Reviewer's report

Title: Cost-effectiveness of cognitive behaviour therapy versus talking and usual care for depressed older people in primary care

Version: 1 Date: 21 June 2010

Reviewer: Sven Lueke

Reviewer's report:

Major Compulsory Revisions

1. Page 4 (Background, 3rd paragraph):
The reference Unützer et al. 1997 is the wrong reference. He and his colleagues made a 4-year prospective cohort study that randomized 2,558 participants over 65 years. The comparison to a one year’s worth of anti-dementia drugs remains in this context unclear.

2. Page 6 (Methods, health service utilisation):
There is no information about whether or not drug or medication utilisations (e.g. antidepressants) were considered. Are these relevant costs? Furthermore, the reader does not get any information about why costs like production losses as well as patient time and caregiver time and burden, respectively, are not taken into consideration (sometimes called indirect costs). In case several costs are not relevant in depressive disorders, there has to be given evidence/proof (references).

3. Page 15 (Discussion):
Again: Why are only direct costs expected to differ between groups? There is a reference missing that gives proof. Is there any journal article that announces only direct treatment costs are relevant?

Minor Essential Revisions

4. Page 5 (Background):
You describe your outcome measures (BDI-II). This would be a far better place to report on the results of the quality of life measures (EQ-5D) and the reasons for not taking this outcome measure into the economic evaluation. Alternatively, you place the whole paragraph in the Methods part since the choice of outcomes is rather related to the methodology of economic evaluation than theoretical background.

5. Page 5 (Background, health economics objective):
It is an important quality feature of an economic evaluation that its perspective is clearly stated (society, payer, patient). Depending on the perspective there are
different costs taking into account, because e.g. a patient has usually not the same costs to bear as the whole society. I guess you have chosen the payer perspective, but it could be stated way more clearly.

6. Page 12 (Results, Cost-effectiveness):
The paragraph about EuroQol scores could be better placed in the Methods part, because you knew before that you would not perform a cost-utility-analysis.

7. Page 13 (Discussion):
Although you state that your primary analysis concerns the cost-effectiveness of CBT compared with TAU it would be a benefit to discuss concisely the differences between TC and TAU as control groups.

Discretionary Revisions

8. In general:
The most important monetary values in the paper (except figures and tables) could be indicated in multiple currencies in order to make the paper more comprehensible for international readers, e.g. US-$, EURO etc.

9. In general:
In some cases it is very helpful when acronyms are spelled in full the first time they are used, e.g. (Page 5): ITT analysis, CACE analysis.

It is in my opinion uncommon to give references in the abstract. Obviously just a slip of the pen.

**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.