Author’s response to reviews

Title: Clinical effectiveness of care managers in collaborative care for patients with depression in Swedish primary health care: a pragmatic cluster randomized controlled trial

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Answer to Editor and reviewer comments on Ms FAMP-D-17-00092 Clinical effectiveness of care managers in collaborative care management of depression in Swedish primary health care patients: a pragmatic cluster randomized controlled trial

We would like to thank the reviewers and editor for valuable comments, which really have helped us to improve the manuscript. We have changed in accordance to reviewers’ advice and carried out essential revisions suggested. Below, we response point-by-point and give detailed response to each reviewer/editorial point raised.

We now hope the manuscript will be accepted for publication and thank the reviewers.
For the authors
Cecilia Björkelund

Reviewer reports:

Carol Coole (Reviewer 1): Thank you for inviting me to review this paper, which I consider to be of interest and suitable for publication. I suggest a few discretionary revisions to the Background section:

Page 5

Line 2 - 'leading cause of years lost due to disability' Needs clarification - presumably not actual years of life

Answer: We have corrected to: unipolar depressive disorders are the leading cause of years of healthy life lost due to disability in both men and women (Page 5 line 2).

Line 15 - 'increasing high demands on cognitive performance' Suggest adding a reference to the evidence for this statement.


Line 23 - suggest delete this sentence - is this not a goal for all patients in primary care?

Answer: We have deleted the sentence page 5 line 23.

Line 43 and 48 - suggest interventions instead of actions

Answer: We have changed to interventions instead of actions (page 5 lines 43 and 48)

Line 48 - training 'in' refined diagnostics

Answer: We have changed to training 'in' refined diagnostics

Page 6 Line 1 - education for all personnel - in what?

Answer: We have added: Such complex interventions include measures such as education for all personnel at the primary care center (PCC) about guidelines on depression treatment and prevention. (page 6 line 1)

Line 2 - are all care managers nurses?
Answer: In this trial, all care managers were nurses, but the experience gained by the trial was that care manager function could also be carried through by competent counsellors or psychotherapists.

Line 14 - increased accessibility - to what?

Answer: We have added increased accessibility to the PCC via patient contacts

Line 50 - patients visits are fewer and longer - suggest reference

Answer: We have added: ref Andersson S-O, Ferry S, Mattsson B., Sven Ferry & Bengt Mattsson. Factors associated with consultation length and characteristics of short and long consultations. Scand J Prim Health Care 1993; 11(1);61-7.DOI: 10.3109/02813439308994904 (new ref 17)

Emily Satinsky (Reviewer 2): No comments for the abstract or introduction.

In the methods section, did the intervention group receive care as usual PLUS the intervention, or only the intervention? If just the intervention, how come?

Answer: The intervention group received care as usual PLUS the intervention. We have added this sentence in the methods section under intervention.

On page 9, line 22 what does 3+2 days mean?

Answer: We have changed and added: Before patient recruitment began, GPs and the nurse/district nurse (care manager) participated in sessions (for GPs 2 one-day sessions for GPs and for care managers 1 three-days session before start of intervention +2 one-day session during initial part of intervention) for training in providing clinical services. (Page 9, line 22)

I was confused by lines 47 to 49. What do you mean by "an instrument in connection with the regular telephone call"?

Answer: We have changed to: …with person-centered communication around depressive symptoms based on the patient’s current depression symptom assessment with a self-assessment instrument in connection with the regular telephone call, as well as behavioral activation ... (Page 9 line 47-49)

On page 11, under the statistical analysis section, why weren't other demographics adjusted for such as SES or rural/urban status?

Answer: As the greatest difference between the PCCs was number of included patients (1-9/10-30), reflecting a well-functioning PCC vs less well functioning (not associated with other demographics), and as urban/rural was taken into account in the randomization process, we chose to adjust for type of PCC. We used education instead of SES as these variables are compatible.
In the results section, is there an explanation for why some participants were lost to follow-up? What measures were taken to follow-up with these participants?

Answer: We have added: Patients lost to follow up were not reached despite several contacts by mail and telephone.

On page 12, do you have any explanation for the differences between intervention and control non-participants?

Answer: We have no explanation for the higher percentage of students in the intervention-non-participant group (and prefer not to speculate around maybe thinkable but uncertain explanations).

On page 13 lines 27-31, what was frequency of antidepressant medication in control group reduced to?

Answer: We have added: the antidepressant medication frequency in the control group was somewhat reduced to 60.5% (Page 13, line 30).

Sick leave and return to work is discussed and used as evidence for the effectiveness of the intervention. Was there any measure ensuring that sick leave was due to the depression and not another medical condition?

Answer: All sick-leave diagnoses were registered 0-6 months by the electronic medical records and the main diagnose initially was either F 32 or F 33. In 20 cases it was changed to F43 and in 7 cases to F41, which we accepted, as they also belong to the Common Mental Disorder group.

On page 14, the authors discuss patient perceptions about the intervention. Who asked these questions? If the person asking was highly involved in the intervention, they might have biased patient response.

Answer: Patients were not asked by the PCC personnel or Care Managers. We have added: Patients were asked to complete a questionnaire distributed by the research personnel (postal questionnaire 6 months follow up) about the helpfulness, perception of waiting time, information given, and whether they would recommend the treatment to family members and/or close friends. (Page 13)

In the discussion, the results are somewhat overstated. For example on page 14, line 25 the authors write that there was "significant reduction of depression". It is important that they specify that this is based on MADRS score and not BDI score.

Answer: We have added: This study showed that PCCs that establish organizational changes concerning depression care through the implementation of a care manager improve the quality of care within a 6 month perspective, as indicated by significant reduction of depression (based on MADRS-S score), significant increase of remission frequency…. (Page 14)
On page 16 and the first half of page 17 I noticed a lot of awkward phrasing and weird sentences. For example at the end of the second line, I would say "support for the depressed patient THROUGH organizational changes"

Also on page 16, the word "also" on line 20 is misplaced and should be moved in front of the word "strongly"

Answer: We have changed accordingly together with our English language reviewer, and now hope the phrasing is more accurate.

In the paragraph beginning with "Recently," there are many awkward wordings and superfluous words The tables and figures look good, however

Answer: We have corrected.

Figures 2 a,b,c, and 3 should include titles. They should also include significance levels.

Answer: We are very sorry for the mistake not to include the Figure titles. They are now included, along with significance levels. (Page 23)

Donata Kurpas (Reviewer 3): Congratulations and good luck with your next research!

Answer: Many thanks!