Author's response to reviews

Title: Locally adapted problem-solving therapy for depression and common mental disorders in primary care in Zimbabwe delivered through lay workers and a Friendship Bench: a pilot study of effectiveness

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Author's response to reviews: see over
Dear Editor,

We thank you for the second review of our manuscript. We have particularly taken account of the reviewer 2’s comments on strengthening the focus on effectiveness.

Reviewer: Mark Tomlinson

We have altered “caseness” to read “those who scored above the cut off point” as suggested by the reviewer.

Reviewer: John Cape

Major compulsory revision:
1. We have described how the follow up questionnaire was administered under the new heading ‘outcome measures’, page 4. We had taken measures to limit the risk that lay workers might influence the way follow-up questionnaires could be filled out.

2. The attrition in our study was 35/355 (10%). We have discussed this low rate of attrition on page 10 (last paragraph). We attribute this to the short follow up period, the close proximity of participants to the three clinics, and to home visits which enabled the lay health workers and research nurse to follow up directly in the homes of participants. Our follow-up rate is consistent with other research in Zimbabwe.

3. We thank the reviewer for spotting the error in the sd. This was due to reading off the wrong column of an EpiInfo print out. We have re-analysed the data for all 395 potential participants and present mean scores and standard deviations. We have also included mean SSQ scores and sd for those who declined to participate, who were lost to follow up and who were referred for specialist care.

Minor revisions
4. We acknowledge the reviewers comments on the fidelity of the intervention and as such we have put this down as a limitation on page 10, in the discussion in the last paragraph.

5. We have deleted reference to Table 1 in section on Training of lay workers.

Discretionary revisions
6. We have explained that the pilot was restricted to those residing in the geographical patch of the ten lay selected workers.

7. We have indicated that one bench was at each of the 3 clinics on page 4 under ‘recruitment’.

8. We have however streamlined the paragraph on lay workers experiences through focussing on aspects that focus on their perception of why they thought the intervention was effective.

9. Previous tables have either been removed or edited. We have added Figure 1 - a picture of the lay health workers and Figure 2 - a flow chart of the study. Table 2 is characteristics of the 395 potential participants. In Table 3 we present an analysis of the drop in the Shona Symptom
Questionnaire outcome score by number of sessions attended, adjusting for baseline SSQ score

Additional changes made to manuscript:
We have re-structured the methods section. We have clarified inclusion and exclusion criteria (page 5).
Two collaborators who were to be acknowledged have joined the paper as co-authors.

Thank-you for re-considering this paper for publication. Given the dearth of published work in this area and yet it's increasing recognition as a topic of major public health importance we hope very much that these changes will be acceptable. We hope to move ahead soon with an RCT of this intervention.

Thank-you

Dixon Chibanda