Author’s response to reviews

Title: Depression as a Risk Factor for Adverse Outcomes in Coronary Heart Disease

Authors:

Kenneth E. Freedland (freedlak@bmc.wustl.edu)
Robert M. Carney (carneyr@bmc.wustl.edu)

Version: 3 Date: 21 March 2013

Author’s response to reviews:

Dear Dr. D’Souza,

Thanks again for your patience. We have revised the manuscript in response to the reviewers’ comments. We used Track Changes for the revisions; please see the attached manuscript. Our responses to the Reviewers’ comments are as follows:

Reviewer #1

The Reviewer’s main criticism was that there were too few references. We were uncertain about how many references to include because we have not had any prior experience with the “Debate” format. Like the Reviewer, we were also concerned that we might have included too few references. We thank the Reviewer for raising this point, and we have added number of references in response.

Reviewer #1 also noted that we did not mention the association between late life depression and vascular disease. We agree that this phenomenon is relevant to the subject of this manuscript, and we have added a sentence about it near the bottom of page 10.

Reviewer #2

The Reviewer raised a number of important questions about the manuscript. First, s/he asked whether nonspecific symptoms of depression are problematic in the context of other chronic diseases besides CHD. The answer is yes, and we now address this point near the bottom of page 4.

Second, the Reviewer asked whether the CES-D has been used in this literature, since we said nothing about it. The CES-D has been used in a number of studies, but unlike other self-report questionnaires such as the BDI, the CES-D seldom shows any predictive value for CHD outcomes. The reasons are not entirely clear, but it probably is related to the fact that unlike the BDI, PHQ, etc., the CES-D does not assess some of the key features of clinical depression. We omitted the CES-D from the paper because it has yielded relatively little
information about the prognostic importance of depression.

Third, the Reviewer notes that underdiagnosis of depression might play a role in research on the temporal relationship between depression and cardiac events. We agree with this point, and we now mention it in the middle of page 9.

Fourth, the Reviewer noted that we strayed into a discussion of heart failure and NYHA class in one of the sentences in the section on causal mechanisms. In response, we have deleted this sentence and have added more references on the correlation between depression and functional status in patients with CHD.

Fifth, the Reviewer suggested some ways to strengthen our discussion of treatment research. In response, we added some material on treatment-resistant depression in CHD to the end of this section.

Finally, the Reviewer suggested that our conclusion could be stronger. In response, we have added two sentences to the Summary in which we discuss the need to identify moderators of depression treatment outcomes and to make progress on treatment-resistant depression in CHD. We point out that this type of research will help to resolve the question of whether depression is a causal risk factor for adverse cardiac outcomes.

We thank the Reviewers for their insightful comments and suggestions. We hope that the revised manuscript is acceptable for publication. Please let us know if you have any questions or if any additional revisions are necessary.

Sincerely,

Ken
Kenneth E. Freedland, PhD
Professor of Psychiatry
Washington University School of Medicine
4320 Forest Park Ave., Suite 301
St. Louis, Missouri 63108 USA
314-286-1311 (phone)
314-286-1301 (fax)