Author’s response to reviews

Title: The Mini-International Neuropsychiatric Interview is useful and well accepted as part of the clinical assessment for depression and anxiety in primary care: a mixed-methods study

Authors:

Agneta Pettersson (agneta.pettersson@ki.se;agneta.pettersson@gmail.com)
Sonja Modin (sonja.modin@gmail.com)
Rolf Wahlstrom (rolf.wahlstrom@ki.se)
Sandra af Winklerfelt Hammarberg (sandra.af.winklerfelt.hammarberg@ki.se)
Ingvar Krakau (ingvar.krakau@ki.se)

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Author’s response to reviews:

Dear Editor,

Thank you for considering our manuscript for publication in BMC Family Practice and for the helpful suggestions for improvement. We have revised the Discussion according to these suggestions. We hope that it now is acceptable for publication.

We have responded below to your comments in order of appearance in your e-mail dated 2017-01-19.

Editor

Comment: there is considerably more literature on the use of such instruments in primary care and the limitations of using psychiatric tools in that setting. The reviewer indicates this discussion.

Reply: Thank you for sharing that there is more literature available on the topic. We have conducted an additional literature search and found two other references [1, 2]. These are now added to the Discussion, page 23, line 519: “Some studies highlighted a concern that the doctor-patient relationship could be compromised, in particular that good conversations might be disturbed by introducing a document that should be followed”.

Reviewer 1
Comment: Personally, because of the exclusive focus on psychiatric disorders, the lack of attention to stress and normal sadness, and the threat of medicalisation, I am not in favour of using an instrument as the MINI in daily practice. I do believe there are some patients with psychiatric disorders among all those with stress, sadness, nervousness and so forth, but there are simpler ways to filter out these disorders.

Reply: The reviewer brings up an important topic: the MINI is limited to a number of psychiatric diagnoses but does not include some problems that are common in primary care, e.g. adjustment disorders. We have added a paragraph on this issue, page 23, line 511: “However, it should be underscored that the MINI, like other structured interviews, is limited to specific psychiatric diagnoses and does not cover all mental problems encountered in primary care [3]. This was also observed by patients and interviewers in our study, as some of them missed modules about stress and sadness”.

On the other hand, the purpose of MINI is to support finding those patients that fulfil diagnostic criteria and should thus help to avoid medicalisation. In the discussion, page 22, line 502, we have added a sentence on this subject: “This is in accordance with another study, which found that a proportion of patients, who had received a diagnosis of affective or anxiety disorders based on clinical parameters, were subthreshold cases, not needing medical treatment [4]”.

We are looking forward to receiving your response concerning this revised manuscript.

Best regards,

Agneta Pettersson

References


