Author's response to reviews

Title: Establishing the reliability and validity of the Zagazig Depression Scale in a UK student population: an online pilot study

Authors:

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Author's response to reviews: see over
Dear Dr Alam

Re: Establishing the reliability and validity of the Zagazig Depression Scale in a UK student population: a pilot study

Thank you for the opportunity to revise this paper in line with the reviewers’ helpful comments. Each of the reviewers’ points has been addressed as follows:

1.1 Title: Should mention: an online pilot study.

This has been added to the title

1.2 Methods: Instead of highlighting that “……of 275 undergraduate students……” would it not be better to state that “of the 275 students invited to participate in the survey, only 133(48.36%) completed the survey”?

This has been amended (page 2 ‘Abstract’ & page 4 ‘Methods’)

1.3 Please clarify the basis of inviting 275 students?

It was estimated that a sample of 96 students was needed to give 95% power to achieve response accuracy with 10% confidence intervals. Assuming a response rate of 35%, approaching 275 students would give a sample of 96. A sample size calculation has now been added. (Page 4 ‘Methods’)

1.4 Results: The number of participating females is 57.7% as compared to males who comprise 42.42%. This must be taken into consideration in discussion section when you are trying to interpret the study results for gender.

We have now included a limitations section in the discussion and this is now mentioned in this section. (Page14 ‘limitations’)

1.5 Discussion: 1st para: Your study sample is an opportunistic invited sample. Should the findings of depression in your study be discussed as a rate?

We have reworded the first sentence of the discussion to avoid the use of the word rate and we have also highlighted the limitations of the sampling in the discussion. (page 9 ‘Discussion’)

1.6 Discussion: 3rd para: refer to comment in results section above.

This has been included. See response to 1.4

1.7 The non-response (51.63%) needs to be taken into account in the interpretation of the study findings in the discussion section.

The response rate has been discussed in the limitations section (page 14 ‘limitations’)

1.8 Conclusion: Will your main study also be an online study?

The main study will be an online. This has been clarified in the in the conclusion (page 15 ‘conclusion’)

Minor Essential revisions:
1.9 2nd para: Since 84.4% of your participants were also rated as having high family affluence on the FAS (Table 1), would it not be appropriate to describe your interpretation about reliability of ZDS as applicable mainly to this
socio-economic category of the sampled UK students?

*The impact of this has been clarified (page 12, paragraph 2).*

Discretionary Revisions:
1.10 Conclusion: Please rephrase “The main study will build on my work…….” Instead of my, please use the term current study.

*This has been rephrased (page 14 ‘conclusion’).*

Reviewer 2

2.1 Method section: The procedure section should follow the design section

*The order has been changed as recommended (page 4)*

2.2 The authors should mention if they have obtained ethical approval or the reason why they didn’t.

*The study was approved by the University of Nottingham Medical School Ethics Committee. The information has been added to the Method section (page 4)*

2.3 In the method section, the authors stated that the study was conducted on students from a range of UK universities while in the abstract it is mentioned that the study was conducted on students from Nottingham University. Please explain the reason for this discrepancy and correct.

*The method section is correct and the abstract has been corrected. It was originally intended to sample only from University of Nottingham but the sampling frame was extended to meet the target sample size (page 2 ‘Abstract’).*

2.4. The authors should explain the methodology for establishing the concurrent validity, construct validity and reliability in the method section

*This has now been included (page 7)*

2.5 Sample size calculation should be provided

*This has been added (page 4). See 1.2 above*

2.6. In the method section the authors should indicate how they interpreted the different statistical test they have used (kappa, r correlation coefficient, Cronbach’s alpha) and should provide references for their interpretations

*This has been added (page 7)*

2.7. Discussion: The data provide does not show a very good evidence of construct validity. The authors should mention this in their limitations and explain the reasons behind this.

*Women were more likely to be classified as depressed and there was a moderate association between low levels of control and higher ZDS scores: both supporting the construct validity of the scale. There was only a weak (but significant) association between low social class and higher ZDS scores, probably reflecting the relative homogeneity of the sample in terms of social class. This has been discussed in the limitations (page 14)*
2.8 test-retest reliability is a very important indicator of the reliability of a scale. This was not investigated in this study. The authors should explain why they did not do this important test and should mention this as part of the limitations of the study.

*We felt that the anonymity of the questionnaire would enhance the accuracy of responses and increase responses rates. It is not possible to establish test-retest reliability in an anonymous sample. We agree that it is important, however, and are measuring this aspect of reliability in the main study with a subset of the population. This has been discussed in the limitations (p15)*

Following these revisions we hope that the paper is now considered suitable for publication in BMC Psychiatry.

Regards

Ahmed M. Ibrahim