Response to Reviewers 12 July 2013

1. We thank the reviewer for her suggestion to write more on the interpretation of the effects of the separate depression factors. This has made us realise that what we had thought of as an uninteresting negative finding is in fact of interest: this demonstrates that both aspects of depressive symptoms are important in predicting future symptoms. We have added analyses to demonstrate that there are no significant differences in predictive power of these factors on pages 17 and 19. This is in particular written about in the discussion on pages 21/22:

‘Both the cognitive-emotional and somatic-physical subscales were associated with future depressive symptoms. While both sub-scales were associated with risk of onset of depressive disorder in univariate analysis, this became non-significant when controlling for other variables including rumination. The low number of depression onsets makes it possible that this is a type 2 error and so it is difficult to draw conclusions on the effects of these symptoms on risk of depressive disorder. Our findings do suggest that both sub-scales do have similar effects on future depressive symptoms/disorder, and therefore both types of depressive symptoms are important in indexing future risk.’

2. We decided to use the total MFQ as a single measure of depressive symptoms because it is a well-accepted single measure of depressive symptoms, so results would be more understandable to the general readership.
We were also aware that our analysis may demonstrate the MFQ to be multifactorial (as indeed we did). In that case, we would need to present multiple results, for effects of baseline symptoms on each factor, which would make the paper harder to read. This is now explained on page 14:

‘We decided a priori to use the total MFQ score as it is accepted as a valid single measure of total depressive symptoms, and so results would be more understandable.’

3. In fact, we did use sums of item scores within each factor as both predictor and outcome variables throughout the paper. This has been a subject of debate both among the authors and with past reviewers. While we initially used factor scores throughout, our final decision was to use sums of item scores of all items within each factor throughout, to make results easier to understand and more generalisable. Re-reading the paper, we can see that this was clearly not explained clearly enough, and so we have expanded on this in the methods section, on page 13.

‘Items loading highest on each factor were summed to give scale scores for each factor and these were used in subsequent analyses, to aid application of these findings to clinicians and researchers using these questionnaires.’

We have now utilised these results using item scores to say more about the clinical significance of the findings in the discussion (page 21). This would not be possible if we had used factor scores:

‘However, effects on future depression were only small-moderate, with a one point increase in the RDQ independently associated with an odds ratio of 1.04 for increased risk of onset of depression in the next year, and a total MFQ score 0.14 points higher.’