Reviewer's report

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

Version: 1 Date: 28 June 2006

Reviewer: Irwin Nazareth

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Maharaj RG. Depression and the nature of Trinidadian family practice: a cross sectional study

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Major Compulsory Revisions

This is a cross section descriptive study on depression in the north-west region of Trinidad and hence this study covers new ground. The author, however, must consider the following comments before this paper can be published. These are as follows:

Definition of depression: The author has used the Zung Scale in which the total score is derived by summing the individual item scores. The ranges of score are from 20 to 80. Previous research suggests that most people with depression score between 50 and 69, while a score of 70 and above indicates severe depression. The authors have used a cut off of 60 based on validation of Zungâ€™s scale against a clinical diagnoses made by psychiatrists. I am unsure about the validity of this approach as it is unclear whether the diagnoses made by psychiatrists is a gold standard. Although Zung scale cannot take the place of a comprehensive clinical interview for confirming a diagnosis of depression, I wonder whether it would be useful to use the recommended cut off of 50. Or else the author should have considered a fuller validation of scale in Trinidad against a stricter diagnostic measure such as the Composite International Diagnostic Interview (CIDI) designed by the WHO.

The Zung scale provides a cross sectional measure of depression based on symptoms present at the time of assessment. This is subject to change and not in keeping with a clinical diagnosis that would require more longitudinal information. Zungâ€™s scale is a simple tool for monitoring changes in depression severity over time in research studies and perhaps less useful for assessing depression. This should be mentioned as one of the study limitations in the discussion of the paper.

Associations versus predictors: The study aims are intended to identify predictors of depression. This cannot be achieved within a cross sectional design. The author has merely examined the association between depression and other variable of interest. The cause or effect of these associations can only be established in a longitudinal cohort study design. In view of this references to prediction of depression throughout the paper should be removed.

Study analyses: This section of the paper is poorly described and should be expanded. The restriction of the analyses to descriptive and univariate analyses requires further justification. Did the author consider multivariate analyses of the dataset? I would suggest that the paper is presented with the results of additional multivariate analyses unless there is good reason for not doing so.

More details is required on the following points

1) In the method section of the paper a paragraph is required on the existing structure of primary care in Trinidad and whether access to these services are prohibitively expensive or not. The author should give reasons for restricting this study to private doctors at the exclusion of public services. Some of the difference between private and public doctor services should also be explored in this section of the paper.

2) Similarly in the methods section of the paper, a statement must be made of the extent to which the author can be sure of the denominator from he derived his total list of practicing physicians in the defined region of Trinidad.

3) Can the author clarify whether a person was excluded from the analyses only if all they had no demographic data whatsoever. How many cases had missing data of this type? How was data handled when demographic data was the partially missing?
4) The reasons for lack of personal data from 10 practices must also be explained. I would have thought that this was the easiest data to obtain.

5) In the discussion section of the paper, a fuller interpretation of the RFE is required. To what extent do the RFEs shed light on the existing lower than expected prevalence of depression described in this paper?

6) The discussion of the paper reports that 4% of the people reported suicidal ideation. This is a new result and should be reported in the main result section of the paper.

7) The discussion of the paper would benefit from a section on the strengths and limitations of this research.

8) The results of Gerber et al should be reported within the context of the country in which this study is conducted. Were there any parallels between the populations described in Gerber et al and the population described in this study?

9) Unfortunately the manuscript’s pages are not numbered but in the last page of the discussion (first paragraph), the author goes too far in making recommendation on future research priorities. The suggestions on future research in the field must emerge from the results reported in this paper. I cannot find a direct link between what has been written in this paragraph and the results reported in the paper. This section of the paper requires more structure.

Presentation of the paper
The general presentation of the paper needs to be looked at more carefully. The paper would benefit from sub heading (e.g. in the Method section of the paper, there could be subheading such as: recruitment of GPs to study; instruments used; recruitment of patients; data entry and analyses plan). This type of format may also be applied to other sections of the paper as well.

Minor Essential Revisions
These include
1) Numbering all pages of the manuscript
2) A fuller description of the results in the results section of the paper
3) Re doing the references in the format
4) In table 1 providing Chi Sq values in addition to p values
5) Reference 26 needs to have appended the date the site in question was accessed

Discretionary Revisions
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: Yes

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