Title: Do general practitioners and psychiatrists agree about defining cure from depression? The DESCRIBE survey

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Author's response to reviews:
Dear Dr Alam,

Please find below our point-by-point answer to the comments made by the reviewers of our manuscript entitled “Do general practitioners and psychiatrists agree about defining cure from depression? The DEsCRIBE™ survey and attached the revised manuscript.

For the sake of transparency, Lundbeck decided to add Geert Van Gassen, PhD, Medical Advisor Psychiatry as a co-author. Dr. Geert Van Gassen fulfilled all ICMJE criteria for authorship.

We are looking forward to a final approval for publication in BMC psychiatry.

Yours sincerely,

Koen Demyttenaere, MD, PhD

On behalf of:

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Responses to the reviewers comments

Title: Do general practitioners and psychiatrists agree about defining cure from depression? The DESCRIBE survey

Date: 23 September 2011

1. Reviewer: George Papakostas

Reviewer’s report:
This is a very interesting, important analysis of differences in treatment development priorities between Psychiatrists and PCPs (two groups heavily involved in treating patients with Major Depressive Disorder-MDD) for MDD. Data was elicited with the use of specifically designed scales which allowed for systematic collection of data. The results are interesting, and worthy of publication. At this point, I do not recommend further revision.

Level of interest: an exceptional article

Quality of written English: Acceptable

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

2. Reviewer: Daniela Krause

Reviewer’s report:

Demyttenaere and colleagues investigated how cure from depression is defined by physicians and whether their attitude about depression alters their prescription practice. The findings of this study give a clear impression on what is relevant for general practitioners in comparison to psychiatrists when they have to decide how to treat a depressed patient.

The paper is very well written and structured.

I have only a few minor revisions:

Background: Please provide a clear definition of remission (cure) that is commonly used to declare remission from depression in the scientific field.

We added a sentence with the standard definition of remission in the manuscript (p4). Then the aim of the study that physicians were asked what they thought was important in defining cure in patients with depression, becomes then more obvious.
Methods: page 7: For the 51 item questionnaire 6 scales (e.g. PHQ-somatic) were included. Please provide a rationale why especially these scales were chosen.

Due to the frequent comorbidity between depressive symptoms, anxiety symptoms and somatic symptoms we looked for well validated and frequently used dimensional scales; representative scales for functioning, positive affect and quality of life were also chosen on the same basis.

Statistical analysis: A ranking of the 51 items was performed. Explain the criteria what made an item important.

An item is “important” if its mean score is high (i.e. close to 5). The scoring is between 1 (lowest importance) and 5 (highest importance). Thus items were ranked by decreasing importance or equivalently by decreasing mean score. A clarification has been made in the statistical section (Page 8).

Discussion: The citation of Mrs McGoey’s statement on RCTs seems to general and attention seeking in the discussion.

We added a sentence in the discussion section explaining better our results in the context of that citation.

Level of interest: An article of outstanding merit and interest in its field

Quality of written English: Acceptable

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

3. Reviewer: Roland Mergl

Reviewer’s report:

The authors analysed attitudes of Belgian psychiatrists and general practitioners
towards depressive disorders and addressed the question whether they have an influence on prescribing patterns or outcome dimensions. The latter was the case, especially in general practitioners.

Overall, this article represents a valuable contribution to a clinically relevant research question. The presentation is clear. My comments can be summarized as follows:

Major compulsory revisions

1. Methods – Statistical analysis: The factor analysis mentioned at page 8 (line 12) should be specified. Did the authors conduct a mean component analysis with varimax rotation?

No! We actually did perform a maximum likelihood factor analysis with varimax rotation using the SAS PROC FACTOR METHOD=ML ROTATE VARIMAX. The number of factors retained was based on the proportion criterion such that 100% or more of the common variance was explained by the factors retained. For the GPs, the common variance explained by the 3 factors was 5.81 as compared to 4.77 by the statements. For the psychiatrists, 5 factors were needed to reach 100% or more; the common variance explained by the 5 factors was 15.8 as compared to 8.89 by the statements. The application of the Kaiser-Guttman rule (based on eigenvalues greater than 1) leads to the same number of factors retained.

The statistical section (Page 8) has been changed accordingly. See also some minor changes in the Results section. The title of Table 6 has also been corrected.

2. Results – Physicians’ attitudes about depression: In the first paragraph, a number of associations are listed, but the corresponding correlation coefficients and p values are not mentioned. This information will be important to assess the strength of the associations between DAS statements.

We added Spearman correlation coefficients and P-values (some statements were deleted since they were based on biplots which is a multivariate approach using the entire correlation matrix and hence do not produce correlation coefficients).

3. Results – Factor analysis of the DAS responses: It would be interesting to know the proportions of variance which can be explained by the three-factor solution (mentioned at page 11, line 22) and the five-factor solution (mentioned at
page 12, line 4), respectively.

Since we did not perform a principal component based factor analysis we cannot answer this point. See further explanation in point 1 above.

4. Results – Physician attitudes about depression and prescribing patterns: “The overall correlation between GPs` perceptions and their prescribing behaviour” should be specified.

This section has been rewritten (see Results section Page 13). The actual p-value is 0.0067. The p-value reported in the original version was actually p=0.0020 (not p=0.020) and refer to the model including only the 3 factors without the sociodemographic characteristics!

5. Table 5: By which test have the differences between the physician groups in the proportion of physicians who agreed with different Depression Attitude Scale statements been tested for statistical significance? Did the authors use a chi-square test for two-by-two tables?

Indeed, this was based on the classical chi-square test for 2x2 contingency tables. A note has been made at the bottom of Table 5.

6. Table 6: The highest scoring statement in the factor 3 solution (for general practitioners) seems to be A16 (55), not A14 (44).

The idea was to have the highest (or close to highest) scoring for both GP and Psychiatrist factor: so we ended with the highest scoring statement of the psychiatrist (A14) and the second highest scoring statement of the GP (the highest being A16).

7. Discussion: Page 17, lines 3-4: “GPs feel that most depressive disorders seen in general practice improve without medication (Factor 3)”: This sentence does not fit well to the statement that compared “with psychiatrists, GPs agree less strongly that most depressive disorders seen in general practice improve without medication” (page 12, lines 18-19). This discrepancy should be explained.

We had not carefully formulated the difference on factor 5 between psychiatrists and GPS: the correct phrasing of the comparison between GPs and psychiatrists
should be: GPs agree more with the statement that most depressive disorders in a primary care practice do not improve without medication and they disagree less with the statement that free psychotherapy would be more beneficial than antidepressants. This has been changed in the manuscript (p12 and p17).

Minor essential revisions

None.

Minor issues not for publication:

1) Page 16, line 16: “A second finding of this study was the important differences […]”: Please substitute “was” by “were”. OK

2) Table 5: Statement A20: “If psychotherapy were freely available”: Please substitute “were” by “was”. OK

Level of interest: An article of importance in its field

Quality of written English: Acceptable

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