Reviewer's report

Title: Relationship between Depressive Symptom Severity and Emergency Department Use Among Low-Income, Depressed Older Adults

Version: 2 Date: 30 August 2012

Reviewer: Michaela Schwarzbach

Reviewer's report:

General comment

The study aimed at the determination of the association of depressive symptom severity and emergency department visit frequency among low-income, homebound adults who participated in an RCT of a short-term depression treatment. The authors show that the ED visit frequency was significantly positively associated with depressive symptom severity. Due to higher total healthcare costs of elderly with depression (Luppa, 2008), the understanding of the features of depression is relevant. This study is a nice contribution to this area of research, although the study sample is highly selective.

Comments section by section

Title and Introduction:

1. Major: It does become not clear that the participants are homebound adults. The term is neither used in the title nor described in the introduction. But since the sample in this study is a highly selective one, it would be essential to refer to this special sample. In the introduction the description “chronic medical illness” and “high levels of comorbidities and disabilities” are used, but they do not describe the special situation of homebound patients, which are even more limited than adults with comorbid conditions, that in most cases are still able to leave the house. Please go more into detail in terms of homebound adults. Please specify in the title that the study refers to homebound adults.

2. Minor: Further the introduction could more focused and shorter.

Results:

3. Major: The section that repeats the results of another study (Reference 29) should be omitted, since the focus in this study is the HAMD score at baseline and follow-up and the HAMD score change since baseline independent of the intervention groups. In none of the analyses the intervention groups, which the participants were assigned to, were a question of substance. Therefore it confuses to mention it again in the result section.

4. Discretionary: Optionally these results could be mentioned in the discussion section.
5. Minor: The text should be shortened since large parts are only repeating the information from the tables and are therefore redundant.

Discussion:

6. Minor: You state that the ED visit frequency was significantly positively associated with depressive symptoms. It would be more explicit if you said that ED visit frequency was significantly associated with higher depressive symptoms or with depressive symptom severity.

Reference list


Level of interest: An article whose findings are important to those with closely related research interests

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.