Author's response to reviews

Title: Web-based tools can be used reliably to detect patients with major depressive disorder and subsyndromal depressive symptoms

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Author's response to reviews:

Dear the Editor:

Thanks for your and the reviewers' comments. We have revised our manuscript and made a point-by-point response to the concerns.

With regard to the poster in 2003 (Proc AMIA Symp 2003; 911), it is cited in reference no. 27.

To improve the English of the manuscript, we have found a professional copyediting service according to your suggestion to help copyedit our English grammar for the entire manuscript including tables and figure.

We would be most grateful if this paper could be considered for publication in the BMC Psychiatry.

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Response to Reviewer Konstantinos Fountoulakis:

Thanks for your kind recommendation!

1. We add the following sentence to the "Result" of the "Abstract" for the composition of the sample in terms of diagnosis:

The distributions of MDD, MinD, SSD, and no depression specified were 30.9%, 7.4%, 15.2%, and 46.5%, respectively.

2. The number of subjects for each specific type of depression was added in the first Paragraph of the Result:

The distributions of MDD, MinD, SSD, and ND were 30.9% (n = 179), 7.4% (n = 43), 15.2% (n = 88), and 46.5% (n = 269), respectively.

In addition, one sentence describing the number and percentage of each type of depression for retest sample was added in Paragraph 2 of the Result:

Their diagnostic distributions of MDD, MinD, SSD, and ND were 39.1% (n = 72), 8.7% (n = 16), 22.3% (n = 41), and 29.9% (n = 55), respectively.
3. Because ISP-D is not a rating scale (no total score), the sensitivity and specificity of ISP-D were calculated by pre-defined criteria according to DSM-IV rather than by a cut-off point on a score. Therefore, no ROC curve can be obtained.

Response to Reviewer Gerhard Andersson:

1. We tried to condense the abstract, but some other data were added again due to the suggestions of reviewers. The word count is still below the limit of 350. With regard to dropout rate, we use an opposite expression "response rate" in the text. Our reason is that the participants were waiting silently until we sent emails to them for their response and there were many possibilities that they did not get the email messages. So the response rate was added in the result of the abstract. Because English is not our mother language, if you think "dropout rate" is better than "response rate", we’ll revise it accordingly.

2. The recommendation that "Test retest dropout rate was high and should be discussed as limitation in the discussion section" is similar to the above discussion that we use "response rate" rather than "dropout rate". The relatively low response rate was stated as limitation in the 4th paragraph of discussion section. We also revised the sentence to "The second limitation is the relatively low response rate in the test-retest reliability study, which is an innate drawback of the Internet study" to make it clearer.

3. Thank you for reminding the base rate of validity sample. Because the number of validity sample is small, we didn't pay attention to describe its base number. However, for the readers not to be confused, we add a sentence in the last sentence of procedure of methods to express that the period of validity study extended more than that of test-retest study:

"The recruitment of validity study was performed from September 2001 to May 2002"

and a sentence (parentheses) in the validity part of results to indicate the base test number:

(1076 ISP-D tests during the period)

4. We have corrected the English of the entire manuscript by a copyediting service again.

Thank you for your kind recommendations!