

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form ([see an example](#)) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Post-stroke fatigue and depression are related to mortality in young adults
AUTHORS	Naess, Halvor

VERSION 1 - REVIEW

REVIEWER	Susanna Melkas MD, PhD Helsinki University, Department of Neurological Sciences Lohja Hospital, Department of Neurology Finland No competing interests.
REVIEW RETURNED	23-Dec-2012

THE STUDY	Some additional limitations could be shortly discussed: 1) Inclusion period extends from 1988 to 1997. In the discussion it could be mentioned that the risk factor profile and interventions have probably changed during this long period. 2) There is no information about the use antidepressive medication.
RESULTS & CONCLUSIONS	Even though advancing age does not seem to relevant for the risk of death in the present cohort, it could be mentioned that some studies have found clearly higher risk of death in those ≥ 45 (Putala 2009, Stroke) and others in those >35 (Marini 1999, Stroke; Varona 2004, J Neurol).
GENERAL COMMENTS	The Hordaland cohort is well-documented and has provided important information over the years. This analysis follows the trend.

REVIEWER	Britta Lindstrom, Associate professor Department of Community Medicine and Rehabilitation, Physiotherapy Umeå University Sweden There is no comteting interest
REVIEW RETURNED	25-Jan-2013

THE STUDY	The introduction should comprise more about why these young subjects are studied. An expanded background concerning the unique situation to be young adult having a stroke. Why is fatigue important to investigate? Is it possible to separate fatigue from depression? Why is the age below 49 defined as young- more clear here?
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	<p>It is not quite clear if the subjects were invited by mail or if it was a meeting "face to face". That will have an effect on the results. The statistics seems to be appropriate although a more detailed description, on when and how the different statistics were used. That will make it easier to follow the result.</p> <p>I do not think that it is confident to have many citations of the authors themselves. There are many studies about stroke and fatigue that could have been cited instead.</p>
RESULTS & CONCLUSIONS	<p>The figures are not clear, as there are no labels and the lines are not possible to differ from each other.</p> <p>Table 1 . There is no information about number of each group, dead and alive. "N" usually indicate the whole population and "n" parts of the population. It should be preferred to present the proportions as percentage in the parenthesis, otherwise the p- values are difficult to understand and interpret.</p> <p>Table 3 and 4 can be only one and of course a description above of the content. Thus it more easy to follow the differences and similarities between fatigue and depression.</p>

VERSION 1 – AUTHOR RESPONSE

Reviewer 1

We have now added the limitations as suggested in the Discussion.

We have added a comment on mortality and increasing age in the Discussion and included the references suggested by the reviewer.

Reviewer 2

We have now added more information on why young stroke patients are studied and why fatigue is important in the Introduction.

As to whether it is possible to separate fatigue from depression, this is the opinion of several researchers on post-stroke fatigue and we think the results in the present study adds information that shows that there are important differences between fatigue and depression as explained in the Discussion.

We have added a comment on why 49 years was chosen as the upper limit in the Methods.

We have now clarified in the Methods that the patients met in person in our out-clinic on follow-up.

We have added some information in the Methods as to the statistical methods.

We have added some more citations as suggested in the Discussion.

As to the figures, perhaps the reviewer saw a black and white version. We submitted colour figures and we think these are clear as to labels and lines.

We have added the total number of dead and alive patients in Table 1.

The reviewer suggests Table 3 and 4 to be one table for easier reading. If the editor put both Table 3 and 4 on the same page we believe reading will be easy and perhaps even easier than combining the tables.