

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

## ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Helping people discontinue long-term antidepressants: Views of health professionals in UK primary care
<b>AUTHORS</b>	Bowers, Hannah; Williams, Samantha; Geraghty, Adam; Maund, Emma; O'brien, Wendy; Leydon, Geraldine; May, Carl; Kendrick, Tony

## VERSION 1 - REVIEW

<b>REVIEWER</b>	Eva Brandl Charité Universitätsmedizin Berlin
<b>REVIEW RETURNED</b>	05-Dec-2018

<b>GENERAL COMMENTS</b>	<p>The authors present a study on the views of health care professionals in UK primary care on discontinuing antidepressant treatment. In focus groups, they identified challenges and barriers for the physicians to stop antidepressant medication in their patients. Considering the high rates of long-term antidepressant prescriptions, this is a clinically highly relevant issue. The article is generally well-written. I only have a few comments:</p> <ol style="list-style-type: none"><li>1. The article seems to be quite long and probably could be shortened a bit.</li><li>2. The abstract should contain more details on the design, such as participant number, number of focus groups etc</li><li>3. The prevalence of major depression seems to be underestimated with 3 %, it is typically estimated to be much higher (at least 5-10 % in the UK), the authors should correct this and provide a different reference.</li><li>4. The authors should comment on clinical issues in stopping antidepressants in the introduction in more detail (withdrawal symptoms etc).</li><li>5. A few more details on the participants would be interesting (age, sex in the different professions, main area of work etc), maybe as a table.</li><li>6. The discussion of limitations of the study (e.g., the limited sample size) should be expanded.</li></ol>
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<b>REVIEWER</b>	Renske Bosman Amsterdam UMC, Vrije Universiteit, Psychiatry, Amsterdam Public Health research institute and GGZ inGeest Specialized Mental Health Care, Amsterdam, The Netherlands.
<b>REVIEW RETURNED</b>	17-Dec-2018

<b>GENERAL COMMENTS</b>	<p>As already discussed with the editor of BMJ Open, I had previously reviewed this manuscript for a different journal and think that the authors have done a good job in incorporating the given comments and questions.</p> <p>Some final questions/comments are:</p> <p>On page 7, line 23 it is stated that a topic guild was developed around the main aims of the study. I wondered on what you based you topic (e.g. literature or clinical experience etc).</p> <p>From the discussion, page 21, lines 18-20, I gathered that no repeat interviews were conducted. I think that this should also be included in the methods.</p> <p>The references in the discussion on page 21, lines 4-5 are in a different format than the other references in the manuscript.</p>
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<b>REVIEWER</b>	Claire Anderson University of Nottingham < UK
<b>REVIEW RETURNED</b>	11-Mar-2019

<b>GENERAL COMMENTS</b>	<p>This is a well written paper addressing an important issue as part of a programme called REDUCE. The REDUCE programme and its associated Normalisation Process Theory (NPT) is introduced in the introduction but is not returned to in the discussion.</p> <p>Pharmacists and their role in deprescribing and medication review is not addressed. I assume there were no practice pharmacists working in the practices used in this study? Going forward they could play a very important role in helping people stop taking antidepressants and although mentioned in passing they should be considered further in the discussion.</p>
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### VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Reviewer Name: Eva Brandl

Institution and Country: Charité Universitätsmedizin Berlin

Please state any competing interests or state 'None declared': none declared

Please leave your comments for the authors below

The authors present a study on the views of health care professionals in UK primary care on discontinuing antidepressant treatment. In focus groups, they identified challenges and barriers for the physicians to stop antidepressant medication in their patients. Considering the high rates of long-term antidepressant prescriptions, this is a clinically highly relevant issue. The article is generally well-written. I only have a few comments:

1. The article seems to be quite long and probably could be shortened a bit.

Thank you for this comment. We have revised the manuscript to make it more concise.

2. The abstract should contain more details on the design, such as participant number, number of focus groups etc

Thank you for this suggestion. We have added details about the sample and design to the abstract (line 4-5):

Design: Four focus groups and three interviews were conducted and analysed using thematic analysis.

Participants: Twenty-one GPs, four GP Assistants, seven nurses and six Community Mental Health Team Workers and psychotherapists took part in focus groups and interviews.

3. The prevalence of major depression seems to be underestimated with 3 %, it is typically estimated to be much higher (at least 5-10 % in the UK), the authors should correct this and provide a different reference.

Thank you for highlighting this. After revising the introduction, we felt that it was not necessary to highlight the prevalence of depression as the more important point to highlight is that 30-50% of patients have no indication for long-term use. As such we have deleted the information about prevalence in line with comment 1 where we have revised the manuscript to be more concise.

4. The authors should comment on clinical issues in stopping antidepressants in the introduction in more detail (withdrawal symptoms etc).

Thank you for highlighting this. We have added a reference and a statement to the introduction to highlight the role of withdrawal symptoms in antidepressant withdrawal (page 5, line 2-4):

Further to this, patients may experience withdrawal symptoms or relapse and require further treatment from their practitioner [21]. A qualitative meta-synthesis of patient and practitioner perspectives on antidepressant discontinuation highlighted a lack of consistent support and guidance for GPs and the impact of time constraints on discontinuation [22].

5. A few more details on the participants would be interesting (age, sex in the different professions, main area of work etc), maybe as a table.

Thank you for highlighting this. We did not collect data on participant age as we felt this was not relevant to our study. We have instead reported the number of years practicing (page 5, line 31). We have added the sex of participants in each profession in the totals column in Table 1.

6. The discussion of limitations of the study (e.g., the limited sample size) should be expanded.

The question of sample size in qualitative research has been long debated, and there is no fixed consensus regarding specific recommendations (1). Braun and Clarke (2), whose method is drawn on in the present study, note that conceptualisation and discussion of themes and their representation including their significance, is central in determining whether sample size is appropriate (2). Thus, there is no set recommendation in thematic analysis (as conceptualised by Braun and Clarke). In the current study, data saturation was reached when no new codes were being identified, which suggests that our sample size was appropriate for our analysis.

In our discussion, we have commented on the limited nature of our sample with regards to the over-representation of GPs compared with other health professionals as this may have introduced bias. In response to this comment, we have added a discussion of sample size and saturation to the strengths and limitations of the study (page 15, line 5-8):

This study is the first to explore HP perspectives of antidepressant discontinuation in UK primary care, with its larger sample consisting of a range of HP roles (including GPs, GP assistants, nurses, community mental health team workers and psychotherapists) which were lacking in previous research [e.g. 20,21,32,39,40], and data reached saturation.

(1) Trotter II, R. T. (2012). Qualitative research sample design and sample size: Resolving and unresolved issues and inferential imperatives. *Preventive medicine*, 55(5), 398-400.

(2) Braun, V., & Clarke, V. (2016). (Mis) conceptualising themes, thematic analysis, and other problems with Fugard and Potts' (2015) sample-size tool for thematic analysis. *International Journal of Social Research Methodology*, 19(6), 739-743.

Reviewer: 2

Reviewer Name: Renske Bosman

Institution and Country: Amsterdam UMC, Vrije Universiteit, Psychiatry, Amsterdam Public Health research institute and GGZ inGeest Specialized Mental Health Care, Amsterdam, The Netherlands.

Please state any competing interests or state 'None declared': None declared

Please leave your comments for the authors below

As already discussed with the editor of BMJ Open, I had previously reviewed this manuscript for a different journal and think that the authors have done a good job in incorporating the given comments and questions.

Some final questions/comments are:

1. On page 7, line 23 it is stated that a topic guide was developed around the main aims of the study. I wondered on what you based your topic (e.g. literature or clinical experience etc).

Thank you for this suggestion. We have added further information about how the topic guide was developed (page 6, line 16-18).

This guide was developed based on a review of existing literature and discussion within a team of academics, GPs, psychiatrists and patient contributors.

2. From the discussion, page 21, lines 18-20, I gathered that no repeat interviews were conducted. I think that this should also be included in the methods.

Thank you for highlighting this omission. We have added this to the methods section (page 7, line 4-5):

No repeat interviews or focus groups were conducted.

3. The references in the discussion on page 21, lines 4-5 are in a different format than the other references in the manuscript.

We have now fixed this formatting error (page 15, line 8). Thank you for bringing this to our attention.

Reviewer: 3

Reviewer Name: Claire Anderson

Institution and Country: University of Nottingham < UK

Please state any competing interests or state 'None declared': NONE

Please leave your comments for the authors below

This is a well written paper addressing an important issue as part of a programme called REDUCE.

The REDUCE programme and its associated Normalisation Process

Theory (NPT) is introduced in the introduction but is not returned to in the discussion.

Thank you for highlighting this. We agree there was a lack of clarity in the discussion with regards to the NPT-related discussion and have therefore added the citation to make this point clearer (page 13, line 15-22):

With regards to NPT [25], there is relational work that goes into negotiating responsibility and shared decision-making about antidepressant discontinuation. This relational work is founded on familiarity with the patient and knowledge of their experiences with depression and antidepressants. There is process work that goes into intervening, managing the consequences of withdrawal and avoiding destabilisation of a patient during and following discontinuation. This is founded on enacting generalisable clinical knowledge and practice with confidence. These processes are then shaped by contextual mechanisms and there is environmental work that goes into negotiating the decision to discontinue antidepressants.

We have also added a comment to our conclusions to reflect on the role of this study within the context of the REDUCE programme (page 16, line 2-3):

Our findings highlight a need to support HPs in antidepressant discontinuation in terms of providing specific information and guidance on how to discontinue antidepressants. They also suggest HPs would benefit from support and guidance around fears of patient relapse and awareness of the need to initiate discussions about discontinuation. These findings have informed intervention development within the REDUCE programme.

Pharmacists and their role in deprescribing and medication review is not addressed. I assume there were no practice pharmacists working in the practices used in this study? Going forward they could play a very important role in helping people stop taking antidepressants and although mentioned in passing they should be considered further in the discussion.

Thank you for this suggestion. We agree that pharmacists may play an important role in antidepressant discontinuation and were not represented in our sample. We have further acknowledged this limitation in the discussion (page 15, line 12-17):

However we also identified that there are a number of professionals who may be involved in discontinuation (e.g. pharmacists, social workers and care co-ordinators) and further research may be needed to explore these perspectives. For example, none of the practices in the current study managed discontinuation using practice pharmacists, who may play an important role in antidepressant withdrawal. In particular, it may be of interest to explore differences between professions.

## VERSION 2 – REVIEW

<b>REVIEWER</b>	Eva Brandl Charité Universitätsmedizin Berlin, Germany
<b>REVIEW RETURNED</b>	23-Apr-2019

<b>GENERAL COMMENTS</b>	The authors have incorporated the reviewers' suggestions and the manuscript is now suitable for publication.
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<b>REVIEWER</b>	Renske C Bosman Amsterdam UMC, Vrije Universiteit, Psychiatry, Amsterdam Public Health research institute, and GGZ inGeest Specialized Mental Health Care, Amsterdam, The Netherlands.
<b>REVIEW RETURNED</b>	29-Apr-2019

<b>GENERAL COMMENTS</b>	I think the authors have revised the manuscript well. I have no further comments.
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