Reviewer’s report

Title: General practitioners' awareness of depressive symptomatology is not associated with quality of life in heart failure patients - cross-sectional results of the observational RECODE-HF Study

Version: 0 Date: 14 Aug 2017

Reviewer: Weng Yee Chin

Reviewer’s report:

This was a large primary care practice-based cross-sectional observational study comparing the effect of recognition vs non-recognition of depressive symptoms in patients with congestive cardiac failure (CCF), in particular the association with interventions for depression.

The research team should be commended on successfully in recruiting such a large sample size of CCF patients who screened positive for depressive symptoms (and their doctors), ensuring that the study was adequately powered for the analyses.

The team were ambitious in collecting both doctor and patient-reported outcomes which could be compared to provide interesting insights on the difference between what the doctor says and what the patient does or perceives.

This paper described one outcome of a larger study with other publications.

Background:

I would have liked to have more explanation for the rationale for this study, and what knowledge gaps or needs it fills.

I can understand that patients with co-morbid CCF and Depression are often missed (similar to that of any multiple chronic diseases), but what evidence is there to show that CCF patients with depressive symptoms have better outcomes if their depression is appropriately treated?

It is likely that doctors are quite cautious about over-prescribing in patients with polypharmacy, and it would be nice (if there is an literature about this) to have a description of what are the barriers to treating depression/ depressive symptoms in patients with CCF. With the global movement to reduce treatment burden (Eg. the BMJ "Less medicine" campaign), what is the evidence that there is a need for more therapy in these patients?

The research questions are poorly articulated and may need to be re-written more clearly to allow the reader to understand the study's aims and objectives (see my comments under 'Analysis')
Methods:

Sample frame/ study subjects

I understand that this was part of a larger study, but more details relevant to this study are needed

- How many doctors were recruited in this study and on average how many patients?
- How were the doctors recruited?

Study Instruments:

- What was the reason the EQ-5D was chosen? This is a very generic measure for HRQOL vs other HRQOL instruments which may be more specific for patients with chronic disease.
- Please provide more information for the psychometric performance of the instruments used - e.g. were the cut-off points validated for the study sample setting?

Analysis:

I felt that the Research Questions were poorly articulated, and given the data that was collected, I felt that the analyses could have been performed differently so that the results could have been more informative.

Also it was confusing following all the various sub-group analyses.

In the introduction, the research questions were described as

" How often are which measures taken by GPs when they are aware of their patients' depressive symptomatology?"

" Is the GP's awareness of depressive symptomatology associated with therapeutic procedures (such as pharmacotherapy and psychotherapy) as well as patient-relevant outcomes (health related quality of life)?"

I would possibly suggest to list the research objectives so that it is easier for the reader to follow the study and link the analyses to the results

1. Estimate the recognition rates of depressive symptoms in primary care patients with co-morbid CCF (analysis= prevalence rate for recognition)

2. Examine the factors associated with depression treatment in patients with co-morbid CCF and depressive symptoms (Regression analysis)
3. Describe how primary care doctors treat depression in patients with CCF (Descriptive analysis)

4. Explore the factors associated with depression treatment in patients with CCF (Regression analysis)

5. Describe the factors associated with HRQOL of patients with CCF (Regression analysis)

6. Examine the congruence between patient-reported and doctor-reported management of depression

Another analysis to consider (for this or maybe for another paper) would be to do a mediation analysis to see if mental health is a mediator for HRQOL in patients with CCF.

For example, it would be informative to know if anxiety symptoms vs depressive symptoms on HADS were a greater mediator for HRQOL as it could help to inform CCF treatment


Results:

1. As data was collected from both patients and doctors, a table on doctor characteristics would be useful.

Discussion:

I would have liked to have more discussion on the clinical implications of the findings - how can I apply the findings to how I should manage by CCF patients? What should I be more aware of? How should I change my practice?

I found the lack of congruence between doctor and patient reporting of interventions interesting, but as mentioned, there is likely some over and under reporting on both sides.

Limitations:

I would also include:

- Potential for self-report bias
the limitations of the study instruments used

Others:

There are many typos, and English grammar issues (especially with tense). The paper needs to be edited for language to enhance its readability.

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

No

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

No

Are the conclusions drawn adequately supported by the data shown?
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No

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