Author's response to reviews

Title: Depression and the nature of Trinidadian family practice: a cross-sectional study.

Authors:

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Author's response to reviews: see over
Definition of depression.
The decision to use this scale was a conscious one based on the availability of the scale, its previous acceptability in our setting, the ease of administration and the previous experience with the research assistant. The psychiatrist used the DSM IV clinical criteria for verification of depression in this case. Again this was deliberately done. In Trinidad which has a long history for specialist-oriented medicine any attempt to develop FP has been seen as an encroachment on the turf of others, and also the primary care physicians many of whom also look to the psychiatrist for guidance in diagnosing and managing depression. As such the decision to use a psychiatrist as the gold standard was deliberate, in order that the results would be more acceptable to local physicians.

If one examines the Zung scale questions 1 and 20 follows the major criteria for depression by the DSM IV and the other questions easily fulfill the other criteria. I therefore felt the scale to be very applicable. My choice of 60 as the cut off point was again deliberate. The decision to use a cut-off of 60 is discussed in the revised article on page 4 line 37-45 and the use of the Zung as a brief diagnostic scale is discussed on page 7 Lines 42-Page 8 Line 2.

Associations vs predictors. I have included a multivariate analysis, and so predictors of depression can be determined. See Results section. Page 6 line 19-23

The study analysis was expanded to include binary logistic regression to determine the predictors of depression additionally I have expanded the analysis to study the items on the Zung scale among the patients who had scores > 60. Page 6 Line 33-46

On page 4 lines 14-19 the discussion was expanded to describe the existing structure of primary care in Trinidad and an explanation as to why public doctors were excluded is provided.
On page 5 line 22-24, information was provided that any case with missing demographic data was excluded. This amounted to 2 cases.
The lower than expected prevalence was discussed in the context of the higher cut-off point used in this study (p7 line 20).
The issue about suicidal ideation was noted and this statement was moved to p6 line 14-15.

The report by Gerber et al. was expanded on page 7 line 31 to include the study population.
The pages were numbered.
The results section was expanded to include binary logistic regression analysis.
A paragraph on strengths and limitations was expanded on page 7 line 42 – Page 6 line 11
The references were done in the format recommended at the BMC web page:
The Reference 26 was amended.
Chi square values were included.
The presentation of the methods section was re-assessed and sub-headings included.

REVIEWER 2
W Rosser

The issue of the data collection was expanded on p5 line 19-21.
The advice regarding the ‘confidence in the results’ was included p 8 line 12
Conclusions were brought more in line with the findings of this study. P 9 line 17
I have removed from the table the repeated data on age.
Instead of a Table to describe how the results should be used I have clarified and expanded this section.

I trust that these revisions will meet with your approval.

Respectfully

Dr Rohan Maharaj