**Reviewer’s report**

**Title:** Understanding the emotions of patients with inadequate response to antidepressant treatments: Results of an international online survey in patients with major depressive disorder

**Version:** 0  **Date:** 28 Aug 2017

**Reviewer:** Manish Kumar Jha

**Reviewer's report:**

Thanks for the opportunity to review this manuscript.

The introduction section should include work by Mark Zimmerman et al. ([http://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.163.1.148](http://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.163.1.148)) who have previously published on what constitutes improvement from a patient's perspective. Additionally, the target population in this study seems to be patients with Treatment Resistant Depression (TRD) -- 82.8% respondents reported 2 or more treatment failures. Thus, authors may consider including unique challenges and burdens associated with TRD. Authors reference STAR*D and a major finding of STAR*D was that likelihood of responding to a third or fourth step treatment after failing the initial two steps were below 20% (one in five). Thus, lack of effective treatment could be a cause of frustration in TRD patients.

**Methods:**

It is unclear as to how these panelists were selected. Was this part of an ongoing study or were these participants selected just for this survey? Of those reported here, how many were invited to participate in the survey (I assume 3243, but this has to be clearer)? Why was overall depression severity defined with the tenth item of PHQ-9? Such a use of PHQ-9 is non-standard. A sum of the remaining 8 items (as authors excluded the 9th item) would be a better indicator of current depressive symptom severity. The forest analyses should be repeated with the sum of 8 PHQ-9 items instead of just using the tenth PHQ-9 item.Authors have cited employment status and work productivity in introduction as well as discussion. Were employment status and work productivity impairments assessed? Being unemployed and persistent work productivity impairment early in course of antidepressant treatment have both been associated with poorer long-term clinical outcomes. Authors need to provide more information on how the open ended responses were coded. Was this done manually or using a software? If manually, one or more rater and methods for inter-rater reliability.
Results

Some of the findings could be summarized. Unclear as to the relevance of individual PHQ9 items in figure 2 when there were not used as measure of overall symptom severity. The number of figures should be reduced as it distracts from the main findings of the manuscript.

Discussion

Generalizability of these findings needs to be addressed in the discussion section. This is consistent with the comment about greater details in methods section regarding participant selection. This study brings an important perspective from TRD patients but selection from narrow patient population (e.g. over 70% depressed patients fail to meet at least 1 in 10 commonly used exclusion criteria in antidepressant clinical trials - Carlos Blanco et al. and Mark Zimmerman et al.) may restrict the applicability of these findings to wider population.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

No

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

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