Author’s response to reviews

Title: The Triple Whammy Anxiety depression and osteoarthritis in long-term conditions

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Author’s response to reviews:

Re: Editorial entitled: “The Triple Whammy Anxiety depression and osteoarthritis in long-term conditions”

Below is a point-by-point description of the changes made in response to the helpful comments made by Dr Harm van Marwijk.

We would be extremely grateful if you would consider this paper for publication in BMC Family Practice.

Yours sincerely

Dr Valerie Tan
I like the challenge the authors seem to hint at (how to improve detection). The remit of the paper is not entirely clear, however: is it an opinion, a review? A bit more ripening seems to be good.

It does not seem to hit the most central issue around the triple whammy on the head: what to do for these patients? Or: how to talk to them? What type of support do they want? People need explanations, stories about what is wrong with them, I think, how to make sense of illness/symptoms.

The focus is strongly determined by the NHS/England debate, for an international journal broaden it a bit? For instance, the mental health nurse that GPs in the Netherlands now have could play a role.

See the work of Kurt Kroenke in the US. He has done lots of studies in this area. Perhaps invite him to join the authors? What to do with medication, for instance? Thank you for the suggestion of inviting Kurt Kroenke to contribute to this article. However, the authors of this article are part of the CLAHRC-funded ENHANCE team based at Keele University and as such we were hoping to confine the list of contributory authors to this invited article to members of this team.

The suggestion of discussing the role of medication in these patients was also welcome. However, this invited article is part of a thematic series and we were invited to present the argument to case-finding of anxiety/depression and OA in people with LTCs. The challenges of management are therefore outside of our remit.

Comorbidity of A/D to pain (slightly different concept to OA) is perhaps most innovative clinically? Otherwise discuss bi-directionality (Gerrits M, et al, several papers over the last years, I could give references) Thank you for your suggestion. The authors have recognised the bi-directionality of A/D and pain and referenced Gerrits M (73).

The authors have referred to OA as it is the most prevalent cause of pain in older adults and is frequently comorbid with other LTCs.

The psychological dimension is the most potentially helpful one, I find. Unfortunately, we do not understand the comment.
Guidelines and delivery of care remain focused on single disease management, the authors state. Why is that a problem in this case? CBT is probably helpful for all three issues, as are antidepressants, to some extent. The authors thank you for your comment and agree that many interventions (including self-management) potentially offer benefit the index conditions and the A/D and/or OA.

Our aim, in this manuscript, is to highlight that whilst there is a growing recognition of the importance of multimorbidity, guidelines and treatment protocols are notable for their absence of consideration of this issue.

We recognise the importance of treatment burden and the potential implications for a patient, an area which we believe is to be discussed in Stewart Mercer’s article.

Similarly, whilst we agree that antidepressants have been shown to be effective in both the treatment of A&D and in chronic pain, and that CBT may also have an important role; as discussed above, the focus of this article is case-finding in the context of comorbidity and not subsequent management.