Author's response to reviews

Title: Impact of pharmacist interventions on adherence and measurable patient outcomes among depressed patients: a randomised controlled study

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Author's response to reviews: see over
REVIEWER 1 EVALUATION

Reviewer's report:

Major compulsory revisions:
It is misleading to state in the abstract and results section that severity of depression and HRQOL decreased significantly from baseline without reporting the primary negative finding - that intervention and control groups did not differ significantly in either of these outcomes at 3 or 6 month follow-up. An improvement from baseline is expected and cannot be attributed to any specific effect of the intervention.
It is possible that failure to observe significant between-group differences in follow-up depression and HRQOL measures reflects type 2 error. But this can be explicitly examined by reporting the confidence interval for the observed difference. If the authors make this point in the discussion, it is essential to present data regarding precision.

I thank the reviewer for their comments
I follow the comment from reviewer, I removed from abstract.
at result section I reported the negative finding and this finding at line 313-316

REVIEWER 2 EVALUATION

#1
You should describe more details of your intervention. How many sessions you did? How were the contents specialized for depressive patients? What kind of Decision Aid did you use? If not clear, we cannot use these ways for confirmation.

I thank the reviewer for their comments, Actually it was two session I add this Sentence in line 143 (The average duration of the first SDM session (baseline) was 15 minutes, and the second session (final session) lasted 10 minutes (at 3-month follow-up)
  to clear the meaning. Regarding the specialized for depression patients it was mention in line 131 ( pharmacist )
  Regarding the decision aid also it was mention in line 139

#2
You mentioned that CG group receives standard communication and usual pharmacy service, but what is "standard" and "usual" care in your country? Don't you use SDM ways? Please state the difference from SDM.
Ok, I add this Sentence in line 129-130 (without any communication aimed specifically at increasing patients’ involvement, in such as SDM)

#3
There are a lot of parts not suitable for a published article.
For example; Line 127, you should use abbreviation "CG" for control group. It was used just above.
Line 147-163, you should change for appropriate style for statement of inclusion and exclusion criteria.
You should change tables for a journal format. And also there are many parts required improvement in the tables; to clarify meaning of abbreviations, a parenthesis, emphasis by red color (if statistical, you should apply all) and so on,
also typo. In figure 1, "give reasons"; you have to mention the reasons.

Ok I change it according to comments, regarding the reasons it was failure to obtain consent within 24 hours of the recruitment appointment, I think no need to mention

#4 Line 162-163, in your study, "patients not responding at any level to the antidepressant within 8 weeks of recruitment" were excluded. Is it generalizable?

If possible, you should mention what percentage of all recruitments they are.

Actually we used a very wide inclusion and exclusion criteria to have naturalistic sample so this exclusion criteria in line 163 for resistance case and it is very rare in outpatients so during this study we did not face this case

#5 In CONSORT check list, you signed that registration is not available; but in the manuscript, registration number was described in line 76. Which is correct?

Sorry for that, the registration number it was one of the requirement to complete submission.
it was add later on inside the text and I forget to change the CONSORT checklist

Note:
I add reference