Reviewer’s report

Title: Chronic Depression: Development and Evaluation of the Luebeck Questionnaire for Recording Preoperational Thinking (LQPT)

Version: 1 Date: 5 October 2011

Reviewer: Eva-Lotta Brakemeier

Reviewer’s report:

This is a well designed, innovative, constructive, and very important study for the research field of chronic depression. The main aim of this study was to develop a new questionnaire for assessing one specific psychopathology feature of chronic depression: McCullough’s assumed preoperational thinking in adulthood. This aim fills a research gap since questionnaires are missing measuring specific features of chronic depression. Moreover, McCullough’s assumption concerning the preoperational thinking of chronically depressed adults builds the basis of his CBASP therapy, which is clinically comprehensible and observable. However, from a scientific point of view, an empirical proof is urgently needed. The authors developed very carefully a new questionnaire with satisfying test parameters. The most convincing result refers to the discriminative validity: the questionnaire could differentiate between healthy, episodically, and chronically depressed patients.

The current version of the manuscript has a few number of issues that need addressing (see below: Minor Essential Revisions). However, after having addressed these shortcomings, from my point of view, the paper meets the high standard of the BMC Psychiatry Journal.

Minor Essential revisions

• In general, there are a number of language issues including typos that require editing. I would strongly recommend that a native English speaker should review the manuscript concerning these language issues. Generally, the manuscript is well-written.

Title:

• I would suggest: 'The Specific Psychopathology of Chronic Depression: Development and Evaluation of the Luebeck Questionnaire for Recording Preoperational Thinking (LQPT)'

• Also, the abbreviation LQPT is not convincing me. Maybe LÜQ_PreT sounds more smooth?

Background

• In general, I would suggest focusing the Background section more on McCullough’s psychotherapy CBASP. CBASP is – as far as I know – the only
psychotherapy specifically designed for chronic depression. In addition, McCullough is the only researcher/therapists having proposed specific hypotheses describing the special psychopathology of chronically depressed patients. Thus, for example it should be stated in lines 3 and 4 that only one psychotherapy … has been developed in the past years.

- In line, I would change the order of the topics in this section:
  o First description of the unique features of chronic depression.
  o Second, the description of CBASP should follow, than the pinpointing of the two hypotheses McCullough assumed. Here, I would recommend to use the special vocabulary McCullough uses to describe his hypothesis (compare McCullough, 2006, Treating chronic depression with DPI, pp. 41).
  o Also I would recommend to discuss the Kocsis study more critically (compare readers reply by Schramm & Reynolds: http://archpsyc.ama-assn.org/cgi/eletters/66/11/1178
  o After this, a short description of the few studies having tried to test these hypothesis empirically should follow. Here, the Wilbertz et al study should be described more deeply since the authors analyzed not only the therapist’s judgment but moreover tried to use one ToM test (the MASC test) to provide evidence for the preoperational thinking hypotheses. Also, there exist one other study using ToM tasks in this context: Theory of mind deficits in chronically depressed patients. Zobel I, Werden D, Linster H, Dykierek P, Drieling T, Berger M, Schramm E. Depress Anxiety. 2010 Sep;27(9):821-8. Please add this study, too.
  o After this, it could be summarized that both studies have shortcomings to prove empirically the preoperational thinking hypotheses which leads to an important research gap: there exists no instrument directly measuring preoperational thinking in adults. Thus, this study is aimed to develop a new specific instrument, etc.
  o Finally, you should claim that your study has three aims (p. 3, below)

Methods

- p. 4 (bottom) I would suggest to add the word “interpersonal” short-stories since the most important feature of McCullough’s assumed preoperational thinking is that this should occur only in interpersonal situations.
• p. 5 Description of preoperational thinking
• 5. not Empathy but moreover lack of empathy
• One item is missing: no emotional control in stressful situations / dysfunctional emotional control – are you aware of this?

Evaluation
• P. 6: I am not able to reconstruct your power analysis: which data have you used to compute this analysis (preliminary data – from which study)?
• Generally, it seems a small sample to test psychometric properties of a new questionnaire – mention this as a limitation in the Discussion more clearly
• I would suggest to pinpoint more clearly which inclusion and exclusion criteria you have used?
• P. 7: Please add the standard deviation concerning age (not only range)
• P. 7: Have you differentiated between early and late onset? If you have information concerning this aspect, please report them
• In general, I would prefer to give these information concerning your sample in the first section of the Results (s. Results)
• General comment: It would have been interesting if you had used the Childhood Trauma Questionnaire to analyze correlations between the CTQ and your new questionnaire – maybe you could add the CTQ in new studies
• p. 8 You should add to report the statistical tests you are going to apply for testing the differences between the three study groups

Results
• First, I would expect a brief section describing your three study groups in detail. The reader should see that there are no significant differences regarding demographic characteristics but that there are significant differences with respect to clinical variables. Please, add this Table.
• The reliability and validity analysis are very good. However, you should mention and discuss the term “construct validity” in this context (validity analysis of the final forms); in addition, you should mention the term “discriminative validity / known-groups validity” concerning the significant differences between your three study groups – even after having controlled for the covariates.
• P. 10: You don’t use the correct English report form concerning the analysis of covariance. Please, check this.
• In addition, it would be interesting to have a Table reporting the correlations between the BDI and the LQPT

Discussion
• P. 10 First sentence: The first aim of the study
P. 10: Add after the sentence: The LQPT is able to distinguish ... thinking. As a valuable consequence with the help of the LQPT the special subgroup of chronically depressed patients could be described more thoroughly in future research. As such, ... In addition, ... Finally, it would be interesting to find out whether the LQPT even provide the opportunity to predict who will respond or who will not respond to CBASP or other therapies – if the LQPT has predictive value.

- Please state your limitations more clearly.

P. 11: I found the section concerning the comparison between the LQPT and the ToM constructs a little bit confusing. Please work more out what you want to say.

- Conclusion: Add to the first sentence: ... instrument to measure McCullough’s assumed preoperational thinking in chronically depressed patients.

Tables
- Tab. 1: hard to read: add lines between each subgroup (Total, Chronic, etc.)
- Tab. 2: add the statistical values of your tests into the Table

References
- 18. Typo: Zobel not Zoebel

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

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

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

Declaration of competing interests:

I declare that I have no competing interests.