Reviewer's report

Title: Pain, not chronic disease, is associated with the recurrence of depressive and anxiety disorders

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Reviewer: Frank Jacobi

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Manuscript for review: Pain, not chronic disease, is associated with the recurrence of depressive and anxiety disorders

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The present study examines the relation between chronic diseases, such as cardiometabolic or musculoskeletal diseases, pain characteristics and the recurrence of depressive and/or anxiety disorders in at baseline remitted patients for a 4-year follow-up period. In this study, only pain characteristics were associated with the recurrence of only depressive disorder. This association is mediated by subthreshold depressive symptoms at baseline. Data stem from a large study with sound design, analyses are adequate and the manuscript is well-written. However, in the following some remarks are listed that might improve the manuscript (all minor or discretionary revisions needed).

Method:

1. Please describe shortly how the censored recurrence time in months via Cox regression translate into the reported hazard ratios and specifically how to interpret the HR

2. Was any kind of power analyses conducted in advance, i.e. did the chronic diseases and pain have the same chance to show a significant association with depression or anxiety recurrence (given that there is a true association)?

Results:

3. Table 1: a) please provide a further column providing N in each row (where applicable) in order to get a better feeling of base rates and power (see above), b) chronic pain grade: please do not provide the mean but rather % of the following groups: no pain, grade 1, grade 2, grade 3, grade 4

4. To get a better feeling of the magnitude of the effects, please provide numbers for recurrence (anxiety, depression, both) in persons with vs. without any chronic disease, as well as with and without having a chronic pain grade >=2 vs. <2

5. Table 3: a) since there is no variance in rows 2 (M) and 3 (DV) these can be omitted and replaced by a notice in headline or footnote, b) What is the “Effect of X on Y” measure? What is the difference between direct and total effect (both
labeled with “(c)”? What is “ab”, i.e. which confidence interval is meant? (a table must explain itself)

Discussion

6. In particular with regard to practical implications (e.g. for GP) please describe in numbers or proportions a) what is the probability to have a relapse within next four years in patients with (CPG>=2) vs. without pain in persons with fully remitted anxiety/depression and b) the same in persons with remitted but still subthreshold anxiety/depression

7. See above: the discussion of the counter-intuitive Null-effect of chronic conditions should be supplemented by a statement whether this result might be an artifact or not (power)

8. Please discuss possible indications for differences within depressive and anxiety groups (e.g., potentially stronger in Dysthymia, or in panic disorder)?

9. The present study adds (indirect) evidence for the hypothesis that depressive disorders should be treated until full remission (but of course cannot prove this because no treatment variables were taken into account) – please discuss this topic a little more in detail.

Level of interest: An article of importance in its field

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