Reviewer's report

**Title:** Detecting depression among adolescents in Santiago, Chile: gender differences

**Version:** 2  **Date:** 13 January 2013

**Reviewer:** Peter Gutierrez

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Major Compulsory Revisions

1. The title of the manuscript refers to gender differences, but the abstract refers to sex differences. These two terms are not interchangeable and it is important in framing the manuscript for the authors to be clear about which they are examining and then to be consistent in use of term and meaning throughout the manuscript. Sex refers to the physical characteristics with which an individual is born and is a reflection of their genetic constitution. Gender is a personal affiliation and may or may not reflect the sex one was born. It is the extent to which one identifies as male or female and exists on a continuum. It appears that the authors are interested in sex differences, but because the means of determining this variable in the sample is not given I am not entirely sure I have interpreted their intention correctly.

2. More information about the composition of the sample is needed. The authors report that 53.6% were girls in 10th grade, but provide no other grade and sex information. Since the study is focusing on sex differences in depressive symptoms this is important information to leave out.

3. Can the authors provide an explanation and rationale for why the particular methods of determining which students in the two samples would participate in follow-up clinical interviews were chosen?

Minor Essential Revisions

1. At the top of the 4th page, 4th line down, the authors report rates of depressive symptoms in Chilean adolescents stating that "youngsters scored score 19". The second "score" should be deleted.

2. In the description of the BDI-II the authors initially correctly identify it as a measure of depressive symptoms, but in reporting typical cut-off scores then refer to severity of depression. Because the BDI-II is not a diagnostic instrument, care should be taken to always refer to it as a symptom measure.

3. Is there precedence in the literature for using only selected subscales of the RCADS in analyses? If so, please provide citations to support this decision. The theoretical rationale offered by the authors for this approach is fine, but altering the way in which a standardized scale is used can affect the psychometric properties of it.

4. For readers less familiar with psychometric analyses it would be helpful in the
data analysis section to not only list the goodness of fit indices used, but to also provide the values considered acceptable on each.

5. How is it possible for the mean BDI-II inter-item correlation to be larger than the mean for either of the sex groups?

6. Can the authors clarify their cut-off points? All are listed as a two-point option (e.g., 13/14) rather than the more traditional single score which is interpreted to mean that scores at that point or higher are considered clinically significant.

Discretionary Revisions

1. I wonder about the appropriateness of references not published in English for a manuscript submitted to appear in an English language journal (e.g., 36 and 37). Since the reason we cite others’ work is to allow readers to verify the claims we make in our manuscripts and to allow them to delve deeper into areas of particular interest it might be best to limit references to articles published in English. However, I recognize that the most appropriate references to use in some cases (e.g., 36) may only be available in Spanish and therefore trust the authors to decide how to address this issue.

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