Reviewer’s report

Title: Atypical depression is more common than melancholic in fibromyalgia

Version: 4 Date: 23 February 2010

Reviewer: Emily Bartley

Reviewer’s report:

The authors have properly addressed most of my concerns and have improved the quality of the report; however, there are still a couple of issues to contend with.

Major Compulsory Revisions:

1. The authors have provided additional information regarding the overlap amongst the diagnostic classifications; however, I feel that this topic merits further discussion. An explanation is provided as to why there is substantial overlap among the “leaden paralysis” subtype; however, could the authors provide insight into the other overlapping symptoms that were found? Further, given that the authors suggest treatments could be altered depending on FM depression-specific subtype, and given there are overlaps amongst these classifications, could the authors provide further information as to what they speculate as to the clinical and research implications, as well as implications for future intervention?

Minor Essential Revisions:

1. The authors indicate scheduling menstruating women for their second session during their luteal phase to decrease the probability of estrogen affecting symptom presentation since it is at its lowest during that phase. However, estrogen (i.e., estradiol) is not at its lowest during the luteal phase. In fact, there is significant hormonal variation across the menstrual cycle. Estradiol is at a low, steady level during the early-follicular phase and then gradually increases until it peaks prior to ovulation. There is also a small peak again during the mid-luteal phase, and then estradiol gradually decreases for the remainder of the cycle. Therefore, there are large differences in the concentration of estradiol during the luteal phase. There is also a significant amount of inter- and intra-individual variability in the phases of the menstrual cycle. Because of this, symptoms have been known to change depending on the timing of the menstrual cycle. Therefore, how was the second session (luteal-phase assessment) defined for pre-menopausal women? Did participants determine when their luteal phase occurred through calendar method, hormone assessment (i.e., hormonal assay, LH urine tests), basal body temperature, etc? Further, could the authors please provide data regarding the timing of this second assessment for all participants (i.e., what was the average length of time between the two sessions), as well as the average day of the menstrual cycle that pre-menopausal women had their
session on.

**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.