Reviewer’s report

Title: The multifaceted impact of anxiety and depression on patients with rheumatoid arthritis

Version: 0 Date: 09 Feb 2019

Reviewer: Samantha Hider

Reviewer's report:

Thank you for asking me to review this manuscript which sought to investigate the frequency of patient and physician reported depression in patients with RA. The study is interesting and certainly is a neglected area for patients with RA. However the study findings are significantly limited by the amount of missing data for important covariates in the analysis (especially disease activity). My other comments are detailed below.

Major Queries

1. There are high levels of missing data of almost one third for important confounding factors such as DAS28 and whether patients had a T2T goal (or what that was defined as)- for T2T to the extent that I would remove this from the analysis.
2. Methods- It is not clear over what timescale the patient and physician measures were taken, or how patients were selected for inclusion into the study and whether these were similar across countries or centres- for example if patients were included who attended specifically because of a flare rather than for a routine follow up this would influence both the reporting of anxiety and depression and satisfaction with treatment.
3. More details are needed on what constituted treat to target achievement- was this remission? Or low disease activity. Furthermore dissatisfaction with treatment approach- I assume this was specified as for RA?
4. Methods/results- the results state those with more severe RA were more likely to report depression but no details are given as to what constituted severe RA- more methods are required here.
5. In physicians recording anxiety/depression it is not clear whether people are recoding history of anxiety/depression (for example if a patient was taking anti-depressants- but treatment may be successful and they may not have current symptoms- or consider themselves depressed-this may account for some of the discordance and needs further addressing in the manuscript.
6. What type of patients were recruited in the different countries and the impact of private vs public health care- again more details are needed to see whether the apparent higher reporting of depression could be accounted for by different sociodemographic profiles.
7. Results- there appears to be a contradiction between the abstract and the results section with one suggesting work was associated with depression and one suggesting unemployment was associated with depression.

8. Discussion- the limitations of diagnosing anxiety/depression with the EQ5L3D need to be discussed.

9. Discussion-management of anxiety and depression- (pg14)- clearly mood problems may instead by managed by primary care physicians in some countries which is entirely appropriate. Hence I would alter the last line of the discussion to incorporate primary care physicians.

Minor

1. In the abstract the background is an aim- either re-label or add a sentence of background.

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.

No

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

Quality of written English
Please indicate the quality of language in the manuscript:

Acceptable

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