Author’s response to reviews

Title: Effects of Emotion Recognition Training on Mood among Individuals with High Levels of Depressive Symptoms

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Author’s response to reviews: see over
Re: Effects of Emotion Recognition Training on Mood Among Individuals with High Levels of Depressive Symptoms

Please find enclosed a copy of our revised manuscript “Effects of Emotion Recognition Training on Mood Among Individuals with High Levels of Depressive Symptoms”

We address the reviewer comments in the revised manuscript here, with detailed response to the concerns raised.

1) Editorial requests:

1. Title: please ensure the title conforms to journal style for study protocol articles. The title should follow the format “____________: study protocol for a randomized controlled trial.”

This has now been changed on page 1 of the manuscript.

2) Referee comments:

1. It would be useful to more explicitly justify why a cut off of greater than 14 is being used on the BDI-II for inclusion (in my view a sensible choice, but this needs spelling out to the reader).

The cut-off of 14 or greater is the cut-off used to indicate mild depression on the BDI-II, as indicated in the scoring manual. We have used this for consistency with other studies (by ourselves and others). This rationale has been added to the manuscript on page 7.

2. When reviewing current guidelines for managing depression, it might be useful to describe current low intensity IAPT treatments in addition to individual CBT (e.g. computerized CBT).

We have now include mention of existing remotely-accessible CBT interventions on page 4.
3. I wondered why the PANAS was being administered in a form of mood over the past day. There is likely to be day to day variability in mood that may cloud results, so an alternative approach might be to rate mood over the past week.

_The usual version of the PANAS which we are administering asks participants to rate mood based on “what extent you feel this way right now”. Current mood is assessed here as we interested in day-to-day mood as a secondary outcome, rather than memory-confounded ratings of subjective experience which are coloured by recent experiences._

4. As I understand it, the study is excluding people who have used psychotropic medicines in the past five weeks. It may be useful to examine if prior psychotropic medication use outside of this five week window also influences results.

_At screening we ask participants about history of depression and previous use of anti-depressants. This is now made clear in the procedures section on page 11. These factors are going to be used in secondary analyses, as described on page 15._

5. It was not clear to me why the behavioural measures were not also being given at baseline. This raises the possibility that group differences on these measures prior to intervention could confound results. Not having baseline measures might also weaken potential mediation analyses down the line (i.e. assessing whether changes on these behavioural measures during the intervention accounts for symptom improvement). It would perhaps be helpful to more explicitly articulate this rationale or change the design to also take them at baseline.

_Behavioural measures are not included at baseline as we wanted to avoid fatigue effects on task performance, since the screening/first training session is already one hour long. Our study sample is large and our randomisation robust; we therefore do not anticipate any group differences at baseline._

If you have any queries or require any further information, please do not hesitate to contact us. We look forward to hearing from you.

Yours sincerely,

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