study. Include information about Estonian family practice â€“ the structure and the training. Is there a family practice post-graduate training course? Is it compulsory? What level of training in mental health is there in the family practice training course? Provide enough information for a reader from another country to understand how similar, or different, Estonian Family practitioners are from their own family practitioners.

The sample size calculations should be included in the methods section.

Please state how the questionnaire was devised. Was it mailed out? How many postings? State clearly exactly what you did so that the reader could repeat your study if required. Consider including the questionnaire as an attached file.

Comment clearly on the data handling, coding, cleaning and checking. Was double-entry used? What amount of double-coding did you use? Who did these tasks? What packages did you use to undertake these tasks?

It appears that the survey consisted of items with pre-categorised responses for the doctors to select and some which allowed a free text response. Please include the details about the types of questions used, how they were developed and how they were analysed? Have you presented all the results you had available? If not, what have you left out and why?

Page 8 states response rate to be 51%. I calculate the response rate to be 41% based on figures given on page 4 and 5.

Page 8, line 19-20. The study does not report the patient perspective. This should be revised.

Page 9, line 17 â€“ 22 go beyond the data presented in the paper and should be revised.

The discussion should tackle in a more systematic way how the findings compare and contrast with the published literature in this field.
Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Table 1 and 2 could be combined.

Table 3 “the headings of the cells do not make sense.

Discretionary Revisions (which the author can choose to ignore)

It would be more helpful to the reader if the results were presented as odds ratios with confidence intervals rather than Chi squared results.

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

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

Quality of written English: Not suitable for publication unless extensively edited

Statistical review: Yes

Declaration of competing interests:

'I declare that I have no competing interests'