Reviewer's report

Title: A survey of aged care facility staff indicates limitations in awareness of the link between depression and physical morbidity

Version: 2 Date: 6 October 2012

Reviewer: Mark Haddad

Reviewer's report:

This paper addresses an important topic, building on the extensive existing literature concerning clinicians' attitudes and understanding of depression. It is a well-written and clearly presented paper, that mostly reviews the relevant literature accurately.

Discretionary Revisions

Within the background section, the authors might consider making reference to large-scale studies such as Egede 2007 (~30,000 participants), Moussavi et al 2007 (~250,000 participants in 60 countries).

Minor Essential Revisions

The statement (p4) that '...there is good evidence that treating the physical condition can improve depression and treating depression can improve physical morbidity' should be reconsidered and more cautiously framed. There is good evidence that depression which is comorbid with medical conditions can be effectively treated with reasonable effects for depression outcomes; however data concerning the effect of depression treatment on physical health outcomes is in general sparse, conflicting and difficult to pool, with small or non-existent effects evident in many of the studies concerning diabetes or cardiac outcomes. For stroke it may be that more consistent and substantial effects are evident. I'm not sure about the value of the point that treating medical conditions can benefit depression - certainly patients should receive the best treatment of all health problems - but surely the rationale for clinician education, depression case-finding and associated clinical guidelines, is that depression (comorbid or otherwise) should be identified and treated using specific evidence-based interventions.

Major Compulsory Revisions

The major limitation and problem with this study is the research instrument that is used to examine the key variable of interest seems to be inadequately developed and has not been (sufficiently if at all pre-tested.


International Journal of Psychiatry in Medicine 2002;32(1):1-20) have examined the attitudes and knowledge of health professionals to depression, but the opportunity to build upon and adapt these has not been utilised by the authors.

The instrument that has been developed lacks face validity and other aspects of its reliability and validity have not been tested.

The 'awareness questions' are especially problematic - I am uncertain that any of the noted physical ill-health features 'lead' to depression - there is an association which is bi-directional and which involves multiple interacting pathways. I am most uncertain as to what a scaled (VAS) response to these questions indicates about respondent's awareness.

It is unclear what process was used to generate the set of knowledge questions - I would expect an initial pool to have been derived form relevant literature and then subjected to some form of explicit panel review.

These questions should have been subjected to a pre-testing procedure - usually such item analysis provides item difficulty index results, item discrimination results (discrimination coefficients) and consideration of measure acceptability and reading ease.

[ Gabriel & Violato (2009) describe the development of a depression knowledge measure (for patients with regard to these psychometric characteristics) (and Haddad et al have a depression knowledge measure for nurses development paper in press - Journal of Sch Health)]

Without consideration of the essential characteristics of the measurement instrument, it is difficult to ascertain the value of the findings reported in this paper.

The authors may consider using their data to conduct and publish essential testing of their knowledge measure. Without substantial revision I cannot recommend the publication of this paper.

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

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a
statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.