Author’s response to reviews

Title: Associations of sociodemographic and clinical factors with perinatal depression among Israeli women: a cross-sectional study

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Author’s response to reviews:

Dear Dr. Camacho,

Dear Dr. Harrison,

Together with my collaborators, I am pleased to have the opportunity to submit a revised version of our manuscript, entitled, “Associations of sociodemographic and clinical factors with perinatal depression among Israeli women: a cross-sectional study“.

Following the Reviewers’ comments, we have made additional changes to the manuscript, which we believe have clarified and improved the presentation of our findings.

Below are our point-by-point responses to the Reviewers’ comments.

We hope you will find the revised version of our manuscript suitable for publication in BMC Psychiatry.
Sincerely,

Dr. Limor Adler

Reviewer reports:

Elizabeth Camacho, PhD (Reviewer 1):

I have no further comments

Thank you.

Sian Harrison (Reviewer 2):

Abstract

1. The background section of the abstract includes no background to the study, only the objective.

We added the background to this part of the abstract. P2 17-18.

2. The objective states the study is looking for demographic and clinical factors but you refer to demographic, medical and lifestyle factors throughout the manuscript. Try to be consistent.

We’ve changed the aim of the study to demographic, medical and lifestyle factors. P2 20.

3. Correct the abbreviation for the adjusted odds ratios for smoking (currently OR suggesting crude odds ratios).

We’ve corrected it and now it’s aOR. P2 31-32

4. Should the conclusion include a sentence about prevalence since this was a main objective?

We’ve added a sentence in the conclusions section about the prevalence of perinatal depression. P2 36
5. Since depression is the outcome variable, consider rephrasing the first sentence of the conclusion so that it reads that depression was more prevalent rather than the sociodemographic, medical and lifestyle factors being more prevalent.

We’ve changed this sentence – it now starts with “Perinatal depression was associated with …” P2 36-37

6. Encouraging women to fill in the EPDS isn't really a main conclusion from your study, which aimed to assess prevalence and risk factors. It is a useful clinical recommendation but perhaps better placed elsewhere in the manuscript. A more appropriate conclusion would perhaps be that women at risk of depression may be identifiable from the risk factors which were found to be associated with peripartum depression in your study?

Thank you. We changed the conclusion accordingly. P2 39

Background

7. This section has improved following your changes, particularly with regard to the literature on prevalence. However, I think there is scope for further improvement in the presentation of the literature on factors associated with peripartum depression. The factors you refer to include later psychiatric morbidity, suicide, effects on the child, etc. It is important to highlight the potential longer-term effects that may be associated with peripartum depression. However, there is no mention of any of the risk factors that have been identified for peripartum depression, for example, factors that might increase the likelihood of peripartum depression occurring and which may be identifiable during pregnancy or prior to the onset of a depressive episode. Since this is one of the main objectives of your study, I think it is necessary to include a review of the literature specifically looking at risk factors for peripartum depression, particularly if there is literature on any of the sociodemographic, medical or lifestyle factors you explore in your study.

Thank you. We’ve added a paragraph to the background with review of the literature about factors associated with perinatal depression. P3 56-59

8. Providing some background on the healthcare system in Israel is useful. However, there are some details included in the background which would be better placed in the methods. Details about the EPDS should also be in the methods section.

We’ve moved the relevant parts in the background to the method section. P4 90-92

Methods

9. The objectives should be stated at the end of the background section following the rationale and aim of the study.
The objectives are now located at the end of the background. P4 78-80.

10. Include a section to describe the setting and participants. Some of the information from the background and the 'design' section would be better placed here.

There is now a section of setting and population. P4 88-93.

11. Women included in your study completed the EPDS up to 6 weeks postpartum, which contradicts the DSM-5 criteria which has a cut-off up to 4 weeks. I think 4 weeks is a very strict cut-off and it is reasonable to assess peripartum depression later in the postpartum period. However, perhaps comment on the discrepancy since you specifically draw attention to the DSM criteria in the background.

We’ve added an explanation at P5 103-105.

12. Consider including the EPDS (outcome variable) and all the factors (predictor variables) under one section called 'measures' or 'variables'.

We’ve changed this part. Now the Variables section includes the outcome variable (EPDS) and the predictor variables. P4-5 94-106.

13. The order of the existing section entitled 'variables' is a bit muddled. It would be clearer to discuss each of the sociodemographic, medical and lifestyle factors in turn, rather than initially listing them and then later describing how the variables are measured/categorised.

We’ve changed this part. Now we discuss and explain each factor in turn. We believe it is clearer now. P5 107-127.

14. Explain why you decided to take the lower of the EPDS scores if it was completed twice, for example, to ensure a conservative estimate?

We’ve added the explanation in P4 101-102

15. For population group, use Arab, Orthodox Jew and 'Other' (as opposed to 'all the remaining').

We’ve changed it to ‘Other’ P5 109

16. The statistical analysis section should include an overview of all the analyses you conducted - descriptive and inferential. For example, there seem to be the following steps to your analysis:
1) description of participants 2) comparison of participants with non-participants or general population 3) prevalence of depression in participants 4) association between factors and depression (univariate analysis) 5) association between factors and depression after adjusting for other factors (multivariate analysis). Ensure all of these steps are described.

We’ve added more details to the statistical analysis section in P5 129-132.

17. Clarify that crude odds ratios are calculated from the univariate analyses and the adjusted odds ratios are calculated from the multivariate analysis.

We’ve clarified this on P6 137.

Results

18. Did you compare the participants to the general population statistically? If so, include p-values in Table 1.

The p-values are now added to the table P15

19. Report the results of the univariate analyses before the multivariate analysis. For example, report which predictor variables were independently associated with depression before reporting which predictor variables were associated with depression after adjusting for other variables.

The results of the univariate analysis are now stated in P6-7 159-168

20. The results of the regression analyses would be easier to interpret if they were described so that the predictor variables and the outcome variable are clear. For example, rather than 'larger proportions of women with perinatal depressive symptoms were Arabs', consider rephrasing to 'women from Arab backgrounds were more likely to report perinatal depressive symptoms' (as you have done in the first paragraph of the discussion). This applies throughout the results section.

Thank you. We’ve changed it in P7 170-185

21. It is fine to present the distribution of characteristics (column percentages) for depressed/non-depressed women, as you have done in Table 2. However, related to point 20, you could consider presenting the row percentages rather than the column percentages. For example, the prevalence of depression for women within each subgroup. You could also present the crude odds ratios and 95% confidence intervals for the OR in this table. This would make it easy for the reader to compare the prevalence of depression between subgroups and with the overall prevalence.
Thank you. We believe the presentation in columns is clearer. However, we have moved the crude ORs to table 2 (instead of table 3) P16-18

22. It is helpful to see the crude and adjusted OR in Table 3. Can you comment on these in your results? (e.g. the magnitude of the effect). Are any variables significant at univariate level yet not at multivariate level?

As mentioned in the previous comment, we believe it is cleared to see the crude ORs in table 2, rather than table 3. The ORs are mentioned in the result section, so we believe the magnitude of the effect is clear.

23. Figure 1 is an excellent inclusion. Ensure it is referenced in the manuscript.

Figure 1 is referenced now in the discussion section in P8 193

Discussion

24. The discussion reads well and places the findings on prevalence and risk factors in context within the existing literature.

Thank you.

25. You could add a couple of sentences to suggest future research priorities.

We’ve added a suggestion for future research options at the end of the discussion in P9 250-252.