Author's response to reviews

Title: Predictors of the short-term responder rate of Electroconvulsive therapy in depressive disorders - a population based study.

Authors:

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Author's response to reviews: see over
We have read the comments from the reviewers and would like to thank you for the possibility to submit a revised manuscript for consideration. We have read the comments from the reviewers with great interest and care. We have revised the manuscript thoroughly based on the comments from the reviewers and do hope that you now may be able to accept the manuscript for publication in BMC Psychiatry. All three authors have taken part in the revision. All changes made to the manuscript are marked with bold style. The authors respond point by point to the comments from the reviewers below.

**Reviewer 1: Ladislav Hosak**  
**Reviewer’s report:**  
First reviewers general comment:  
An article whose findings are important to those with closely related research interests.

First reviewers comment 1:  
Abstract – Conclusions sentence No.2: There should be “Similarly to results from” not “form”  
**Authors response:**  
We have corrected the spelling.

First reviewers comment 2:  
Background: The aim of the present study: You suggest the hypothesis that the responder rate of ECT might be lower in clinical routine than in controlled trials. Why do you think so? You should explain your opinion.

**Authors response:**  
The second paragraph in the background was expanded to include information from the study by Prudic et al who found a considerably lower remission rate compared to that reported from clinical trials.

First reviewers comment 3:  
When has your study been finished? On December 30 or on December 31, 2010? Your provide two different data in Methods – Subjects.

**Authors response:**  
The inclusion period ended December 31, 2010. It has been corrected.

**Reviewer 2: Dennis Hofman**  
**Second reviewers general comment:**  
The authors here present a large cohort study of ECT effectiveness in uni and bipolar depressed patients, as well as schizoaffective patients. This is a timely topic, as outcomes of different treatments of depression differ greatly between patients, and factors predicting treatment outcome are hard to identify.
The manuscript has already been reviewed for BMC Psychiatry, and the authors have revised the manuscript to meet the initial reviewers’ comments. I therefore feel it is inappropriate to present then with a full new round of revision requirements. I do however have some suggestions that in my opinion could improve the interpretability of the data presented.

Second reviewers comment 1) The hypothesis on the responder rate being lower in clinical routine than in controlled trials does not necessarily follow from the introductory text. I would like to encourage the authors to elaborate on the present lack of empirical knowledge the present MS addresses, and possible predictors of remission after ECT that already have successfully been identified.

Authors response:
We expanded the second paragraph of the background to describe in more detail why the hypothesis was formed. The fourth paragraph of the background section has been reworked to more clearly outline the current evidence regarding predictive factors to ECT.

Second reviewers comment 2) The authors report the results of the regression analysis addressing the question of what factors would constitute successful predictors of treatment outcome, a significant question in the present paper. I fell the results would benefit from a more extensive discussion in the text, instead of referring to table 2.

Authors response:
The Significant predictors paragraph in the results section is expanded and now include the confidence intervals of odds-ratios of the factors associated with response.

Kind regards

Örebro, Sweden, July 16, 2012
Axel Nordenskjöld
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