Reviewer's report

Title: Differences in Treatment between Endogenous and Reactive Depression: From Questionnaires Answered from Over 500 Psychiatrists in Japan

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Reviewer: Leonardo Zaninotto

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The paper deals with an interesting and up-top-date topic. The lack of consistent genetic and neurobiological findings have recently increased dissatisfaction with the “unitarian” nosographic model of depressive syndromes [1-3]. Nowadays, an increasing interest is being paid to classification and clinical treatment of melancholic/endogenous depression [4].

Notwithstanding, some points in the paper must be thoroughly revised before publication.

Discretionary Revisions

First of all, I’d suggest to change the title into: Endogenous (or Melancholic - see the following remarks) and Reactive Depression: a reappraisal of old categories (or something similar). The most important conclusion of the study is probably that old categories still have an important heuristic value for common clinical practice.

Minor Essential Revisions

The abstract should be remodeled, reducing background and extending methods (no reference has been made to statistics). When listing results, I’d suggest to add numbers in brackets to each one of them (e.g. change into: the endogenous case resulted to score significantly higher than the reactive one on either antidepressants (5.9±1.2 vs. 3.6±1.7), hypnotics (5.5±1.1 vs. 5.0±1.3), and electroconvulsive therapy (1.5±0.9 vs. 1.2±0.6)). “p” level should be added to all significant results.

The term “Endogenous depression” has no more than a historical value. It used to be opposed to the concept of “Exogenous/Reactive depression” (which at some point in the paper is referred to as “Psychogenic depression”...). The authors should explain their choice in using this term instead of “Melancholic depression”. In recent years, a great deal of literature has been dedicated to the construct of “Melancholic depression” as a distinct clinical entity (see the works by Parker et al. [4-7]).

The following sentences should be clarified:

- “Heterogeneity of patients with depression has been considered to be an impediment to effective clinical care, evaluation of new interventions, and
research on pathophysiology [2]”. It’s not heterogeneity of patients to be an impediment, but our classification of depressive syndromes (not taking into account this heterogeneity).

- “Even recently, Ghaemi and Vohringer pointed out that most depressive conditions can be shown to be about equally genetic and environmental (no reference – anyway, the citation has not so much to do with the rest of the paragraph)”.

- “They also state that neurotic depression that is synonymous to reactive depression has a completely different psychopathological picture than melancholia that is considered to be endogenous”. At his point, an explanation of the term “Endogenous” should be given: for K. Schneider the term was almost synonymous of “Cryptogenic”, that is something of which the somatic cause is unknown. For other authors, like H. Tellenbach, the term had a completely different meaning (pertaining to a third causal field, beside “Somatogenic” and “Psychogenic”).

- “Furthermore, they may also differ markedly in treatment response; melancholia is more likely responsive to at least some antidepressants compared to neurotic depression [7]”. Recently, this traditional view has been questioned: melancholic/severe depression may just have a lower response rate to placebo [8]. This view may be in line with the conclusion of the study, supporting a psychological component of treatment for other forms of depression (reactive/neurotic).

A table describing NCS-II items should be added.

Major Compulsory Revisions

All participating centers in the study should be cited.

I have some concerns about assuming a mild symptom severity for the three cases. For some authors this may be objectionable, as melancholic depression is usually identified with severe depression. This is an important matter of debate, which should at least be cited. The assumption of melancholia being severe depression comes from the homogenous or unitarian position (see [9]), according to which specific symptoms, such as melancholic or psychotic features, become more prominent as severity increases. Alternatively, the heterogeneous position (see [10]) suggests that some symptoms, such as psychomotor disturbances, indicate that subtypes are biologically distinct and not a function of severity.

What was the inter-rater reliability (k level) among eleven raters in using NCS-II?

Was there any influence of collateral variables (age, sex, years in practice, etc.) on the 13-question survey regarding treatment options?


Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

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