Reviewer’s report

Title: Expert opinion on detecting and treating depression in palliative care: A Delphi study

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Reviewer: Saskia Jünger

Reviewer’s report:

Overall comment
The manuscript reports on a research which is highly relevant for approaching the appropriate way of dealing with depression in palliative care. The research question is clearly outlined and the key issues concerning depression in palliative care are described. The authors have chosen a sound methodological strategy to address their research questions. The manuscript is very well written and it was a pleasure to read it.

In their discussion, the authors clearly highlight the most important implications of their findings. They also point out what may be concluded from the findings of the study and what may not be concluded and should be further investigated (e.g. with respect to the consensus about the choice of the antidepressant). The findings are discussed against the current scientific context which provides a dense and informative piece of knowledge for the reader and provides clear implications for future research. Overall, this study and the publication make an important contribution to the body of knowledge regarding the management of depression in palliative care.

Discretionary revisions
1. Methods/participants: It might be useful to briefly mention the criteria for the selection of the experts, e.g. clinical experience.

2. Methods / procedure: I wondered whether a pilot test has been considered for additional validation of the questionnaire.

3. Tables: I am not sure whether the legends correspond perfectly with the tables – in table 3 I cannot identify a newly introduced item (so the legend would be unnecessary) and in table 4 the item “Presence of spiritual assistant” is not highlighted with a star (but I have understood that it has been newly introduced).

4. Discussion / screening: I appreciate the critical reflection on the value of screening in depression. Just one additional consideration: the discussion points to a gap between screening itself and the subsequent benefit for the patient. The reader might wonder what will be done with the results of the screening and how treatment decisions are based on these results (intervention yes / no; if yes, which type of intervention / antidepressant / psychological intervention?). It could be critically reflected in the discussion that it might have been interesting to ask
the experts how treatment decisions are taken on the basis of the screening outcomes. Which diagnostic information do physicians or other team members rely on when deciding about the appropriate intervention? It would also be interesting to ask whether psychologists/other mental health professionals are involved and/or whether team members do behave differently towards the patient as a consequence of a positive screening outcome.

5. Discussion / strengths and limitations: In the last paragraph of the discussion it says “The lack of convergence in expert ratings between round one and two was disappointing.” I am not sure whether this can be said in such a general way. For example, when looking at the median values in table 3, it appears as if the consensus process has lead to an even sharper distinction between those antidepressants that are seen as appropriate (with an equal or higher rating in round two) and those which are not (with an equal or lower rating in the second round). So the shift between round one and two seems to have contributed to a clearer picture regarding the preference of antidepressants.

6. Similarly, for the choice of the screening tool it seems as if the newly introduced item “routine informal asking” has somehow appealed at the experts’ intuitive approach. It has spontaneously received a very high rating and the single item “are you depressed” has also gained a higher rating in round two, whereas more complicated measures or scales got considerably lower ratings.

**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.