Reviewer's report

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

**Version:** 1  **Date:** 2 January 2013

**Reviewer:** Jerome Wakefield

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The study’s topic – the lay view of depressive disorder versus normal sadness, and whether major stressors prior to symptoms alter judgments about whether DSM symptoms indicate a disorder or a need for professional help – is important both because it has implications for understanding help seeking decisions and because it addresses a highly controversial issue about how the concept of mental disorder is applied to depressive feelings. By studying lay judgments, it also raises troubling questions about the current threshold for DSM diagnosis of major depression. The study’s methodology, with such features as randomized gender in the vignettes and other controls, is careful, and the approach to data analysis and presentation is effective and yet easily understandable. The study is overall solid and impressive. This is especially the case for a vignette study with its special methodological challenges. The large sample of lay people is unusual in this sort of vignette study. The study is additionally impressive due to the use of carefully crafted “moderate depression” descriptions in the vignettes. It would be less unexpected to have mild depression judged a nondisorder. The described cases contain about 7 symptoms rather than the minimal 5, and one of them seems to be slowed down thinking, a more severe type symptom, making the results all the more striking.

The description of the difference between the present study’s relatively unsophisticated sample of Sardinians and the previous study’s urban Viennese population is useful in identifying the study’s contribution. The contrast in the results is of interest.

Major discretionary revisions: One might argue that the results might be extended without much effort given the nature of the data generated from the study and the effort in a survey of this size. In evaluating their two hypotheses, the authors conclude that subjects judged disorder less often when stressors preceded the symptoms, and that subjects also tended not to call for professional intervention as frequently when stressors preceded symptoms. However, they do not link these two observations other than informally. There are two questions of interest that seem potentially addressable, and that offer avenues for amplifying the results and lending some further complexity to the report, if the authors should find them of use.
First, it is notable that in a given experimental condition, the percentage that judged “disorder” was much less than the percentage that judged “get professional help.” This appears to confirm an observation by Jerome Wakefield in his similar American Journal of Psychiatry study of conduct disorder that showed similar disparities in disorder and need-for-help judgments (that study was of professionals; I think he may have had another similar article on lay judgments in Canadian Journal of Psychiatry). He noted that his results demonstrated that lay people do not tightly link disorder status to need for professional help. This idea is of course reflected in the DSM’s V Codes that lists nondisorders that are often the target of clinical consultations. It is an important point that helps to separate issues of service provision from the necessity of a disorder diagnosis, at least as lay people see it.

Second, if the data allow it given the low numbers of “disorder” judgments, it would be of interest to confirm the authors’ informal implication that the low percentage of disorder judgments is linked to the low percentage of needs-professional-help judgments. Do disorder versus nondisorder judgments imply greater percentages of doesn’t need professional help versus needs professional help, respectively? If so, this would be a nice illustration of the fact that disorder is taken as a stronger indicator of need for professional help, even though (as suggested above) need for help can often exist without disorder.

A couple of minor essential revisions:

p. 3: “not receive this diagnosis, unless more than two months elapsed since the death [1]”

There are other criteria for not being diagnosed. Something like: “unless more than two months elapsed since the death or certain other severe symptoms or marked impairment are present” would be better.

p. 3: “Based on a re-analysis of recent studies that sustain the DSM-5 proposal…”

“sustain” is too strong because they don’t in fact support it: something like “that are claimed to support” would be better.

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

**Quality of written English:** Acceptable

**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.