Reviewer's report

**Title:** Excess Risk of Chronic Physical Conditions Associated with Depression and Anxiety

**Version:** 1  **Date:** 28 May 2013

**Reviewer:** Kristin Schneider

**Reviewer's report:**

**Major Compulsory Revisions**

Given that depression and anxiety was self-reported and in response to questions about “mental or emotional health conditions, such as feeling sad, blue, or anxious about something,” the authors should refrain from discussing their results in the context of “common psychiatric disorders such as depression and/or anxiety” (p.12). Feeling anxious about something should not be equated with anxiety disorders such as obsessive-compulsive disorder, panic disorder...Please be more conservative with your language and refrain from any discussion of your variables as “psychiatric disorders” or “common mental health disorders”.

The authors need to cite their evidence for their rationale to exclude underweight non-elderly adults. As stated in their revision: “We did not include underweight individuals as they are often found to be sicker than normal weight counterparts.” Obesity is associated with greater risk of chronic disease and they are not excluding obese adults. Their response to this critique from the first submission is not clear, nor supported, unlike their other responses. Moreover, “found to be sicker” is vague, which makes it challenging to discern what types of illnesses the authors are concerned about confounding results in underweight individuals. If it is cancer that they are concerned about, why not exclude participants with cancer? Obesity is a well-documented risk factor for certain cancers (e.g., pancreatic, colon, kidney, breast).

The cross-sectional nature of the data prevents the authors from concluding that depression/anxiety causes chronic illness, yet the discussion focuses exclusively on this potential pathway. Strong evidence exists for a bidirectional relationship between depression and type 2 diabetes.

In general, the discussion is quite superficial. The biological and pharmacological mechanisms exclusively focus on cardiac disease. What about the potential biological and pharmacological mechanisms associated with other chronic illnesses?

**Minor Compulsory Revisions**

The manuscript now focuses on the relationship between depression/anxiety and 7 different chronic diseases, after controlling for a number of variables. However, the results and the discussion discuss the findings related to the lifestyle factors and chronic disease. Why focus on these particular variables? They are not a
part of the hypotheses/study aims.

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

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests'