Author's response to reviews

Title: Prevalence and predictors of antenatal depressive symptoms among Chinese women in their third trimester: a cross-sectional survey

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Author's response to reviews: see over
Response Letter to BMC Psychiatry

Dear Editor-in-Chief,

Thanks for both Reviewers’ very constructive comments! We revised this manuscript accordingly and changes in this revised manuscript were highlighted in blue.

Responses to Reviewer #1:
Comment 1: “The Discussion and Conclusions should consider the potential benefit of including a primary health care approach and expand on the idea of integrating perinatal mental health into routine maternity care. Consideration should be given to fostering social support through community development strategies including community participation. While referral to a psychiatrist will be needed by some women, a greater emphasis should be placed on setting up systems that adequately support women as they enter motherhood.”
Response: thanks for your very constructive suggestions. A new paragraph was added in the 4th paragraph of Discussion section of this revised manuscript, for the purpose of expanding on the idea of integrating perinatal mental health into routine maternity care by a primary health care approach, and improving perinatal mental health services could be take community development strategies and setting up community support systems that adequately support women during pregnancy.

Responses to Reviewer #2:
Comment 1: “It is may not be correct to report that 28.5% of the women in the study had [clinical] depression. The SDS is a screening instrument and not diagnostic of clinical depression is reporting depressive symptoms. The study uses and ordinal stratification of the SDS results as mild, moderate and severe. As in the Edinburgh Depression Scale literature the severe cases might be indicative of clinical depression but it is unlikely that all the mild and moderate cases are all clinically depressed. It would be more appropriate to report all three groups as depressive symptoms. For readers not familiar with the SDS it is important to cite the validation studies that have demonstrated the “cut-off” values in different population groups.”
Response: thanks for your suggestions. In this revised manuscript, we made relevant corrections in terms of interpretation of this descriptive data. We agreed that Zung’s SDS is not diagnostic tool for depression, so that this revised manuscript reported that 28.5% of the women in this study reported depressive symptoms rather than depression.

Comment 2: “The Outcome variable is a continuous variable that is almost certainly highly skewed. In your description of the SDS variable on page 7 you should describe the distribution of the variable in terms of kurtosis, skew, mean and median. Is there a reason the cut-offs were made. Presumably based on the work of Zung. Having described the outcome variable as a skewed continuous variable which does not have a linear distribution then it will be evident that a Linear Regression cannot be used for
the regression analysis. There are two options: 1) ordinal logistic regression (mild, moderate, severe), or 2) binary logistic regression (all greater than 50).”
Response: 1) this revised manuscript added a new figure to present the distribution of SDS total score; 2) the cut-offs of SDS was suggested relevant literature (e.g. Gao et al. 2014) (Gao et al. [2014] also suggested taking the standardised score of 50 as an appropriate cut-off in screening depressive symptoms for Chinese women during pregnancy); 3) this revised manuscript took the second options by using binary logistic regression (SDS<50, SDS≥50).

Comment 3: “Given that you are studying the risk factors for having depression or not having depression then the outcome must be either binary or ordinal if you use mild moderate and severe as your outcome variables. In summary the study should be analysed using logistic regression and you must justify the “cut-off” you are using”
Response: we followed your advice and using binary logistic regression to identify predicting factors of depressive symptom in this study sample. We take the “cut-off” score as 50 in this study and cited relevant reference to support this (Gao Y, et al.: Analysis of anxiety and depression status and influencing factors among Chinese pre-delivery pregnant women. Anhui Medical Journal 2014, 35: 493-496.)

Comment 4: “The author must respond to these before a decision on publication can be reached. For example, additional necessary experiments or controls, statistical mistakes, errors in interpretation.”
Response: one error in interpretation of the prevalence of depression was corrected as the prevalence of depressive symptoms. Risk factors of antenatal depressive symptoms was followed your advice and binary logistic regression analyses were performed accordingly.

Comment 5: “I will make comment on minor details when the manuscript has been re-submitted”.
Response: thanks for your existing constructive comments and useful advices. We look forward to hearing your further comments.

Comment 6: “Needs some language corrections before being published”.
Response: thanks for your suggestion. This revised manuscript has been carefully edited by a professional English language editor before submission.

Overall, we have responded and addressed the Reviewers’ comments well in this revised manuscript.
Thanks for your kind reconsiderations!