Reviewer's report

Title: Depression and anxiety symptoms post-stroke/ TIA: Prevalence and associations in cross-sectional data from a regional stroke registry

Version: 2
Date: 26 August 2014

Reviewer: Ian Kneebone

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Considering emotional adjustment after stroke/TIA is an important area of research, not least because of the effect of these difficulties on functional and other outcomes. The current study is important as it considers the role of emotional adjustment on those with minor stroke/TIA, a much overlooked area and allows comparison of those with ‘major stroke’ in the same population. Despite this I have some concerns about the study that might be addressed in a revision.

Major Compulsory Revisions:

1. The study does not seem to account for potential participants who could not participate because of stroke related communication or cognitive disability, except where they were ‘care home residents’ or ‘housebound’. Those approached are listed as either ‘agreeing’ or ‘declining’, surely there were some who could not participate because of disability? Leaving out these individuals should be acknowledged in the discussion as a weakness of the study, alongside statements with reference to the exclusions due to ‘care home resident’ and ‘housebound’. Options for people with severe cognitive or communication disability to be included in future work should also be noted, e.g., using observational measures (SADQ 10 – Stroke Aphasic Depression Questionnaire 10 item (Sutcliffe & Lincoln 1998); BOA - Behavioural Outcomes of Anxiety scale (Kneebone et al., 2012; Linley-Adams et al., 2014).

2. While the authors correctly note the HADS is one of the commonest measures used in clinical practice with stroke survivors, they fail to acknowledge its limitations. The most major of these is the absence of agreement about relevant cut offs for use in stroke samples (note Burton & Tyson 2014). Statements about this p13, lines 11-13 are misleading. On p2, line 22 (Abstract) the authors say they have used a ‘conservative HADS cut off’ but nowhere in their paper do they explain why this is the case? They also fail to explain the basis for why the scores are categorized as they are in the LES??

3. P3 lines 3-5 The authors state ‘Recent meta-analyses suggest one third of stroke-survivors develop post-stroke depression and one quarter develop post-stroke anxiety.’ This is misleading. The studies refer to point prevalence rates. The chances of ‘at some point’ of having depression for instance are much higher, around 50% - see Ayerbe et al (2013).
4. P3, lines 5-9 I find the justification for this study here poor and vague … e.g., stating ‘There is still value in describing contemporary patterns of post-stroke mood’ without really saying why. Surely the value of this study is the consideration of mood in those with stroke in a comparison within the same population as those with TIA…as indeed is stated in the next paragraph. This section should be revised.

5. Some relevant recent studies seem to have been ignored in the introduction to the paper e.g., Altieri et al. (2012).

Minor Essential Revisions

1. P6, lines 7-9, ‘Where a patient had both TIA and stroke recorded they were excluded, these exclusions will include those who had an initial TIA and subsequent stroke event.’ This sentence does not make sense… -revise.

2. P12 lines 1-3 ‘The finding of increased mood disorder in females is in keeping with patterns in the general (non-stroke) population’ - reference please.

3. P13, lines 1-5. Cognitive/communication disability limits on participation should be mentioned here

References


Level of interest: An article of importance in its field

Quality of written English: Acceptable
**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I have had discussions with one of the authors regarding the possibility of doing a book together.