Author's response to reviews

Title: The development and psychometric properties of a measure of clinicians’ attitudes to depression: the revised Depression Attitude Questionnaire (R-DAQ).

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Author's response to reviews: see over
Dear Professor Mauro Giovanni Carta

Many thanks to the reviewers for their very helpful comments and suggestions – which I have sought to address as detailed below.

Reviewer 1 (Davide Massidda): Minor essential revisions.
(1) In the ABSTRACT, the total sample number has been corrected, n = 1193
(2) In the BACKGROUND, the number of items in the original DAQ instrument is now noted: ‘..The instrument most widely used to examine clinicians' attitudes to depression is the ‘depression attitude questionnaire’ (DAQ), a 20-item scale which was developed in the UK [13]..’
And also (line 415): ‘…Nonetheless, the R-DAQ incorporates a number of items (9 items) from the original 20-item scale which will allow comparison of findings at item level with existing DAQ data..’
(3) Yes - the item reduction procedure resulting in reduction of the number of items from 30 to 22 is described in lines 335-349; however, additional information on the procedures applied are provided in the previous Statistical Analysis section (lines 243-251). There is a balance between the amount of detail provided and the resulting readability of the report, and I feel that these two sections of the text (together with the tables) provide sufficient description and explanation for readers to be able to understand the methods used.
(4) Table 4 provides the item-total correlation values (for both the total and restricted samples). The readers are guided to this table (in line 356). Items are displayed in this table ordered by item-total correlation values – so the two retained items with low item-total correlation may be readily identified.
(5) I have examined a number of recent BMC Psychiatry published papers – and it does not appear to be standard practice to indicate the number of subjects should in the table captions. Because of this I have removed the numbers previously noted in Table 4. I have explicitly noted the numbers for the analyses total sample and restricted sample in Lines 253-254:
‘..The factor structure was examined in analyses with the entire sample (n=1047), and in analyses restricted to the combined GP and adult nurse professional groupings (n=548) in order to explore the dimensions underlying the R-DAQ within a generalist primary care professional group...’
(6) Many thanks for this helpful identification of inconsistency in my reference list (I had used RefWorks – and presumed it would correct provide the selected format!). I have reviewed and revised these (and all) the references provided.

I am most grateful for the discretionary revision suggestions provided. I have considered these at length; and whilst I know that Davide is an expert in scale development and psychometric analysis, I do not feel that the additional analyses and score distribution histogram figures are warranted. As previously noted, there is a balance between detail of reporting and readability, and overall I think that this submission provides clear details of an appropriate set of analyses.

Reviewer 2 (Masatoshi Inagaki): Minor essential revisions.
(1) Thank you for identifying this error/inconsistency; as in response to the previous reviewer’s comment, I have noted the total sample size (n=1193) in the abstract; and provided text in the
statistical analysis section (lines 253-254), and the results section (lines 305-308) as well as in Table 1, which clearly describes respondent numbers.

(2) The proportion of GPs among study participants is low, and although this was indicated in the text, further material has been provided to emphasise this limitation. Lines 421-427:
‘..Firstly, the study sample was chosen by convenience: rather than a random group of the target audience of health professionals who are involved in depression management, it was comprised of a self-selected group of mostly UK nurses who were recruited through a specific organisation. As such the study participants may not be representative of the variety of settings and of professional groupings for which this scale is designed. In particular, the proportion of GP respondents is low which may limit the applicability of the R-DAQ to this key professional group. The analysis restricted to a generalist primary care professional group (combined GPs and adult nurses) may in part address this limitation.’

This limitation is also identified later in lines 459-460:
‘..As well as extending the testing of this tool (ideally with greater numbers of GPs and respondents from settings additional to the UK), future research should explore variables that may influence responses such as responder profession, gender, type and duration of experience, and setting of practice..’

Reviewer 3 (Tom Van Daele)
(1) Thanks – yes this seems right – I have now noted simply (n=24),
(2) Well-spotted: ‘of’ (line 262/3) has been deleted.
(3) Very helpful: yes - acceptability couldn’t be examined in this way (described in the third noted limitation); I have deleted this subheading and the first sentence, changing this subsection to just encompass Readability (line 278).

Many thanks and best wishes, Mark