Reviewer's report

Title: Sertraline plus deanxit to treat patients with depression and anxiety in chronic somatic diseases: a randomized controlled trial

Version: 3  Date: 17 December 2014

Reviewer: Lisa J Merlo

Reviewer's report:

Major Compulsory Revisions
None

Minor Essential Revisions
More information is needed regarding the study design.
• How was the dosing schedule chosen (for both sertraline and deanxit)?
• Given the wide age range and inclusion of older patients, was any consideration given to adjustments in dosing and/or tapering?
• Why was deanxit discontinued after only 2 weeks?
• What was the rationale for completing HAM-A and HAM-D on Day 1, 4, 8, 15, 29?
• It would be helpful to include the clinical cut-off scores for the HAM-A and HAM-D for comparison.

Regarding analyses, it would be helpful to include more information about changes in HAM-A and HAM-D scores. For example, perhaps a table could be included that lists means and standard deviations at each time point and/or includes the rates of “recovery,” “significant improvement,” “improvement” and “lack of improvement.” Only comparing rates of >25% improvement offers somewhat limited value.

The authors note some important limitations of the study, but fail to mention the sole reliance on self-report measures as the primary outcome variable. This should also be included.

Additional points:
• The manuscript would benefit from careful editing by a native English speaker (to correct grammar, vocabulary, etc.).
• There appears to be a lack of commas throughout the manuscript, which makes the text more difficult to read.

Discretionary Revisions
The introduction is concise, but might benefit from inclusion of additional information about deanxit (e.g., half-life of the medication). Some of the studies
reviewed in the discussion may be more useful to include in the introduction to assist readers who may be less familiar with deanxit.

In the discussion, the authors make the case that it often takes 2-3 weeks for clinical benefit from SSRI medication—clinical experience suggests this delay can last much longer. In addition, optimal dosage ranges from 50-200mg/day within individuals. It would be helpful to discuss the results in this context.

The relevance of the paragraph on page 28-29 describing efficacy of sertraline was unclear. Perhaps this information would be more useful in the introduction?

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.