Reviewer's report

**Title:** Did Past Economic Prosperity Affect the Health Related Quality of Life Predictors? A Longitudinal Study on a Representative Sample of Slovenian Family Medicine Patients

**Version:** 1 **Date:** 26 February 2013

**Reviewer:** Prin Vathesatogkit

**Reviewer's report:**

**Major Compulsory Revisions**

1. In background, the author said they aimed to identify factors predicting ‘changes’ in HRQoL over a follow-up period. I'd expect to see the real changes (either in absolute or relative numbers) of HRQoL from 2003 to 2009, not just anything that could predict HRQoL in 2009. That's why the result came out as expected, the higher the baseline HRQoL, the higher the follow-up HRQoL. The author might try to utilize their data (and using the strength of a repeated measurement) by re-analyzing using a real ‘change’ in HRQoL.

2. In method, the number of participants is confused and not well clarified. In abstract, the author said that n in 2005 was 1,121 and reduced to 783 in 2009. Whereas the number 925 (in 2009) was used in method part, and finally only 499 were enrolled in the analysis. Does those 499 still represent the first 1,121? The author might need to show the characteristic of those who missed out.

3. The author focused on economic prosperity but they did not show, or touch very lightly on individual’s economic status, and I think this point is critical.

   3.1 There are too few questionnaire items on individual’s income. The financial status did not relate to both PCS and MCS in 2009. The author should try to show the impact of financial status at baseline and HRQoL in 2003, then show that any change of financial status after 6 years related to HRQoL in 2009, or changes of HRQoL from 2003 to 2009.

   3.2 The title of this article came from a possible explanation in the discussion part only. The author had to explain why they thought that economic prosperity was the cause of improved HRQoL in Slovenian. The time period they raise was 2003-2008, but in 2009, the year that they collected follow-up data, there was a great economic depression in Slovenia, as reflected by a sharp decline in Slovenian Stock Index started in 2008.

4. In conclusion, employment status came from nowhere.

**Discretionary Revisions**

1. In method, the author should clarify the language of mediums used, e.g. SF-12 questionnaire, AUDIT, CIDI or DSM-IV; and state that these questionnaires have been used and validated elsewhere in Slovenian population, if they translate it from the original language. Also the author might consider use a normalized base
score, in order to compare the means with other referent population.

2 Lacks of the association between (1) depression and mental health and (2) declining physical health when time pass should not be explained as ‘a surprise’, since these negative findings should alert the author to recheck the reliability of their data instead.

3 The quality of data on co-morbidity should not be both strength and limitation. Once the author said the strength was that data was collect from physician interview and medical records, the duration and severity should be able to collect with some efforts. Limitations of self-reported data on depression, panic disorder, anxiety and alcohol should already be corrected by the use of standard questionnaires.

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

**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'