Reviewer's report

**Title:** Depression Treatment Patterns Among Individuals With Arthritis: A Cross Sectional Study

**Version:** 2 **Date:** 10 February 2013

**Reviewer:** Chi Chiu Mok

**Reviewer's report:**

This is a cross-sectional survey the demographic and socioeconomic characteristics of a sample of patients with chronic illnesses with depression, with special focus on rheumatoid arthritis / osteoarthritis. Anti-depressive treatment was deduced from a medication / treatment registry. After adjustment for confounders, the authors did not find any difference in anti-depressive treatment between RA/OA patients and other chronic illnesses.

**Major issues**

1. All the patients included in this survey had depressive disorders (presumably symptomatic and got referred to the psychiatrists) and therefore more than 59% of patients required medication treatment. What can be derived from the results is perhaps the “severity” of depressive disorders in RA/OA is no different from other conditions so that the need for drug treatment is the same. There is no information on the true incidence of depressive disorders (symptomatic) among patients with OA/RA as compared to other chronic joint conditions or illnesses. Moreover, in the discussion part, there are no postulations to explain why in model 4, after adding covariates related to transportation to clinic (metro status), the statistical significance is lost. Does this mean patients with RA/OA had more difficulty in attending clinics (because of arthritis) and they were less likely to accept medication treatment or more frequent follow-up? The authors may need to elaborate in the Discussion on the interpretation of their results eg. factors related to the increase in the need for anti-depressive treatment in RA/OA but somehow statistically, the difference is not significant, and the possible explanation for this.

2. The pathogenesis, clinical manifestations, associated risk factors and treatment is completely difference between RA and OA. Grouping RA and OA together to do the analyses are not helpful. Is it possible to look at RA and OA separately? Also, there is no information of how many arthritis patients was suffering from secondary fibromyalgia that is more associated with depressive symptoms rather than disease activity itself.

3. Regarding disease controls, how about those patients with chronic pain due to neuropathy / neuralgia? Why were these patients not included from the database for comparison?

4. The article is unduly long and difficult to understand. It has to be substantially
shortened.

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

**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