Author's response to reviews

Title: Social adaptability and substance abuse: Predictors of depression among hemodialysis patients?

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Version: 2 Date: 24 June 2012

Author's response to reviews:

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The Editor
BMC Nephrology

Ref.: Submission of the revised manuscript “Social adaptability and substance abuse: Predictors of depression among hemodialysis patients?”

Dear Dr. Henderson,

I am pleased to submit the second version of the manuscript entitled “Social adaptability and substance abuse: Predictors of depression among hemodialysis patients?” for consideration as an original paper in BMC Nephrology. All suggestions and recommendations from the editor and reviewers were taken into consideration, as described below.

Concerning the Editor’s comments:

1-We added information on patients’ written consent to participate in the study.

Concerning the Reviewer Dr. Assari:

1-We added a table (Table 2 in this version) showing the distribution of the results concerning each of the five variables of SAI.

2-In fact, substance abuse has been included in the regression model in two different ways, as a continuous variable (as part of SAI score) and as a categorical variable (yes or no). The intention was to take this aspect (substance abuse), which is understudied in nephrology, and test it as a possible predictor of depression, out of the context of being part of a score.
3-We added information about Cronbach’s alphas.

4-Concerning the suggestion of testing each component of SAI independently, we firmly believe that it would mischaracterize the aim of the study: to test a score (a whole score) as a predictor. Substance abuse was tested separately but, as stated previously, not as a score but as a category.

5-We clarified in the text our option of a cut-off to detect mild depression.

6-We are grateful for your important advice about our confused use of social support as the same as socioeconomic status. We corrected this throughout the text. But, due to the fact that social support is one of the mechanisms that explains the association between SAI score and clinical outcomes, in this version we discuss social support in this perspective.

7-We added the literature about the association of SAI with bad clinical outcomes in HD patients and in kidney recipients (References 8 and 9).

8-We put in perspective the possible mechanisms explaining the link between SAI and bad clinical outcomes, and also our hypothesis about the lack of association between SAI and depression.

Concerning Reviewer Dr. Makara-Studzinska:

1-We believe that the inclusion of Table 2 (describing results according each component of SAI) and the new discussion about the mechanisms explaining the association of SAI with clinical outcomes have created a broader description of the SAI instrument, as requested.

All new parts are highlighted in yellow to facilitate identification of the changes.

Yours sincerely,
Paulo Roberto Santos (first author)