Reviewer’s report

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

Version: 1 Date: 14 March 2010

Reviewer: Manit Srisurapanont

Reviewer’s report:

Overview:
This retrospective study found poor adherence to antidepressants treatment in depressed outpatients of a psychiatric hospital in Thailand. The research question, methods, and data are sound. The results and discussion are appropriate but may need some improvement (see below). The study limitations are clearly defined. Previous studies are cited appropriately. In my opinion, the term of ‘pattern of prescriptions’ should be excluded from the title because only the percentages of antidepressant prescriptions, which are a small part of prescription pattern, were presented. The abstract and writing are acceptable. In my opinion, the evidence obtained from this study, which was carried out in low and middle income countries, increases our knowledge in this area.

Discretion revisions:
1. Title, page 1: the term of ‘pattern of prescriptions’ should be excluded from the title. In this study, only the percentages of antidepressant prescriptions, which are a small part of prescription pattern, were presented.
2. Background, page 2: For the sentence of ‘In the Thai burden of disease study in 2004, it ranked as one of the top ten causes of Disability Adjusted Life Years (DALYs)’, the authors should give a reference.
3. Background, page 2: For two sentences of ‘Adherence of between 40% and 70% is reported for antidepressant therapy in developed countries [3]’ and ‘Only one study shows the pattern of prescriptions for antidepressants in clinical practice in Thailand [6], the authors should give some more details of the studies or reviews, eg, study designs, the sample sizes, settings.
4. Methods, Study Population, page 2: The authors should reconsider about including the data of patients with the diagnosis codes of F38 and F39. Because these codes are not specific for depressive disorders, the data of bipolar patients may be included in the analysis.
5. Methods, Definition and Measurement of Adherence, page 3: The first paragraph started with ‘A definition of adherence …… is comparing multiple methods [9].’ should be moved to ‘Background’ section.
6. Results, Table 3, page 5: This table is difficult to understand. It is understandable that there are two groups (one visit only and at least two visits) for ‘1. Used only one drug’, but why there are no two groups for ‘2. Ever received...
2 drugs at the same date’ and ‘3. Switched from initial drug to a different one’. Does it mean that no patient who received 2 drugs at the same date or switched from initial drug to a different one came back only once? To make this table more understandable, the authors break the patients into two groups first, which are one visit only and at least two visits. After then, the authors break the groups with at least two visits into three subgroups, which are ‘used only one drug, ever received 2 drugs at the same date, and switched from initial drug to a different one’.

7. Discussion, page 5: Should the paragraph started with ‘Numerous direct and indirect methods …improve medication adherence [18].’ be moved to ‘Introduction’ or ‘Methods’ sections?


**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests.