Reviewer's report

Title: Rumination, Anxiety, Depressive Symptoms and Subsequent Depression in Adolescents at Risk for Psychopathology: a Longitudinal Cohort Study

Version: 2 Date: 12 March 2013

Reviewer: Amy Mezulis

Reviewer's report:

This is a very interesting study with a large community sample (N>600) of adolescents assessed for rumination, depression, anxiety, distraction, and problem-solving at baseline and 12-months. Strengths include the large sample and use of both depressive symptom and diagnostic measures, as well as statistical strategies for disentangling rumination from depression and anxiety symptoms. Weaknesses include some poor writing & framing throughout; some inconsistencies between goals & methods; and some data analytical questions.

Major Revisions

1. Throughout the introduction, the authors switch between referring to a potential underlying factor as “depression” and “negative cognitions”. It is unclear what exactly they believe potential overlap among these measures to be – and that may be in part to poor operationalization of “rumination” which they seem to refer to primarily as a “cognitive process” that is maladaptive, making the framing of a potential unitary construct “negative cognitions” particularly hard to understand. It seems that, at simplest, they propose that they will find either (a) a depressive symptom factor; an anxiety symptom factor; and a rumination factor OR (b) one underlying factor that includes depressive sx, anxiety sx, and rumination, but which is poorly labeled or framed.

2. The issue of rumination as it relates to distraction and problem solving is very muddy. Why consider a ratio rather than allow the constructs to be independent? If you believe that Dis/PS “mitigates” the effects of rumination, why not enter both factors separately along with an interaction term to test for moderation? On a smaller note, the language around this “ratio” sometimes seems backwards – saying on Page 7 that a HIGH Rum: D/PS ratio would predict lower depression seems backwards, and then later in results a higher risk for depression in the analyses (which makes sense).

3. Why emphasize puberty in the introduction when the analyses didn’t support a strong test of this hypothesis because of limited variance in pubertal status? It might make more sense given the sample to just cut the pubertal analyses altogether – they are not central to the main study hypotheses, they are not well tested bc the sample is primarily post-pubertal, and they aren’t significant. If they are retained, I recommend using the Tanner ratings continuously in the moderation analyses.

Minor Revisions
1. Since the dangerous acts items are not included in the EFA, recommend cutting them from the methods or saying in the methods they were not included.

2. Writing is very terse and hard to read at times, often digressing to poorly defined acronyms and what appear to be item short hands. Some inconsistencies in capitalization and formatting throughout.

Level of interest: An article of importance in its field

Quality of written English: Not suitable for publication unless extensively edited

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests.