Reviewer’s report

Title: Adherence to antidepressant therapy and pattern of prescriptions for major depressive patients in a psychiatric hospital in Thailand

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Reviewer: Churn-Shiouh Gau

Reviewer’s report:

The main purpose of this article is to provide the adherence data to antidepressant therapy for major depressive patients based on the pharmacy data set from a psychiatric hospital in Thailand. The authors used the well-defined medication possession ratio (MPR) to measure the adherence rate. However, the data presentation is quite disorganized and the discussion is poor that the manuscript may need some revision. Following are comments on the manuscripts:

1. In the sentence “...is calculated by multiplication of the number and strength of pills dispensed and dose per day.” (Page 3, 3rd paragraph), it is not clear how the days’ supply was calculated.

2. It looks like the data in Table 2 was calculated based on the percentage of total patients that certain antidepressants have ever been prescribed to the patients. If this is the case then the heading of Table 2 should be modified.

3. There is a mistake in the data calculation in Table 3. The number in parentheses after 588 for “Total for those visiting more than one” shouldn’t be 100 since the data in parentheses for the other set of data in the same column were calculated by dividing the total number (1058) of eligible patients in this study.

4. In the discussion section 2nd paragraph on page 7, the authors claimed that “combination antidepressant therapy is widely used by specialists” according to experts in Thailand. However, the data (12% in Table 2) in this study did not support above observation, authors should give comments or explanation on this discrepancy.

Level of interest: An article of limited interest

Quality of written English: Needs some language corrections before being published

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.