Author's response to reviews

Title: Depressive Symptoms in First Episode Psychosis: A One-Year Follow-Up Study

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Author's response to reviews: see over
Author's covering letter for initial submission

Title: Depressive Symptoms in First Episode Psychosis: A One-Year Follow-Up Study

Authors:

Version: 1 Date: 14 March 2013

Comments: see over
Dear Editor Paul Lysaker

Thank you for your e-mail of the 26th February 2013, with the constructive comments from the reviewers concerning our manuscript: “Depressive Symptoms in First Episode Psychosis: A One-Year Follow-Up Study” (MS. Ref. No.: 4745752478970604). We have revised our manuscript according to your and the reviewers’ suggestions, and our point-to-point response is enclosed. We hope that you will find the revised version to be of interest for BMC Psychiatry.

We are looking forward to hearing from you.

On behalf of the authors

Nasrettin Sönmez
Editors request:

We have added “Authors’ contributions” in the manuscript.

**Reviewer 1: Ilanit Hasson-Ohayon**

1- The end of the introduction – the description of instrument and participants should be integrated to the method section.

*Answer: In accordance with the referee’s suggestion, we have integrated the description of CDSS in the Methods section (Assessments) and the description of the participants have been integrated in the Subjects section (P.6 §.1 ).*

2- At the end of the introduction the authors spell out 4 questions. The first one seems a bit vogue and clarification would be beneficial. Also- can these questions be translated into research hypothesis? It seems that the literature review in the introduction support direction of hypotheses.

*Answer: In accordance with the referee’s suggestion we have tried to make research question 1 more specific. We think it is difficult (and maybe more confusing for the reader) to translate the research questions into hypotheses. This especially for the question concerning identification of different subgroups. We hope this is ok, if not, please let us know, and we will try to translate them into hypotheses.*

3- Please provide reasons for dropouts between the two measures.

*Answer: We clearly agree with the referee and have added a more thoroughly description of the patients who dropped out of the follow up assessments in the Discussion section.*

*Unfortunately, we have no clinical characteristics of the drop-out patients beyond the baseline assessments. The patients were most often untraceable and did not respond to letters or phone calls. However, there were no significant differences at baseline between those patients who dropped-out and the group who were interviewed at 12 months follow-up as it comes to gender distribution, age, symptoms and diagnostic distribution. This is more clearly spelled out in the Discussion section (limitations)(P.14, §.2 )*

4- The method needs re-editing: the instruments are described all together in the instrument section and their reliability in the procedure section. At the end of the instruments section there is a sentence that would be better placed in the procedure.

*Answer: We have re-edited the method section thoroughly according to the referee’s suggestions (P. 6-9) The name of the subheadings have been changed to Subjects, Clinical assessments and instruments, Reliability and Analysis. Hopefully, the structure and logic of the Method section have improved.*
5- In the statistical analysis section – 4 groups are mentioned. What four groups? Only in the results, later on, these are mentioned.

Answer: *We clearly agree and we have described how the different subgroups of depressive symptoms were defined in the Analysis section (P.8, §.3).*

6- Also – in the analysis section – it is written that the order of entering to the regression was dependent on the correlational analysis. And then the variables in the regression are presented without referring to the correlations. It seems to contradict- please clarify.

Answer: *As pointed out by the referee, there were some contradictory descriptions regarding how the variables were entered into the regression analysis. This is made more clearly in the Analysis section. Most notably, the variables in the regression analysis were based on theoretical considerations (P.9, §.2).*

7- In the result section it is written: “The course of depressive symptoms during the 12 months period followed four different pathways.”. Please provide explanation as to what analysis was conducted to reach these four pathways. What cut-off or cluster analysis was performed?

Answer: *This is more thoroughly described in the Analysis section (P.8, §.3)*

8- Table 4: is it a B or Beta?

Answer: *It is a B. We have also included the Beta scores in the revised version (Table 4).*

**Reviewer 2: Tania Lecomte**

1- The authors mention that 4 groups would be compared in the analysis – why is that so? Technically the authors shouldn’t have known the number of groups before the analysis were run (?) Where does that number come from and how were these groups defined? It is mentioned that trajectories would be found but not trajectory analysis is described (trajectory analyses are somewhat like cluster analyses but across time). Please mention what analysis gave the four groups, or how these were determined.

Answer: *We clearly agree and we have described how the different subgroups of depressive symptoms were defined and determined in the Analysis section (P.8, §.3).*

3- It is mentioned that one group ‘stayed depressed’ over the course of 12 months – where the scores exactly the same or did some get worse and others better, while still being depressed?

Answer: *This is an interesting question. We have made this point clearer by adding the total CDSS score for the four groups at baseline in table 2 and at 12 months follow up in table 3. As shown in the*
The CDSS scores for the persistently depressed group are almost the same. The mean CDSS score at baseline was 10.61 and at 12 months follow up 8.91.

4- In the results section, please indicate the F and t-scores.

Answer: The F and t-scores are indicated in the tables.

5- In the discussion, it is mentioned that those who were depressed ‘had equal level of depression’ .. where can we see this (in numbers)?

Answer: We clearly agree with the referee and have added the CDSS total scores for the two groups in table 3. As can be seen from the table both the PANSS depressive component scores and the CDSS total scores are almost the same between the group of patients who were persistently depressed and the group who became depressed during the follow up period. This finding is interesting as the persistently depressed group were rated as more suicidal than the group of patients who became depressed during the follow up period. We have more clearly described this finding in the Discussion section (P.12 , §.2 ).

6- In terms of interpretation, the PANSS negative symptoms and depressive symptoms do somewhat overlap… is it truly that the most depressed are more ‘negative syndrome’ or could this be an artifact of the measures?

Answer: We agree with the referee that PANSS negative symptoms and depressive symptoms somewhat overlap. Differentiating primary from secondary negative symptoms, however, is not easy, and assessments tools like PANSS were not created to make this differentiation. However, CDSS has been shown to be the instrument that most specifically measure depressive symptoms and not negative symptoms among patients with psychotic disorders (references 23 & 24 in the manuscript). Our study found no significant correlation between the CDSS score at baseline and the PANSS negative component score and a low but significant correlation (0.18) at follow up. However, we can not rule out this overlap, but we think it has only minor influence on the main results in the present study. This is more thoroughly discussed in the Discussion section (P.14 , §.3 ).

7- In terms of limits, this study has no qualitative aspect to it- could it be that who ‘stayed depressed’ actually had different reasons to be depressed at each time point, so the depressive symptoms are qualitatively different (e.g. at baseline the person dropped out of school, is depressed because of voices putting him down and at 12 months is depressed because he has to live with the stigma of a mental illness diagnosis)? Even the SCID interview mentions to not rate depression if it occurs after the diagnosis of schizophrenia because it is a ‘normal’ phenomenon to react with depressive symptoms… some thoughts around this idea would be interesting in the discussion.

Answer: This is also a very interesting question which we have discussed further in the Discussion section (P.15 , §.2 ).