**Reviewer’s report**

**Title:** The care of patients with subthreshold depression in primary care: Is it all that bad? A qualitative study on the views of general practitioners and patients

**Version:** 1  **Date:** 25 May 2007

**Reviewer:** Margaret Maxwell

**Reviewer’s report:**

General

-------------------------------------------------------------------------------

**Major Compulsory Revisions** (that the author must respond to before a decision on publication can be reached)

-------------------------------------------------------------------------------

**Minor Essential Revisions** (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

-------------------------------------------------------------------------------

**Discretionary Revisions** (which the author can choose to ignore)

My only real concern with this paper is the applicability of some of the findings to other international contexts. For example, GPs in the UK would be highly unlikely (if ever) to prescribe herbal treatments such as St Johns Wort. The authors do not discuss their findings outwith the cultural context in which they were generated. That said, this paper is of general interest and many of its findings would resonate with primary care everywhere.

The GPs tendency to 'counsel' patients as a first step may also be unique as few GPs find they have the time to undertake such tasks themselves - which may question whether talking to a patient within the normal 10 minute consultation actually counts as counselling/therapy.

The diagnosis of depression is mostly the result of a 'negotiation' between doctor and patient. Many patients often reject the diagnosis. The authors do not appear to consider this, either in their approach to recruiting and questioning of respondents or in the presentation of findings. For example, the section where they discuss that it was not important to be given a diagnosis, to me reflects attempts by patients to distance themselves from the diagnosis.

**What next?:** Accept after discretionary revisions

**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