Author’s response to reviews

Title: Decision-making about antidepressant medication use in pregnancy: a comparison between women making the decision in the preconception period versus in pregnancy

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Author’s response to reviews:

Dr. Byrne
Editor-in-Chief
BMC Psychiatry

January 17, 2020
Dear Dr. Byrne,

Thank you for so rapidly reviewing our revised manuscript: “Decision-making about antidepressant medication use in pregnancy: a comparison between women making the decision in the preconception period versus in pregnancy”. We greatly appreciate the valuable feedback and the opportunity to further revise our work.

Below, please find our response to reviewer comments. We have included the original reviewer comments in {} and our response follows the -&gt; sign. We have included changes to the manuscript within our response. A track changes manuscript is attached.

We hope that these changes meet your and the reviewers’ expectations, and that the changes will render the manuscript suitable for publication in BMC Psychiatry.

Sincerely, and on behalf of all co-authors,

Lucy Barker, MD, FRCPC

{Luke E. Grzeskowiak (Reviewer 1): The authors have done a commendable job in addressing each of the previous reviewer comments. In particularly, the improvements to the description of the methodology and associated research limitations result in a much improved manuscript.

One major thing to note is that the risk estimate changes very slightly from the crude to the adjusted model (3.11 to 2.79). Therefore terms like "mostly explained" are not entirely true, as there was only a slight attenuation of the risk estimate. That is, the risk still differed, but was no longer statistically significant due to a widening of the confidence intervals following inclusion of more covariates in the models. I think there would be benefit in slight rewording of the results, otherwise the reader is potentially misled into thinking that the risk estimate went from 3.11 to 1 following adjustment, which is very different to what is actually shown.}
Thank you for the feedback, and for highlighting this important point with respect to wording. While the odds ratio comparing intent to take antidepressants between preconception and pregnant women was no longer significant after adjusting for covariates, the point estimate changed only slightly. The proportion of variance explained by the model increased substantially between the unadjusted to the adjusted model (Nagelkerke R2 9.6% vs. 44.5%) but no one variable explained the majority of the variance. We agree that using terms such as “mostly explained” could potentially mislead the readers. We have changed our language throughout:

- In the abstract results, we changed the wording from “mostly explained” to “partially explained.” [Page 2, Line 17]

- In the abstract conclusion, we clarified that our finding was only “in part because” of the difference in antidepressant use. [Page 2, Line 21]

- In the results, we changed our wording from “the association was attenuated” to “the point estimate was similar however the association no longer significant” to be more precise. [Page 9, Line 6]

- In the discussion, we changed the wording from “primarily explained” to “partially explained” when discussing the difference between the unadjusted and adjusted models. [Page 11, Line 11]