Author’s response to reviews

Title: Family-centered depression treatment for older men in primary care: a qualitative study of stakeholder perspectives

Authors:

Ladson Hinton (lwhinton@ucdavis.edu)
Andrés Sciolla (afsciolla@ucdavis.edu)
Jürgen Unützer (unutzer@uw.edu)
Edward Elizarraras (eelizar@gmail.sfsu.edu)
Richard Kravitz (rlkravitz@ucdavis.edu)
Ester Apesoa-Varano (apesoavarano@ucdavis.edu)

Version: 2 Date: 04 Aug 2017

Author’s response to reviews:

Dear Dr. Tonkin-Crine,

We have made changes in response to Reviewer 3’s constructive comments and suggestions (Reviewer 1 was satisfied with the revisions). Our response to each of the comments is summarized below. All changes in the manuscript have been made using track changes.

Froydis Gullbra, Ph.D (Reviewer 3):

1. These descriptions of the objective of the study is not fully corresponding, and should be made clearer. What is the objective of the study? To address the challenges of engaging family support? Or to explore important factors to succeed engaging family support in treatment of depressed old men?

Response: We have now revised the manuscript in several places (i.e., abstract, end of the background) so there is consistency in the stated objective of the study which is “to describe challenges in engaging family members in older men’s depression treatment and possible strategies to overcome those challenges.”
2. Methods: Why have you chosen a qualitative approach?

Response: In the methods section, we have now sentence which states “A qualitative approach was chosen to allow us to elicit and better understand stakeholder perceptions and attitudes related to engaging family in older men’s depression care, a topic about which very little is known.”

3. Methods: You have to explain PHQ-9 score (at least with a reference).

Response: In the methods section, a reference has now been added for the PHQ-9, which is a well-established tool for depression screening in primary care.

4. Methods: For the recruitment of staff, you have chosen a purposive sample, I miss an explanation why all these different professions are included. What was the thoughts about how each group could add to the study?

Response: In the methods section, we have now added a sentence to describe our rationale for including the different groups: “Because insights regarding the topic of engaging family in men’s depression care might vary depending on staff role and training, we chose to interview a variety of different types of staff to generate a wider range of perspectives.”

5. Methods: The method you chose for analysis must be better explained. NVIVO 10 is a tool helping organizing text, but the method or approach used for analysis should be explained in much more detail, so we can see what kind of steps you used, and see where your results come from. It may be better using one method reference.

Response: We have revised the description of our approach to qualitative analysis in more detail and added an additional reference.

6. Results: What kind of family involvement are you talking about? Maybe you could give an example or explain what you mean by that. If this is a study involving development and implementation of a family intervention model, maybe this model should be explained shortly?

Response: To provide a bit more context for this specific study, at the end of the background section, we have now included a sentence describing the depression intervention model: “The larger goal of the project was to develop and test a primary-care based intervention to strengthen
evidence-based depression treatments (e.g. behavioral activation, anti-depressant medications) for older men through the involvement of family members.”

7. Conclusion: I miss a clear statement of what this study adds to the research field.

Response: The conclusion now states “To our knowledge, this is the first study to identify these four core challenges to family-centered depression treatment delivered in primary care settings and to provide practical suggestions on how these challenges might be addressed.”

8. Table 1: To use "Characteristics of included or interviewed depressed older me…." in the heading would make it more clear

Response: We have added “interviewed” to the title

9. Table 2: How do you know their general health? Self-report?

Response: We have added “self-report.”

10. Table 2: Here is really much information. Is it all relevant, for instance income?

Response: We do feel that income is an important characteristic these depressed men and emphasizes their socioeconomic disadvantage and is useful to readers in understanding the nature of the sample.

11. Table 3: For the table to stand alone, you should add "….core challenges involving family in depression care for older men, and possible…” or something similar.

Response: We have modified the title of Table 3 to be more descriptive

12. Table 3: You must explain HIPAA-guidelines, or give a reference.

Response: We have added a reference.