Reviewer's report

Title: Development of mental disorders one year after exposure to psychosocial stressors in primary care patients with a physical complaint; a cohort study

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Reviewer: Antje-Kathrin Allgaier

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Ms. by Herzig et al.

Title: Development of mental disorders one year after exposure to psychosocial stressors in primary care patients with a physical complaint; a cohort study

In the present study the authors explore the onset of depression, anxiety and somatoform disorders after exposure to psychosocial stressors in primary care patients presenting with at least one physical complaint.

This study contributes to our knowledge about the causal association between psychosocial stressors and the onset of mental disorders. Identifying risk factors for the development of frequent mental disorders is of clinical importance since specific preventive strategies could be tailored to this high risk group.

The manuscript is well organized and easy to follow. The abstract is well written and the research question is adequately defined. However, the value of the article could be further increased by some clarifications, especially in the methods section.

Minor Essential Revisions:
1. Patients could be included in the study if they reported at least one physical complaint.

According to Table 1, the reported complaints were classified into different categories.

I suppose, these categories were derived from the questionnaire that was filled out by the general practitioners. Please describe this classification process in more detail.

Since complaints with a clear-cut somatic reason as well as somatoform complaints were considered, it is unclear, why the authors assumed that only half of the patients presenting to a general practitioner would exhibit a somatic complaint.

Furthermore, the numbers of the initial somatic complaints in Table 1 do not add up to n=153 and n=329, respectively. In Table 1 there is a note that up to three diagnoses related to the complaint could be reported. In that case, numbers should be higher than 153 and 329. Or were the complaints classified according to the main diagnosis?
2. Multisomatoform disorder was defined as the presence of at least three unexplained physical complaints. The corresponding items of the PHQ only capture the level of impairment by several somatic complaints. Thus, it cannot be ruled out that the complaints are no somatoform symptoms but part of an organic disease.

3. In general, the major limitation of this study is the absence of gold standard diagnoses according to a structured interview such as SCID or CIDI. Although the PHQ is based on DSM-IV criteria it can not be considered as a high-quality gold standard. Therefore, the prevalence of principal mental disorders might have been overestimated. The authors refer to this limitation in the discussion section only considering a clinical diagnosis to be more valid, but they should discuss the application of a structured clinical interview, as well.

4. Table 1: How were psychiatric comorbidities recorded? I suppose, patients were asked whether they were diagnosed with a mental disorder in the past. Applying a structured interview would have allowed to assess lifetime diagnoses of mental disorders. It would have been interesting to exclude patients with previous mental disorders since, for instance, patients suffering from a depressive disorder in the past are much more vulnerable to relapse when exposed to psychosocial stressors than patients without a history of depression.

5. It is a strength of the study that the authors conducted a sample size estimation. However, it is unclear why two numbers are given, 740 and 1000. What are the assumed numbers of relative risk and exposition rate based on?

6. Why was a p-value <= 0.2 used for Fisher’s exact test?

7. Why was only oral and not written consent obtained?

8. Table 2 and Table 3 only refer to the subgroup of patients suffering from a mental disorder, that is, 30 patients who were exposed to a stressor, and 26 who were not. Thus, it is confusing to report only the number for the whole sample.

9. The headings of the tables should be placed above the table.

10. Please correct the spelling of Fisher’s exact test on page 8 and in Table 1.

Discretionary Revisions:

1. The title of the manuscript seems rather long and difficult to capture. I would suggest to divide it into two sections, e.g.: Development of mental disorders after exposure to psychosocial stressors: a cohort study in primary care patients with a physical complaint

2. Table 1 should be shortened by integrating some parts in the text.

**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.