Author’s response to reviews

Title: A qualitative study on older primary care patients' perspectives on depression and its treatments - Potential barriers to and opportunities for managing depression

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Author’s response to reviews:

Dear Mrs. Chew-Graham, dear reviewers,

Thank you very much for your positive and careful comments on our manuscript. Below you’ll find our answers to all critical comments made. We are convinced that the review process has improved our manuscript a lot.
Best regards

Hanna Kaduszkiewicz

Reviewer 1:

(…) I believe that there needs to be clarification in regards to the inclusion criteria stating that the participant had to have been to their GP within the last six months to indicate if this consultation was for depression or not.

For inclusion into the study the reason for the consultation was not important and therefore not documented. We added the underlined words to the end of the sentence (page 5, lines 122-124): ‘The criteria for inclusion in the cohort study were: age 75 years and older and at least one contact with the general practitioner (GP) within the last six months - regardless of the reason for the consultation.’

I also believe further clarification is needed in terms of the three participants denying personal experience with depression as the study describes the participants as twelve depressed primary care patients. From my interpretation of the paper, participants were recruited only if they scored $\geq 6$ on the Geriatric Depression Scale (GDS) at baseline or at the 12-month follow-up in the AgeMooDe cohort study.

This interpretation is correct, it is stated on page 6, lines 128-130 of the manuscript. To clarify this aspect moreover, we added the following underlined words on page 6, lines 143-145: ‘Three patients denied personal experiences with depression despite their GDS score $\geq 6$, which indicates underlying depressive symptoms.’

The paper suggested a score of $\geq 6$, which suggests depressive symptoms, was present in all participants. Therefore, this raises ethical questions in terms of the participant being aware of the implications of their score and inclusion criteria for the study. I believe the paper needs to describe that all of the participants were made aware of the nature of study and the inclusion criteria, which could suggest that even though the participants may not have personally identified as depressed within the interview, the participants GDS score may have indicated depressive symptoms.

Thank you for this advice. We added this important information to the respective sentence on page 6, first paragraph (lines 136-137): ‘All participants were informed verbally and in writing
about the nature of study, the inclusion criteria and the interview conditions in order to acquire their written informed consent.’

Too add to that, the paper acknowledges that participants completed the GDS between one and nine months prior to the interview, I think that the paper should acknowledge, as a limitation, that the scores from nine months ago may have altered.

We added the following sentence to the ‘strengths and limitations’ section (page 16, lines 379-382): ‘Thirdly, three patients denied personal experiences with depression despite their GDS score $\geq 6$. However, as the GDS was completed between one and nine months prior to the interview, the scores could have been different at the time of the interview.’

I also believe that the paper should offer a justification for using the age range of over 75 years old as other studies use various other cut off points to determine what constitutes an older adult (Hasin et al, 2005).

In the paper of Hasin et al., 2005 the cutoff for older adults is 65+. In our study we deliberately placed the focus on the oldest old, as depression rates increase with age and are highest in the oldest old, which is currently the most rapidly growing population segment [Kinsella K, Velkoff VA. An aging world: 2001. International Population Reports. US Bureau of Census, US Government Printing Office, Washington DC, 2001]. In Germany, the number of individuals aged 80+ will almost triple to 11.6 million by 2050 [Federal Statistical Office. 11. Koordinierte Bevölkerungsvorausberechnung - Annahmen und Ergebnisse. Entwicklung der Bevölkerung Deutschlands bis 2050. Wiesbaden: Statistisches Bundesamt, 2006.] and the number of individuals suffering late-life depression might also be tripled. In contrast to the growing number of patients concerned the group of patients aged 75 years and older is rarely studied.

We added the information to the background (page 4, lines 92-94 and page 5, line 101).

Too add to that, the paper describes the participants as 'elderly' a term which some individuals may find derogatory. In my opinion the lack of clarity regarding the GP consultations and participants denying any personal experience of depression needs to be addressed throughout the paper, along with a justification for the age range and renaming the participants a more suitable term such as 'older adults.'

We changed ‘elderly’ into ‘older adults’ or other suitable phrases throughout the paper, the justification for the age range was addressed in the paragraph above.
Regarding the participants denying any personal experience of depression we decided not to highlight their experiences, because beliefs, attitudes, knowledge and experiences are always interconnected and we did not find any specific differences between them and the other participants, who reported to have personal experience of depression.

Wording

Line 61 - The word social networks might be more appropriate than social environment
We changed ‘social environment’ to ‘social networks’ throughout the paper.

Line 141 - Table One, a capital letter is used at the start of words in columns ID, education level and personal experiences with depression but not in gender, age, marital status and living situation.
We changed the diction in the table according to the reviewer.

Line 239 - Unsure what the meaning of ‘attending physician’ is, the author uses GP elsewhere throughout the paper.
We changed the heading into ‘Talking about depression with physicians’, as in this section physicians in general are addressed (see page 11, line 245). The section about GPs starts on page 13, line 314.

Reviewer 2:

Thank you for inviting me to review this qualitative study on older persons views of depression and its management. Overall the paper is well written and informs an interesting discussion about barriers to seeking care for depression in this age group.

I have a few comments to be addressed:

1) In the background, line 76, the authors refer to depression as dimensional depression. I am unfamiliar with this term and wondered if they meant diagnosed depression?
You are right. We deleted the word ‘dimensional’.
2) There were only a small number of older adults interviewed for this study (12). I was wondering why such a small number were involved and whether this was intentional or due to recruitment problems. There is no mention of saturation of data in the collection and I am concerned that this has not occurred.

Thank you for pointing at this important point, which we had forgotten to mention in the manuscript. We added the following sentence to the end of the data analysis section (page 8, lines 181-182): ‘Data saturation occurred after the 10th interview as the interviews No. 11 and 12 did only add minor new information.’ However, this could have happened by chance, so we can’t be completely sure, that more interviews wouldn’t have added more information. Therefore we added the following passage to the limitations (page 16, lines 382-384): ‘Fourthly, the sample size of 12 interviews was relatively small. Although we experienced data saturation, we can’t be completely sure to have captured the perspectives of older adults on depression and its treatments comprehensively.’

The authors do not mention where the participants were recruited from (e.g. primary care settings or other). I understand that this study forms part of a larger study and this may be mentioned in other papers, however should also be mentioned in this paper, if only briefly.

We added the information on the recruitment setting to the methods section (line 122, the underlined words): ‘The interview participants presented here were recruited from the AgeMooDe study’s cohort, i.e. within a primary care setting.’

3) The participants were selected based on age and sex however this does not translate into the results and no mention is made whether different gender or age was related to different beliefs and experiences.

We selected the participants based on age and sex in order to get a broad picture on older patients' perspectives on depression and its treatments. The sample sizes of 7 women and 5 men are too small to work out differences between the sexes. In our view the same applies to age. We successfully recruited patients from a broad age spectrum, but feel that the sample size would be too small to analyze age group differences.

4) There are a few more limitations that should be added to this section of the discussion. These include the small numbers of participants, recruited from another ongoing study which may influence beliefs and experiences with depression. For example, by taking part in a
depression study this may make the study population better informed and experience less stigma around depression.

We added the following sentence to the ‘strengths and limitations’ section (page 16, lines 382-384): ‘Fourthly, the sample size of 12 interviews was relatively small. Although we experienced data saturation, we can’t be completely sure to have captured the perspectives of older adults on depression and its treatments comprehensively.’

The AgeMooDe cohort study, in which this qualitative study was embedded, was an epidemiological study, in which the participants and their GPs were interviewed in a standardized manner. There was no intervention and no feedback on the results of the interviews. Therefore we don’t assume that the cohort study has changed the participants’ beliefs and experiences with depression.

JW was one of the researchers who interviewed the participants but was not involved in data analysis which raises questions about interpretation of the data and subsequent findings.

JW was not involved in data analysis due to time constraints. However, all authors have read the final draft of the manuscript, revised it for key contents and approved the final version of the manuscript. Within this procedure JW also checked if the final contents suited with his experience with the interviews. Therefore we don’t think this to be a limitation and we decided not to add this issue to the limitations.

8) I am unsure what figure 1 is meant to be - the interview schedule or coding frame. This needs a title and to be referenced in the text.

The analysis was an iterative process. Figure 1 gives an overview of the 14 categories grouped into four thematic fields that derived from the analysis of the interviews. It is intended to help the reader to orient him- or herself in the results section.

The title for figure 1 is as follows:

‘Figure 1: Thematic fields and its categories derived from the qualitative interviews’

We rephrased the respective sentences and hope, that they are clearer now (see beginning of the results section, page 8, lines 184-189).

Overall I think the paper is of interest to primary care and those involved in depression management and is well written.
Thank you very much.

Reviewer 3: Dear authors,

I have conducted a thorough review of your article and enjoyed reading it. I must admit that had you taken a more in-depth approach to analysis and moved beyond content analysis, I feel this article would have been the better for it - the short extracts of quotes imply the data is very rich.

I have suggested that your article requires major revisions in order for it to be accepted for publication in this journal. I make the following comments, in order to be constructive and to help the authorship team improve the article.

Title

The title is too long and could be made clearer. Suggest rewording this by removing 'depression in old age' and integrating this better. Suggest the term 'opportunities' is more appropriate than 'chances' (change throughout).

We reworded the title into:

‘A qualitative study on older primary care patients’ perspectives on depression and its treatments - Possible barriers and opportunities for the management of depression’

We changed the term ‘chances’ in ‘opportunities’ throughout the paper.

Background/Literature Review

The background literature review is of an appropriate length and provides a very good synopsis of up to date research and establishes a clear rationale for the article. I could not identify an article that considered over 75s experience of depression and so this article covers an important gap. To further improve this section of the article I would suggest the following changes:

- Focus is on 'depressive disorders' but no definition is provided and then depressed/depression/ dimensional depression are used interchangeably; suggest paying closer attention to this and make reference to clinical definitions to clarify why 'depressive disorders'.

The patients we interviewed did not differentiate between depressive symptoms, depressive episodes of different severity or between single episodes of depression and depressive disorders, which according to the ICD-10 are characterized by repeated episodes of depression. Therefore we needed to use a generic term. We changed the wording throughout the text into ‘depression’ and ‘people/patients with depression’, when the passage expressed perceptions about people with depression. We used the term ‘patients with depressive symptoms’ in order to describe the study participants as we used the Geriatric depression scale to include the patients into the study. A formal diagnosis of depression had not been established for the patients by the research team and the GP diagnosis is known to be error-prone. Further we used the term ‘feeling depressed’ when we described the patients’ feelings.

- Use of the term 'elderly' may imply frailty. Suggest changing this throughout to older people/persons

We changed the term ‘elderly’ into ‘older’ throughout the manuscript.

- Ln 76 could be made clearer, what population does this relate to? What is 'dimensional depression'

We deleted the word ‘dimensional’.

- Ln 91 implies that demographic ageing only applies to western countries (it is a global phenomenon). Suggest retaining focus on Germany populations and make a passing reference to wider/global ageing.

Thank you very much for your important suggestion. We added ‘in Germany and worldwide’ to the relevant sentence (page 4, lines 91-92): ‘Against this background, the improvement of care is an important objective, particularly in light of an increasing proportion of older adults in Germany and worldwide’.


- Ln 96 suggest changing 'chances' to 'opportunities'
We changed ‘chances’ to ‘opportunities’ throughout the paper.

- Ln 100 suggest changing the wording e.g. 'A few qualitative studies (refs) have investigated the views…'

Due to the suggestion of reviewer 1 we changed this sentence as follows: ‘In contrast to the growing number of patients concerned there are only few qualitative studies [refs] that investigated the views and experiences of depressed patients aged 75 years and older.’ (page 5, lines 101-103)

Aim

The aim is clearly stated (investigating the views about depression among 75 and over primary care patients in Germany). However, I would question whether the term 'comprehensive' is an accurate one given only 12 interviews were conducted. Suggest removing this word. I would also like to suggest the following alterations:

We removed the term ‘comprehensive’ throughout the paper.

- Ln 108 suggest removing the term 'elderly'

Done throughout the manuscript.

- Ln 109 'We aimed at the detailed description' suggest rewording this e.g. The aim of this study was to explore/investigate… based on the description of the patients' view and experiences'

We reworded the sentence as follows (page 5, lines 110-113): ‘The aim of this study was to explore patients’ knowledge, beliefs, attitudes and experiences with depression to subsequently derive possible barriers and opportunities for the management of depression in late life.’

Methods

The methods are well described. I assume that as part of the consent procedures for the larger cohort study participants agreed to be contacted about future research; could you clarify this.

Thank you, this is right. We added this important information to the respective paragraph:
‘Almost all participants of the AgeMooDe cohort study had agreed to be contacted about future research. If also this criterion was fulfilled potential participants were invited via letter and telephone.’ (page 6, lines 132-133)

The use of the term 'deductive' does not seem to be appropriate (it confuses the process) as it implies working from specific theory/concept/construct which I do not feel you do.

P8 I would not consider a semi-structured topic guide to infer deductive reasoning only that the selection of questions/topics frames the interview. What is said during the interview, the data, is analysed in an inductive manner, as described. Suggest the following e.g. 'The topics included within the topic guide provided a frame for the analysis, which was inductive based on the interview data'

Thank you very much for the thorough processing of the manuscript. We changed the passage as suggested (page 8, lines 177-178).

- Ln 115-6 is multi-centric the correct term? Suggest: 'Multi-centre'

Thank you. We changed the word as suggested.

- It is difficult to determine whether participants are currently depressed, 'recent' ranged from <1 - 9 months.

You are right. We added this as a limitation to the discussion: ‘Thirdly, three patients denied personal experiences with depression despite their GDS score ≥ 6. However, as the GDS was completed between one and nine months prior to the interview, the scores could have been different at the time of the interview.’ (page 16, lines 379-382)

- Ln 128 Suggest 'purposively' selected not purposely, as this will better reflect the sampling strategy

Thank you. We changed the word as suggested.

- Ln 129 using the terms younger and older when talking about people aged 75+ years can be confusing. Suggest rewording this e.g. …based on age to achieve a diverse range of ages 75 years and over.
Thanks. We changed the wording as suggested.

- Table 1 includes a column 'personal experiences with depression' what does this mean? Those that answered 'No' scored relatively high on the scale. Does this mean that they have not received a diagnosis?

The inclusion of patients into the study was based on the results of testing with the Geriatric Depression Scale. Within the research project we did not establish a diagnosis of depression. Thus, the three patients who denied personal experiences with depression either were never diagnosed with depression or warded it off in the interview. We added the following footnote to the table: ‘Three patients denied personal experiences with depression despite their GDS score ≥ 6. They either were never diagnosed with depression or warded it off in the interview.’

- Ln 148 Suggest 'designed based upon' or 'developed based upon' instead of 'built'

We changed ‘built upon’ into ‘developed based upon’.

- Ln 150 Working group? Of academics/clinicians? Did patients or members of the public have any input on the design?

We described the working group in more detail: ‘working group of academics and clinicians’. (page 7, line 157) Patients or members of the public had no input on the design.

- Ln 153 Suggest altering the wording from 'depressed people' to 'people with depression' (consider throughout)

We followed this suggestion throughout the manuscript.

- Ln 157 Description of the interview setting is not clear, missing 'each' e.g. Four interviews were conducted in each of the cities of Hamburg, Mannheim and Bonn.

Thanks. We changed the phrase as suggested.

- Ln 173 'Discussed regularly' were there any disagreements/alternative interpretations considered? How were these overcome?
We had no disagreements that would be worth mentioning. We added the following sentence to the text: ‘In case of different interpretations of data consensus was sought and achieved.’

The results

The results are reported as four themes and 14 sub-themes, however you described the process of analysis as occurring in categories and sub-categories. Please clarify this.

We reworded the phrase into ‘Figure 1 gives an overview of the 14 categories grouped into four thematic fields that derived from the analysis of the interviews (figure 1).’ Throughout the paper we now use the terms: ‘four themes’ and ’14 categories’.

The approach to analysis has led to a rather formulaic and surface-level set of themes/sub-themes e.g. medications, psychotherapy.

The categories and subcategories shall facilitate orientation within the results section.

I would like to suggest the following specific points:

- Ln 176 Suggest altering 'built' to 'constructed' or 'identified'

We altered the words.

- ‘Themes’ are described, however in the description of analytic process categories and sub-categories, coding frame were described. Consistency is needed here. The development of themes implies thematic analysis.

We deleted the word ‘themes’ from the manuscript.

- Ln 177-180 is unnecessary and raises questions about whether the analysis is based on the interview data or predominantly whether the researchers simply selected data to support their own pre-conceived notions.

We decided to keep these sentences, as the question of personal experience of depression was raised by another reviewer.
- Depression in the elderly, suggest rewording to 'in later life'.

We deleted the word ‘elderly’ from the text and replaced it by ‘older adults’ following the suggestion of reviewer 1.

- Ln 226 Check wording: 'would not tell their social environment'

‘Environment’ was changed into ‘networks’ as also suggested by reviewer 1.

- Ln 259 is 'crazy' a quote from a participant or not?

Yes, this is a quote. We put the word in quotes (line 265).

- There is a powerful interview extract on page 12 regarding suicide of a participant's niece and what this means to them now during their own depression; it is a shame that the meaning and implication of these words is limited by the sub-theme title of 'patients' attitudes towards depressed people'.

- There are some really interesting phrases used such as: lacking courage to live, depression is something between heaven and earth - it is a shame a more in-depth analysis was not undertaken to explore these further.

You are right that narratives open up many possibilities of interpretation. However, our aim was to give a pragmatic overview over patients’ knowledge, beliefs, attitudes and experiences with depression. Therefore we chose content analysis instead of more interpretive analytical approaches.

General points: Depression is described in the article as 'a depression' or 'depressions' as if an acute event which is a confusing term.

As commented above we clarified the use of the word depression.

Very limited presentation of interview data to support interpretation of themes/sub-themes means the voice of participants is missing.
Unfortunately we had to shorten the text and the quotes due to the journal requirements concerning length.

Discussion/implications

The discussion section seems a bit too long. However, it is well constructed and provides a thorough comparison/contrast with existing research.

I do not agree that the analysis supports the claim that views of patients were comprehensively explored. The results are presented at a descriptive level, as befitting content analysis. I therefore do not think the discussion is supported by the data analysis. I think some more work is needed to develop the themes/sub-categories.

Thank you for your comment. Our study aim was to give a pragmatic overview over patients’ knowledge, beliefs, attitudes and experiences with depression. Therefore, we already decided in the preparation of the study to analyze the qualitative data with content analysis instead of using a more interpretive analytical approach such as grounded theory. We are aware that a more interpretative qualitative approach would have allowed to explore our data deeper. But that would also have meant a larger study that we could not realize. Nevertheless, we conducted our analysis very conscientiously. AS predominantly performed the analysis, but regularly discussed the coding process with HK and KH. Furthermore, for each interview a summary containing the important themes of the interview was written to ensure that all important aspects of each interview were captured. Therefore, we believe that the discussion is supported by our results.

To label older adults' perception of depression as 'outdated' could potentially be considered condescending. Does their perception not simply differ from current medical definitions?

Thank you very much for your helpful comment. You are right, the term ‘outdated concept of disease’ could be considered condescending. This was not our aim. Therefore, we deleted this term and reworded the sentence as follows: ‘However, we also found views that indicate misconceptions about depression and an outdated concept of the disease.’ (page 15, line 360).

The limitations neglect the fact that only 12 interviews were completed.

We added the following passage to the limitations (page 16, lines 382-384): ‘Fourthly, the sample size of 12 interviews was relatively small. Although we experienced data saturation, we
can’t be completely sure to have captured the perspectives of older adults on depression and its treatments comprehensively.’

The English requires some attention (nothing major), particularly in the results section.

As I have said, I have tried to be thorough in order to be helpful. I trust that you have taken my comments in the manner in which they were intended.

Best wishes

Thank you very much. Your comments were very helpful.