Reviewer's report

Title: Depression in the Elderly in Karachi, Pakistan: A Cross Sectional Study

Version: 2 Date: 6 June 2012

Reviewer: Carmen Garcia-Pena

Reviewer's report:

Authors present a study of depression in the elderly, prevalence and association with family support. Topic is certainly relevant. Depression is a common psychiatric problem in old age. Magnitude of the problem will become greater as this segment of the population grows. Its association with high health services utilization rates, poor quality of life and loss of functionality is particularly important in developing countries. Percentages of proper diagnosis and treatment are low and many reasons are underlying. Consequently analysis of cultural implications and social associations is completely adequate.

Introduction may be more specific in some sections. Last sentence of the first paragraph comments about the estimates of aging rate, please specify year of these predictions.

I should suggest to include in the second paragraph (introduction) Pakistan dependence rate and some additional data regarding burden of chronic disease and health services utilization rates.

In Material and methods section please specify if there is a more recent population census, instead of 1998 data. Regarding exclusion criteria, please include how serious co morbid medical conditions were evaluated and please comment why you decide to exclude these participants. In study sample and recruitment, please comment why 46 blocks were selected and what do you mean by systematic sampling of households. It is also important to comment in the discussion section the effect of calculating a sample size based on a prevalence of 20%.

Exclusion criteria are presented in the participants section and it is not necessary to repeat them in the last paragraph of recruitment. Instead, it is important to expand the screening and data collection process.

Variables studied should be included, how each one was measured and cut off points. As an example, what physical active means, what it was considered as risk, how “children as future security” was defined.

In questionnaire section, please clarify if the GDS Urdu and English version was the one validated by Taqui et al or authors validated again the instrument. In statistical analysis, about the weights, please comment if cluster means blocks.

About Results, prevalence results are not presented and they are only mentioned in the abstract, discussion and in the regression analysis. It is very important to present the bivariate analysis in order to clarify further results. A table where columns represent depressed and no depressed people and lines associated
variables should be included. It may be combined with the first section of table 3, called univariate analysis. The unexpected high prevalence of depressive symptoms (we certainly know that we do not diagnose depression with the GDS) will be better understood. Also, it is not clear if weights were or were not applied.

Discussion is weak and it may start with a paragraph presenting the main results and it may continue with one or two paragraphs discussing the study limitations. A very strong explanation has to be done regarding the prevalence figure that contradicts very similar reports which used the same instrument and the same cutoff point. This is a main issue in the paper. The innovative data about family support, gender perspective and future security should support better.

In that sense, conclusion is not supported because prevalence data are not well explained

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

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests