Author's response to reviews

Title: Sub-threshold depression and antidepressants use in a community sample: searching anxiety and finding bipolar disorder

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Author's response to reviews:

To: Editor BMC Psychiatry

September 13, 2

Dear Editor,

Thank you for the reviews on our recent manuscript submitted to BMC Psychiatry. Please find enclosed our revised manuscript entitled “Sub-threshold depression and antidepressants use in a community sample: searching anxiety and finding bipolar disorder”. We found the comments by the reviewer very helpful and the revised manuscript includes all his suggestions. Below, we have responded to their specific critiques and pointed out the revisions made to the manuscript. We hope that the work is now acceptable for publication.

Response to reviewer comments

Reviewer: Prof. Campos
- Major Compulsory Revisions

1- INTRODUCTION:

Critique: The authors refer to whether or not subjects with SD needed to be treated but it
is not further discussed.
Response: We have discussed this issue in detail in the current revised version under the Discussion section (pages 11-13).

2- RESULTS

Critique: The OR (48.1) concerning to SD in females must be explained.
Response: We appreciate for pointing this error. The odds ratio of 48.1 is given by mistake. The correct OR is 2.86 as calculated using the frequencies reported in the table and the results of the prevalence of 5.5% in females and 2.0% in males. This females/ males ratio is in agreement with the literature data.

Critique: Since MDQ was described for the assessment for bipolar spectrum disorders and ANTAS assess the presence of psychiatric disorders according to the DSM-IV it is not clear what criteria was considered to determine the prevalence of lifetime mania and hypomania. This should be clear throughout the text.
Response: For a better clarification, we have made the following changes in the revised text:
Point 2 of Interview, tools and study assessment (Methods): “to assess the presence of full or sub-threshold psychiatric disorders” with reference to the ANTAS was changed to “to assess the presence of psychiatric disorders”.
In the subsequent paragraph we made the following changes:
For the purpose of the present study we used these definitions:
1. SD = people having, at the time of the interview, depressive symptoms (HAM-D score > 10) without an ANTAS-SCID-DSM-IV lifetime diagnosis of Depressive Episode.
2. Depressive Episode (DE) point prevalence = people with an ANTAS-SCID-DSM-IV Depressive Episode diagnosis at the time of the interview; they may have a lifetime ANTAS diagnosis of Major Depressive Disorder (MDD) or Bipolar Disorder (BD).
3. Not Depressed (ND) people = people not showing any relevant depressive symptoms at the time of the interview (HAM-D score <10).
4. Lifetime diagnosis of manic-hypomanic episode in SD = people having MDQ lifetime positivity (score >7).

On the method of use of MDQ as a screening tool, we have discussed it in the “limitations” section. We hope that this is sufficient.

Critique: Tables are still confused and must be better organized. Terms such as DE or DE point prevalence must be standardized.
Response: Point well-taken, we have now tried to organize the tables better, and also that all the terms are now standardized in all the tables. Also, the order of presentation was standardized in all the tables.
3- DISCUSSION

Critique: It’s discussed the possible induction of mood-cycling in the SD sub-sample but there is no data related to support that.

As was shown earlier that MDQ positivity is probably occurring as confounding factor, it should be further detailed the relationship of antidepressants use and anxiety disorders.

Response: We have now discussed these above questions in the Discussion section (pages 11-13).