Reviewer's report

**Title:** Prevalence and Predictors of Depression in a Canadian Palliative Home Care Population: A Cross-Sectional Study

**Version:** 2  **Date:** 15 October 2013

**Reviewer:** Lauren Rayner

**Reviewer's report:**

**Minor Essential Revisions**

1. The authors should give participation rate? How many patients were approached regarding participation in the pilot? How many declined? If these data are not available, this should be discussed as a limitation.

2. Were there no study inclusion/exclusion criteria? e.g. language barrier; under 18; too ill? This should be discussed and the numbers excluded and reasons for exclusion should be reported.

3. What was the rationale for excluding a patient from analysis if any single value was missing? The reason for missing data may not have been random, and thus exclusion of patients with missing data may have introduced bias. This should be discussed.

4. The discussion of the paper by Hayes et al is somewhat misleading. The finding was not that depression was more common in men because they had higher levels of functional impairment, but that men with functional impairment were at greater risk of depression than women – indicating a gender-specific association between depression and needing help with basic tasks.

5. The figures do not have labels and in black and white male and female cannot be distinguished.

**Discretionary Revisions**

6. In general, the Introduction is thorough and well referenced, with sufficient background given to the problem of depression in palliative care. However, in stating that depression in this context appears to be treatable, it would be helpful to reference Rayner et al’s meta-analysis of antidepressants in palliative populations (Palliative Medicine; 2011).

7. Could the authors provide more information on the study sampling frame? Which patients receive home care? How did case managers determine which patients would benefit from palliative home care?

8. It would be helpful if the authors stated which of the measures included in the interRAI PC were patient versus assessor-reported.
9. Cognitive functioning was assessed using the Cognitive Performance Scale – were patients with cognitive impairment excluded from the study? If not, what was the justification?

10. Why was the DRS used to measure depression, when other tools (e.g. PHQ-9; HADS) have been more widely and validated in palliative care? The use of a more obscure measure impedes comparison with other studies.

11. The prevalence of depression in this sample is surprisingly low. Is this an artefact of the DRS? By excluding physical symptoms is there a risk that patients with genuine somatic symptoms of depression may be missed?

**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