Author’s response to reviews

Title: Antidepressants for depression after concussion and traumatic brain injury are still best practice

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Version: 1 Date: 10 Feb 2019

Author’s response to reviews:

Thank you for the opportunity to revise and resubmit. We appreciate that both reviewers found the topic to be important and our arguments to be sound. They made a number of helpful suggestions for improving the article. We have incorporated these into the revised manuscript. Changes are highlighted in red. Please also see our point by point to the reviewers’ comments below.

Reviewer 1, comment 1: “That's right it's not contraindicated but that's not your point. You want to summarize some of the benefits here in the summary.”

Author response: We added a summary of the benefits to the Conclusions section (lines 101-103).

Reviewer 1, comment 2: “You have also recommended other options in addition to medication please elaborate more on that.”

Author response: Reviewer 2 requested the same. Yes, we elaborated on our recommendation to offer psychotherapy should be offered as an alternative or adjunctive treatment, where available (lines 112-117).

Reviewer 2, comment 1: “Good to add the possible explanation why SSRI ARE best over other antidepressants”

Author response: The revised manuscript includes a brief discussion about SSRIs vs. other classes of antidepressant medications. In brief, efficacy and tolerability after TBI has been best demonstrated for SSRIs after TBI.
Reviewer 2, comment 2: “No evidence mentioned why results showed no benefit of antidepressants” “Main text no benefit of antidepressant over placebo in the treatment of [Major Depressive Disorder] following TBI." Add The possible explanation why it has no benefit.”

Author response: We describe in the Main Test section that the preponderance of evidence, as well as expert consensus opinion in clinical practice guidelines, favors treatment of depression after TBI with antidepressant medication and/or psychotherapy. We argue that Kreitzer et al.’s meta-analytic finding of “no benefit” may be an artefact of inadequate outcome measurement.

Reviewer 2, comment 3: “How they screen TBI patients. Tools used to measure depression and explanation about the tool.”

Author response: We added information about screening for depression after TBI to the revised manuscript (lines 118-122).

Reviewer 2, comment 4: Patients with mild TBI are especially appropriate for antidepressant therapy. what about moderate and severe TBI patients?

Author response: In the revised manuscript, we clarify that “Proactive detection and treatment of psychiatric problems following TBI of any severity has the potential to improve…” (lines 101-103).

Reviewer 2, comment 5: THE MAIN issue:the finding of meta analysis were not well discussed because of this the reader expected to read it first the finding of meta analysis

Author response: We added details of the Kreitzer et al meta-analysis in the Main Text section of the manuscript (Lines 53-56).

Reviewer 2, comment 6: Psychotherapy should be offered as an alternative or adjunctive treatment, where accessible. which type of Psychotherapy for how long?

Author response: We added information about the type, mode, and duration of psychotherapy for depression after TBI to the revised manuscript (lines 112-117).