Reviewer’s report

Title: Atypical depression is more common than melancholic in fibromyalgia

Version: 2 Date: 26 November 2009

Reviewer: Emily Bartley

Reviewer’s report:

This manuscript examines the prevalence of specific depressive features in a sample of FM patients, and identifies clinical characteristics respective of each particular subtype. The authors present material in a comprehensible and concise manner, and their article can provide important insights into treatment intervention and functioning in FM patients.

Major Compulsory Revisions:

1) Were antidepressant medications excluded for in the current study, as this could be a confounding variable, and impact manifestation of depressive symptomatology?

2) For regularly-cycling females, why were they scheduled for their second session during their luteal phase? Clarification on this is required, as well as further elaboration on what the determining criteria were for when Time 2 assessments were scheduled for all participants. In addition, for females who were not menopausal, how was phase verified? Was this conducted through subjective response or through objective indicators?

3) Can the authors elaborate more on the overlap of subtype-specific symptoms found between groups? What do the authors speculate as the reason for this? Could this be specific to FM or rather due to MDD diagnostic criteria?

4) The authors state in the Discussion section that “patients exhibited similar clinical features of ADE and MDE as has been reported in other depressed non-FM populations,” however, also indicate in the Results section there were “unexpected overlaps.” This is conflicting and requires clarification, as it is unclear whether authors are referring to groups exhibiting predominant symptoms respective of that classification (MDE vs ADE) or to the overall pattern exhibited between each group (i.e. overlapping symptoms).

5) The authors present an interesting hypothesis as to the relationship between duration, subtype, and HPA functioning; however, the difference between subtype and group was still non-significant at p>.05. Although I believe this conjecture merits discussion, I think the authors should temper their conclusions due to results not meeting statistical significance.

6) Perhaps the authors could expound on what they hypothesize to be the reasoning behind increased prevalence of ADE in FM, as compared to MDE.
Given this is the purpose of the article, to identify depression subtypes and relevant clinical characteristics in FM, more discussion is needed regarding interpretation of findings.

Minor Essential Revision:

7) Under the background section (para. 2) where the authors indicate “Combined, the atypical and melancholic subtypes represent approximately 60% of all MDD cases (11) and have been postulated to represent the two main subtypes of depression in FM…” Could the authors please provide a reference for the latter part of this statement.

8) The authors specify exclusion criteria within their Methods section, yet indicate additional criteria not previously mentioned within their Limitations section. Recommend placing all exclusion criteria in Methods section.

9) The authors indicate excluding FM participants for not meeting subtype criteria. Please indicate this eligibility requirement among your exclusion criteria list and provide number of participants excluded in this case.

10) In Table 2, characteristics for “Quality of Life” are provided twice.

**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