Reviewer’s report

Title: Factors related to the use of antidepressants and benzodiazepines: Results from the Singapore Mental Health Study

Version: 1 Date: 17 March 2013

Reviewer: Alexander Ponizovsky

Reviewer’s report:

1. Is the question posed by the authors well defined?
   The study is a household survey of psychotropic drugs use in Singapore to assess the prevalence and associated factors.

2. Are the methods appropriate and well described?
   The methods are appropriate but not well described. Numerical characteristics of the sample are lacking. Also there is a need to add numerical data to all tables. Table 1 should include Ns and % for each characteristic and Chi-square values and degrees of freedom should be reported. The AD and/or BZD category is ambivalent and should be clarified. If it refers to the use of AD in combination with BZD, then the conjunction "or" is misleading. Explain also why pre-primary education is included in the same category as primary education?
   The "Econ. Inactive" category needs an explanation.

3. Are the data sound?
   Full description of the sample characteristics could clarify answer to this question.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
   Technical writing is not good enough.
   Accurate definitions are lacking throughout the text and tables. For example, the title of table 1 should read Twelve-month prevalence.…; in table 2, "by help-seeking profile" should be replaced with "by help-seeking category"; "No alcohol, anxiety, etc." category should sound as "No disorder"; "Prevalence" is more accurate label for the "Category" column; multiple "Lifetime, no 12-month" prevalence should be explained only in notes to each table. Add Ns and significance test values to table 3. Psychiatrist, GP and other doctors are not "help-seeking categories" but rather "sources of help". In table 4, the label "Demographic category" should be replaced with "Variable" because not only demographics, but also help-seeking and clinical diagnoses' categories, are included in.

5. Are the discussion and conclusions well balanced and adequately supported by the data?
   The main finding is that "help-seeking" is the strongest predictor for both AD and
BDZ use. This finding is obvious: those who do seek help from physicians are more likely to be diagnosed with a mental disorder and, consequently, to be treated with the medications, compared with those who do not seek help from the doctors. All other explanations (subclinical symptoms, distress, functional impairment, other disorders, somatic symptoms, etc.) seem not suitable. The interesting findings (that bipolar disorders and anxiety disorders were not associated with the AD and BDZ use) remained unexplained.

6. Are limitations of the work clearly stated?
The study limitations should be inferred from the fact that this study was a household survey of the AD and BDZ use among non-institutionalized population.

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
Citing the following recent studies could be relevant:
Patten SB, Williams JV, Lavorato DH, Kassam A, Sabapathy CD. Pharmacoepidemiology of benzodiazepine and sedative-hypnotic use in a Canadian general population cohort during 12 years of follow-up. Can J Psychiatry. 2010

8. Do the title and abstract accurately convey what has been found?
"Prevalence" could be added to the title in order to make it more accurate.

9. Is the writing acceptable?
The manuscript requires thorough editing by a native English speaker.

Major Compulsory Revisions (which the author must respond to before a decision on publication can be reached).

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

Quality of written English: Not suitable for publication unless extensively edited
Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare that I have no competing interests.