Author's response to reviews

Title: Interpersonal psychotherapy (IPT) for late-life depression in general practice: uptake and satisfaction by patients, therapists and physicians.

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Author's response to reviews: see over
Dear editor

Thank you for the favourable reception of the revised version of our manuscript on Interpersonal Psychotherapy for late-life depression in general practice.

In your e-mail (July 6th) you asked us to further remove references to the term 'feasibility study' from the article. We have made the following adaptations:

Abstract
In the background paragraph we removed the word feasibility and changed the last sentence into “Little is known about uptake and satisfaction when this therapy is introduced into real-life general practice”.
In the methods paragraph we removed “ feasibility data were recorded” into: Alongside a randomised controlled trial, motivation and evaluation of patients, GPs and therapists were recorded and organisational barriers described.
In the conclusion paragraph we replaced” as it was feasible” by “as we succeeded in delivering IPT”.

Main article
Introduction: In the last paragraph we replaced “Our study focuses on the feasibility of providing IPT for depressed elderly patients in general practice. We recorded feasibility data in a randomized clinical trial, because feasibility data are only relevant when an intervention is shown to be effective.” by “In this paper we describe motivation and evaluation of patients, GPs and therapists as well as organisational barriers to introducing IPT for depressed elderly patients into general practice. We recorded these data while conducting a randomized controlled trial, because these data are only interesting when it has been demonstrated that the intervention is effective”. Later in this paragraph we further removed the term feasibility and rewrote the last sentence into “At the end of this paper we integrate the effectiveness results with the findings described in the current paper and discuss whether there are grounds to support the dissemination of IPT for elderly patients in real-life general practice.”

In the methods section we changed the name of the heading feasibility into “uptake and satisfaction”. In the results section where we give a short summary of our effectiveness data, we again replaced feasibility data by “findings regarding uptake and satisfaction”. In the discussion, where we discuss the limitations of the study, we also removed the term feasibility twice.

We hope that you find our paper fit to publication in its current form.

Yours sincerely

Anneke van Schaik