Author's response to reviews

Title:A shared framework for the Common Mental Disorders and Non-Communicable Disease: key considerations for disease prevention and control

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Author's response to reviews:

Sabina Alam
Editor-in-Chief
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RE: Manuscript re-submission (Type of article: Opinion) - MS: 2138630932141609

Dear Dr Alam,

On behalf of my co-authors, please find attached the response to reviewers’ comments regarding our opinion piece entitled: “A shared framework for the Common Mental Disorders and Non-Communicable Disease: implications for prevention and control” for your consideration.

REVIEWER #1:

While the issue of the interaction between NCDs and mental disorders is not new, and many of the broad themes discussed here have been covered previously, this paper makes a strong contribution to the ongoing debate. Some of the more biological common pathways are described succinctly in a way that has not been a significant part of other reviews, something which makes the paper very interesting. Herein though, lies one of the issues I saw with the paper, though I recognise it may be unintentional: The focus on genetic and biological mechanisms (DNA, inflammatory processes etc) is interesting as a source of some clues to shared pathways, but it would be unfortunate to give the impression that some of the implied medical treatment regimes mentioned are adequately researched, feasible, or desirable health intervention priorities. This
would go against the whole ethos of identifying 4 lifestyle factors as key points for intervention in promoting behaviour change and in common service approaches.

Thank you, we have re-written the manuscript to recommend that further research investment is needed to advance our understanding of these biological pathways and more broadly, primary prevention of CMDs.

The paper makes no claim to have used any systematic methodological approaches in its coverage of the subject (though they have references a number of systematic reviews related to some of the different points made in the paper). This would have been reassuring to the reader and made the paper stronger, particularly as there is inevitably a political/campaigning element to any papers in this field at present. It would have been easier to reference the paper as making independently derived points if there was this methodological underpinning.

This paper has now been modified to read as a Correspondence piece rather than a review. The authors consider this to be the appropriate manuscript type for this piece.

I found the exclusion of severe mental disorders was a gap. There may be reasons to limit efforts to integrate MH and NCD prevention and management strategies and services to include only CMDs, but the reasons for doing this were not explained. In fact, there are many reasons to include SMDs, for example that they do tend to be more chronic, with less complete reduction of symptoms between episodes etc, so fitting criteria for NCDs better than CMHs. Overlap with NCDs in terms of metabolic disturbance is also very stark in psychotic disorders (in large part because of medication used) compared to CMDs. The paper would have been a more complete review if SMDs were included as well. Perhaps the scope was limited for practical reasons of space, but I think most readers would see the arguments as relating naturally to all mental disorders.

We recognise the relevance of SMDs to this paper and their close relationship with NCDs, however we consider their inclusion to be beyond the scope of this paper. “In order to make this clear to the reader from the outset, we have include the following text in the Introduction: “While some have justly proposed the inclusion of severe mental disorders, the focus of this paper will be confined to the CMDs, due to their major contribution to the global disease burden” (Page 5).

The paper is generally extremely well written and scientifically sound in its treatment of source material. The aim of working from i) commonalities, through ii) shared approaches to iii) potential intervention models is satisfying and was well carried out. I am not sure that the title of ‘framework’ is justified though, as the review was not adequately comprehensive or systematic, or the recommendations sufficiently structured and overarching.

We have re-drafted the paper using the recommended framework released by the Centres for Disease Control as a structure for the paper, providing what the authors consider to be key recommendations for advancing this agenda in the future.
REVIEWER #2:
Major compulsory revisions:
I started reading this paper with a lot of enthusiasm as a result of the title. My main feeling after going through the manuscript twice is however that the authors promise things in the title and abstract that they do not make true. Most importantly, after reading the manuscript I am left with a feeling of what this paper adds to the literature and what its purpose is. I will try to clarify this point first. To me, it did not become clear what the authors mean with 'framework' and why depression of CMD's should be added to the Big 4. What does the framework do more than justifying that from a public health perspective, it is important to target diet, smoking, alcohol use, and physical activity as important precedents for poor health? In addition, it did not become clear to me how the authors envision how this 'framework' should be implemented in health care settings. They do refer to some collaborative care interventions, but it did not become clear to me what they actually argue for.
See above response to Reviewer #1.

Minor essential revisions
The authors introduce the term CMD's but describe literature that is almost solely focused on depression (and a bit on anxiety). I think they should either restrict to depression or be more thorough in their description of literature, and perhaps be more explicit on a definition of CMD's. I found the literature references rather sketchy and one-sided. I did not become convinced that this is really the state-of-the-art of what is going on. There are many references to rather obscure journals while more convincing papers exist. There are references to single studies where meta-analyses exist.

We have updated the manuscript to not only expand the literature on anxiety but also to refer to the various subtypes of the CMDs and how they relate to physical conditions. We have provided meta-analytic evidence for several of the statements in this paper.

Perhaps the authors should do a more systematic literature search or present this work as a position paper (and even then I would support a more convincing literature search). As one of the goals of this paper it was stated that they will provide an overview of the common pathways for CMDs and NCDs, but what they actually describe is a sketchy description of the role of inflammation. This does not do justice to the knowledge base which is far more rich, compact framework. I would be curious to know which they mean and how their approach differs/adds.

See above response to Reviewer #1

Discretionary revisions
There are some errors in the reference list such as a missing year. I would not put a submitted (not accepted paper) in the reference list while stating to which journal it has been submitted. The journal might reject the paper.
We have made these changes.

We thank BMC Medicine for considering this manuscript and look forward to your feedback.

Yours Sincerely,

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