Reviewer's report

Title: Factor Analysis of the Zung Self-Rating Depression Scale in Patients with Major Depressive Disorder in Primary Care.

Version: 1 Date: 23 July 2007

Reviewer: Massimo Biondi

Reviewer's report:

General

The aim of this multicenter study is to perform a factor analysis of the ZSDS in 1150 MDD in primary care, by using promax oblique rotation technique. On the whole, the paper is original and its aim is within the scope of the journal. However, I have some critical issues.

------------------------------------------------------------------------

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. ZSDS is frequently used in non-psychiatric populations or in pre-post clinical trials and its psychometric validity was questioned [Schotte et al. Psychol Med 1996;26:1161-8]. On what basis was it chosen among the other self-administered scales for depression?

2. MINI interview was administered by GP’s and the authors do not mention a study of inter-rater reliability, neither a training of the raters. This might represent a source of significant bias.

3. The 78% of observed patients suffered from a moderate to extreme “MDD” (episode?), while only the 31% of them were receiving an antidepressant treatment. This ratio appears to denote an undertreatment or an overestimate of major depressive disorder. The Authors should clarify this point in the discussion. Moreover, the Authors might state how many of them were referred to a psychiatrist.

4. According to the factor analysis, 4 factors were obtained. Two of them explained 3.7% and 3.5% of the total variance, with the second factors accounting for the 5.8% of the total variance. As stated by the Authors in the Limitations, these appears small percentages of variance, compared with previous factor analytic studies in the literature [e.g. Chida et al. Psychiatry Clin Neurosci 2004;58:420-6].

5. Factor I (emotional) might be more appropriately labelled as “Pure depressive” or “Core Depressive”.
6 Factor II, labelled cognitive factor, includes “psychomotor retardation” and “fatigue”. These symptoms often belong to a somatic or depressive psychopathological dimension.

7. Two out of three items of Factor III are “Irritability” and “Psychomotor agitation” and other Author interpreted these symptoms not as an anxiety component, but rather a “anger/hostile” dimension [e.g. Biondi et al. J Affect Disord 2005;84:133-9]. The authors might consider this point of view, in accordance of the aim of their study.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

The report would require a subediting by an English language expert. There are some typos in it. As far as I understand, reference 22 is wrong.

Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

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.