PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	A systematic review protocol for estimation of the prevalence of depression using diagnostic instruments in the elderly population in India, 2000-2019
AUTHORS	Behera, Priyamadhaba; Pilania, Manju; Yadav, Vikas; Bairwa, Mohan; Dabar, Deepti; Behera, Surama; Poongothai, S.; Mohan, V; Gupta, Shiv

VERSION 1 – REVIEW

REVIEWER	Robert Stewart King's College London, United Kingdom
REVIEW RETURNED	23-Oct-2019

GENERAL COMMENTS	This manuscript describes the protocol for a systematic review of depression prevalence in India, restricting to estimates using diagnostic instruments. My comments are as follows: 1. In the introduction and abstract, the authors start describing 'elderly persons' and it would be worth including an early sentence or two to clarify what definition(s) they are using for this population. 2. I don't think this is essential, but the second paragraph of the Introduction might benefit from 1-2 sentences summarising the state of knowledge about depression in older people in India (i.e. beyond the authors' already-cited previous review of studies using depression screening scales which provides the main rationale) - e.g. any key studies on impact or risk factors, aside from prevalence. 3. The wording of the exclusion criteria could be clearer. For example, I wasn't sure what was meant by 'chronic patients' (e.g. exclusion of anyone with a longstanding disease would clearly be a problem), or what was meant by the second exclusion criterion. 4. I think the manuscript ought to provide a little more detail on how the authors will operationalise 'diagnostic instrument' when they are evaluating a study. For example, will the authors be using a pre-defined list of established instruments? What properties does an instrument have to have in order to call itself 'diagnostic'? Will there be any restriction to those applying specific diagnostic criteria (e.g. the widely used Geriatric Mental State is generally considered comprehensive enough to be diagnostic, but does not map to a specific diagnostic schedule)? Will studies using unstructured clinician-defined diagnoses be eligible?

VERSION 1 – AUTHOR RESPONSE

Response to reviewers:
Comment1:
In the introduction and abstract, the authors start describing 'elderly persons' and it would be worth including an early sentence or two to clarify what definition(s) they are using for this population.

Response:
Thanks for the valuable comments. We have included the definition of "elderly persons" in the introduction and abstract sections. In India's National Policy for Senior Citizens 2011, "elderly person" is defined as a person who is 60 years and above (Ref. 12). The same cut-off is used for delivering health services under the National Programme for Health Care of the Elderly of Ministry of Social Justice and Empowerment, Government of India (Ref. 13). Please see line no. 39 (abstract), 91-92 (introduction), and 123.

Comment2:
I don't think this is essential, but the second paragraph of the Introduction might benefit from 1-2 sentences summarising the state of knowledge about depression in older people in India (i.e. beyond the authors' already-cited previous review of studies using depression screening scales which provides the main rationale) - e.g. any key studies on impact or risk factors, aside from prevalence.

Response:
Thanks for the comment. Findings from the National Mental Health Survey, 2015-16 on impact or risk factors of depression have been added to the manuscript as per your suggestion (See, line no. 86-87; Ref. 9). Similarly, the findings from other community-based studies have been included along with the results of the previous meta-analysis (See, line no. 98-100; Ref. 15).

Comment3:
The wording of the exclusion criteria could be clearer. For example, I wasn't sure what was meant by 'chronic patients' (e.g. exclusion of anyone with a longstanding disease would clearly be a problem), or what was meant by the second exclusion criterion.

Response:
Thanks for the comments. The wording of the exclusion criteria has been revised. For clarity, "Chronic patients" have been replaced with the "Studies reported prevalence of depression among persons with a chronic disease such as diabetes, HIV/AIDS, etc." Such studies are likely to overestimate the disease magnitude due to denominator being population at increased risk of depression (Please line no. 133)

The second exclusion criterion is "Studies which reported subcategory of depression only." Based on the severity, depression can be classified as mild, moderate and severe. Those epidemiological studies did not report all three categories (mild, moderate, and severe) may underestimate the prevalence of depression. Therefore, the studies which report only 1 or 2 subcategories of depression (for example, the prevalence of severe depression only) will be excluded. (Please line no. 136-7)

Comment4:
I think the manuscript ought to provide a little more detail on how the authors will operationalise 'diagnostic instrument' when they are evaluating a study. For example, will the authors be using a pre-defined list of established instruments?

Response:
The authors will not use a pre-defined list of established instruments.

Comment:
What properties does an instrument have to have in order to call itself 'diagnostic'?

Response:
Thanks for the comment. In this paper, the "diagnostic instrument" is an instrument which diagnoses depression using the International Classification of Diseases criteria and/ or Diagnostic and Statistical Manual of Mental Disorders criteria (Please line no. 129-31; Ref. 26)

Comment:
Will there be any restriction to those applying specific diagnostic criteria (e.g. the widely used Geriatric Mental State is generally considered comprehensive enough to be diagnostic, but does not map to a specific diagnostic schedule)?

Response:
Thanks. Geriatric Mental State will be not considered as diagnostic criteria. Geriatric Mental State/ AGECAT primarily used in clinic settings for screening of mental morbidity. (References: Copeland JR, Prince M, Wilson KC, Dewey ME, Payne J, Gurland B. The Geriatric Mental State Examination in the 21st century. Int J Geriatr Psychiatry. 2002 Aug;17(8):729-32; Behera P, Sharan P, Mishra AK, Nongkynrih B, Kant S, Gupta SK. "Screening instruments for assessment of depression". Indian Journal of Medical Specialities. December 2016.)

Comment:
Will studies using unstructured clinician-defined diagnoses be eligible?

Response:
Thanks. Studies using unstructured clinician-defined diagnoses will not be taken into consideration. (Please see line no. 138).

I hope we tried to address all the comments in the best possible, still, we will be happy to respond if you have any questions further.

Looking forward for a positive response!

VERSION 2 – REVIEW

REVIEWER	Robert Stewart King's College London, UK
REVIEW RETURNED	21-Mar-2020

GENERAL COMMENTS	I am happy that my previous comments have been appropriately addressed.