Reviewer’s report

Title: Perception of depressive symptoms by the Sardinian public: Results of a population study

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Reviewer: Antonio Preti

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Major Compulsory Revisions

p. 4: “many Sardinians, particularly those living in rural areas, still tend to adhere to old traditions”. Please, specify what kind of “old traditions”.

Authors should report the percentage of people who were contacted, i.e. the population from which the sample was extracted. Congruence between the socio-demographic variables in the sample and in the general population is merely a proof of the effectiveness of the randomization.

It should be specified that some participants were excluded from the analysis (in Table 1, number of participants by vignette was less than 300).

Discussion should begin with the main findings of the study; then the limitations should be addressed.

The role of jinx (s’ogu pigau) as a reason to overlook psychopathology as a cause of depressive symptoms in Sardinia is speculative and based on unscientific claims. This should be specified. On this topic, authors might consult the literature addressing the claim that the Chinese tend to deny depression or express it somatically (see, for example, Parker G, Gladstone G, Chee KT. Depression in the planet’s largest ethnic group: the Chinese. Am J Psychiatry. 2001 Jun;158(6):857-64; Parker G, Chan B, Tully L, Eisenbruch M. Depression in the Chinese: the impact of acculturation. Psychol Med. 2005 Oct;35(10):1475-83).

English should be improved.

Main limitation:

Authors fail to acknowledge that lay’s opinion on what constitutes a mental disorder, and major depression in particular, does not offer any clue to what a mental disorder is. Lay’s opinion is indicative of the factors that influence help-seeking: people who hold the belief that negative life events may explain symptoms attributable to major depression will be less likely to request medical help for those symptoms. That’s all.

Horwitz & Wakefield’s argument that “when depressive symptoms occur in the context of adverse life events, the diagnosis of major depressive disorder should
not automatically be made” cannot be grounded on the basis of the authors’ findings.

As for the reasons that may lead to overlooking psychopathology in the presence of contextual information, authors did not discuss two main hypotheses, largely addressed in the literature on the topic: the role of stigma surrounding mental disorders and their treatment, the role of reverse causation in the links between life events and psychopathology.

As for the role of stigma, lack of consideration to this factor by authors is strange, since the authors of this study did a systematic review of the literature on the topic in a very recent past.

As for the role of psychopathology in the producing of negative life events, particularly on a relational basis, it is well known that people prone to mood disorders also are more likely to incur in negative life events because of their behavior (those with the cyclothymic and the irritable/hyperthymic temperaments, in particular). So, symptoms of depression after a negative life event might be related to a mood disorder rather than being the expression of sorrow. This may be relevant in case of romantic relationship breakdown or job loss.

Lay-persons may be unable to understand this, but it should be unfortunate whether professionals would do the same mistake. Authors should be aware of the clinical implications of their conclusion.

Another reason may refrain lay people from endorsing referral to medical treatment after the onset of symptoms of depression, whatever their context: the poor availability of effective treatment and the perception of poor effectiveness of the prescribed treatments. As for the situation in Sardinia, since many participants lived in small towns, likely to be devoid of readily available psychiatric services, they may have taken into account poor availability of treatment in suggesting to rely on oneself. Vienna, instead, is the homeland of psychoanalysis, and in a large metropolitan city, availability of psychiatric treatment is expected to be optimal. In the last years, non-medical professionals started a campaign against the effectiveness of medical treatment of mental disorders, and popular media endorsed this campaign further spreading its main message: “does not took drugs to cure symptoms of psychopathology”. This may be another reason for people in Sardinia to be less likely to endorse medical treatment for symptoms of depression. People from large city such as Vienna may be less sensitive to exploitation by popular media.

Minor Essential Revisions

In Table 1, 2 and 3, the vignettes should be numbered, since comparison of change is made between numerical cases (1 to 2, 1 to 3 and so on).

**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