Reviewer's report

Title: Comparison of the CES-D and PHQ-9 depression scales in people with type 2 diabetes in Tehran, Iran

Version: 1 Date: 23 November 2010

Reviewer: Nicholas T Van Dam

Reviewer's report:

1. Major Compulsory Revisions

1.1 The authors state in the last sentence of intro, paragraph 3, that “screening for depression will most likely be of benefit as part of diabetes management...” While this makes logical sense, results do not seem to suggest that depression assessment and treatment actually improve management of diabetes (Pouwer, 2009). This might be one area that the authors could follow up on if poised to do so.

1.2 The authors suggest that there are few studies that have examined depression assessment in diabetic patients. While this may be the case, the only differences between the current study and the one reported in reference 23 (Hermanns et al., 2006) is that the current sample is Iranian, and the present authors use fewer assessment measures but include the CES-D. It would help if the authors could motivate why the PHQ-9 and the CES-D were used in this study.

1.3 In the research design, the authors state that patients had no history of psychological disorders, but do not state how this information was ascertained.

1.4 What I find to be particularly interesting is that the prevalence rate of depression in the current diabetic sample is dramatically higher than what is commonly found internationally (see ref. 5). In a large meta-analysis the rate of depression in Type 2 diabetics was 17.6%, while the current study has a rate of 43.2%. The authors may wish to explore why this is the case. It could be that this is a sample with greater complication given that they are presenting at a diabetes clinic at the Institute of Endocrinology and Metabolism, rather than a primary care practice (where many of these types of studies seem to be conducted). The high level of depression may create statistical anomalies such that there is an elevated floor. If the majority of participants endorse high levels of depression, it may be particularly hard to discriminate between those who meet criteria for depression.

1.5 Another major issue is that the authors frame this issue as one that is especially problematic to diabetes. While evidence does suggest higher prevalence rates of depression in diabetics, it also suggests that there are much more widespread limitations to assessment of depression in general practice (Mitchell et al., 2009). The latter may be a particularly important component of
the failure to assess depression in diabetics.

1.6 If the authors could find a way to include further data and/or an intervention, they could address what seems to be a paucity of data on the efficacy of depression interventions for diabetes management as well as improving depression assessment among primary care. The real story in the present data though, may be the high rates of depression in this particular population. If the authors are able to tease out what it is about this population that makes them particularly susceptible to depression, it would be a worthwhile contribution to the literature.

2. Minor Essential Revisions
2.1. Throughout the review, the authors are not consistent with their reference format. Sometimes the period occurs prior to the brackets and other times after the brackets.

2.2. Second paragraph, intro. There is a period prior to reference 16 that does not belong.

2.3. Third paragraph, intro, first sentence. This sentence is difficult to follow. Are PCPs treating less than 25% of depressed diabetic patients from the overall sample of depressed diabetic patients? Or are they only accurately diagnosing depression in < 25% of diabetics who have depression?

2.4 Intro, paragraph 4, the authors state that the SCID is the gold standard for diagnostic assessment, but do not provide a citation. Some might argue that clinician assessment is more accurate, others might argue the CIDI is the “gold standard”.

2.5 Methods, paragraph 5 needs comprehensive editing for grammar, syntax, and diction.

2.6 Results, paragraph 6 needs comprehensive editing for grammar, syntax, and diction.

3. Discretionary Revisions
3.1 The authors exclude the Hamilton Depression Scale as well as the HADS-D in their measures of depression. It would be useful to consider these measures or at least why they might not be beneficial.

References

**Level of interest:** An article of limited interest

**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 declare I have no competing interests