Reviewer's report

Title: A prospective study of mental health care for comorbid depressed mood in older adults with painful osteoarthritis

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Reviewer: Jess Fiedorowicz

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Gleicher and colleagues present the results of an analysis of the relationship between depressed mood and service utilization in a large cohort of individuals with osteoarthritis. The use of a representative sample and availability of corresponding administrative data from a single payer health care system represent notable strengths of the manuscript. The paper is generally well-written and only modest copyediting will be required.

Major Essential Revisions:

MajE.1) Methods, Study Population: Please clarify proportion of individuals who were screened by examination for hip or knee arthritis. Was this reported elsewhere, if so please cite in support. If not, please provide more detail re: this valuable validation.

MajE.2) Please include data in the results to support the discussion statement on page 13 of decreased mental health care utilization with increasing age not explained by increasing co-morbidity.

MaE.3) Figure 1 is not clear. Why do the authors choose only women aged 75? Please have this figure correspond to the full sample discussed in the corresponding text. Please also include ranges for each strata instead of what are apparently medians for strata.

MajE.4) Why is the estimate of the odds ratio so much more precise for the sample restricted to >65 years of age compared to the full sample? A more precise estimate would be expected in the larger sample.

From Table 3 (full sample): OR 2.13, 1.08-4.26, p=0.031
From Table 4 (>65): OR 1.3, 1.23-1.38, p<0.0001

MajE.5) The interaction could be more clearly or concisely presented in Table 4.

Minor Essential Revisions:

MinE.1) Please specify covariates included in multivariate models at the bottom of Tables.

MinE.2) Re: Appendix 1: Why are higher strength (i.e. 300 mg) trazodone doses not considered? In Appendix 1, consider replacing “antidepressant” drug class with “other” and moving toward the end.

Discretionary Revisions:

DR.1) The missing education category does not appear to add any value to
Table 3.

DR.2) Re: Appendix 1: Generally, venlafaxine is considered an SNRI rather than an SSRI. However, it is predominantly serotonergic and if the authors prefer this less conventional classification, it is justifiable.

DR.3) Re: Appendix 1: Consider dropping Perphenazine & amitriptyline HCl as the antidepressant component is already listed. Presumably this is listed as it was used in the database query.

DR.4) Re: Appendix 1: Nefazodone appears to have been available in Canada from 1994-2003 and does not appear on the list of antidepressants. Some uncommon tricyclics are not listed and presumably were not available or not prescribed, but this should be checked.

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

**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 have no competing interestes.