Reviewer’s report

Title: Use of a self-rating scale to monitor depression severity in recurrent GP consultations in primary care - does it really make a difference? A randomised controlled study

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Reviewer: Gregory Garrison

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Review of:

Use of a self-rating scale to monitor depression severity in recurrent GP consultations in primary care - does it really make a difference? A randomised controlled study

Summary: A randomized trial of depressed patients was conducted to determine if a self-assessment scale administered at a GP visit at least 4 times over 3mo as compared to usual care improved depressive symptoms, medication adherance, sick leave, and general health. 258 depressed patients from 91 GP practices were enrolled. Randomization to treatment or usual care was performed by GP and produced statistically valid results. The outcomes were measured at 3, 6, and 12mo. The authors found no difference in the Beck Depression Index, nor general health as assessed by questionnaire. There was a slight difference in medication adherence favoring the treatment group.

Strengths:
* Clearly written
* Adequately explained methodology
* The authors used valid instruments to assess the outcome measures
* Randomization was adequate
* Conclusions are supported by the data

Weaknesses:
* Recurrent vs. first episode was not controlled. Patients in various stages of depression were enrolled. There is some evidence to suggest recurrent depression has slower remission (see reference #29)
* Randomization was performed by GP and the authors were very clear about this. However, it is less clear whether their power calculation results in the necessary number of patients or GPs per group.

* I suspect there may be some grouping effect on patients via the GP randomization. This was not accounted for in their logistic regression models. A stronger analysis would be to use generalized estimating equations or a generalized linear mixed model to account for the correlation between patients treated by the same GP. I would be satisfied with recognition of this and discussion as a limitation.

Comments:

* There was little difference in terms of the number of visits to GPs during the 3mo study period. This suggests the TAU group also received equal attention. There are numerous studies pointing to the fact that care coordination or collaborative care management produces improved results. One of the hallmarks of collaborative care management vs. usual care is more frequent contact with healthcare professionals. In this study we see the usual care group had almost the same number of visits as the study group that had 4 GP visits in 3mo as part of the protocol. I find this uncommon - most usual care won't have this much attention (perhaps Sweden practices more like collaborative care management at baseline - a good thing!). This may limit the generalizability of their findings and should be discussed. Nevertheless, it supports their conclusion that simply including a self-assessment scale wasn't part of the "special sauce" of care management that produces good results.

* If looking to save space, I'm not sure that Table 3 contributes much. The same holds true for Table #2 (although there was one significant difference - it could just be commented on in the results section).

Overall, I recommend this study for publication. The finding that simply including a self-assessment instrument didn't change remission of depressive symptoms is useful information.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes
Are the conclusions drawn adequately supported by the data shown?
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Yes

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I am able to assess the statistics

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