

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Effect of routinely assessing and addressing depression and diabetes distress on clinical outcomes among adults with type 2 diabetes: A systematic review
AUTHORS	McMorrow, Rita; Hunter, Barbara; Hendrieckx, Christel; Kwaśnicka, Dominika; Speight, Jane; Cussen, Leanne; Ho, Felicia Ching Siew; Emery, Jon; Manski-Nankervis, Jo-Anne

VERSION 1 – REVIEW

REVIEWER	Aliniagerdroudbari, Ehsan Shahid Beheshti University of Medical Sciences, School of Medicine
REVIEW RETURNED	23-Aug-2021

GENERAL COMMENTS	Thank you for this opportunity to review this article. The subject of the article is interesting and can be helpful for further actions. This study is written scientifically, and every part had the best information, but the problem is the low number of studies included in this review. It is highly recommended to increase the searches in all data sources for at least six months (until February 2021), which I found various other articles with those keywords.
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REVIEWER	Rohloff, Peter Center for Research in Indigenous Health, Wuqu' Kawoq
REVIEW RETURNED	25-Jan-2022

GENERAL COMMENTS	<p>This is a remarkably well written paper, and I have almost no comments for the authors.</p> <p>I think the paper serves as a wake up call to those of us working in this field - it is quite remarkable that even though so many of us uses these scales for research purposes they are almost never incorporated into clinical interventions or feedback. I think the authors could actually make this point a little more forcefully in the discussion. Also, if it is not too much work, it might be nice to have the number of studies the authors found that use PROMS as research tools but not as part of the intervention - this would help quantify the scope of this problem.</p> <p>Under risk of bias- 2 studies have "small sample size" but authors definition of adequate sample size (based on power calculation in study??) is not given</p> <p>In study results summary (Table 3) is it possible to given before and after mesasures for all study eg A1C DDS etc (rather than mean change for some only) in order to permit comparison of</p>
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	<p>between all studies? This may not be possible based on what date is available in papers and to authors.</p> <p>The fact that no LMIC studies were include may just be because authors excluded anything not in English, so I would make this connection more explicitly.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1	
<p>Thank you for this opportunity to review this article. The subject of the article is interesting and can be helpful for further actions. This study is written scientifically, and every part had the best information, but the problem is the low number of studies included in this review. It is highly recommended to increase the searches in all data sources for at least six months (until February 2021), which I found various other articles with those keywords.</p>	<p>Thank you for your comments.</p> <p>The search was ran again on February 24 2022 as suggested and one additional study met our inclusion criteria. The paper has been updated to reflect the addition of this paper.</p> <p>The additional study Fortmann et al. (2020) ⁴² is a 12-month case control study of 475 adults in primary care. At the case clinic, the PHQ was used to screen for depressive symptoms, as part of a collaborative care model focused on cardiometabolic targets. The control clinic provided standard diabetes care without depression screening. In the participants who received the intervention a statistically and clinically significant mean change in HbA1c was observed at 12 month compared to control participants.</p>
Reviewer 2	
<p>This is a remarkably well written paper, and I have almost no comments for the authors.</p>	<p>Thank you for this feedback.</p>
<p>I think the paper serves as a wake-up call to those of us working in this field - it is quite remarkable that even though so many of us uses these scales for research purposes they are almost never incorporated into clinical interventions or feedback. I think the authors could actually make this point a little more forcefully in the discussion. Also, if it is not too much work, it might be nice to have the number of studies the authors found that use PROMS as research tools but not as part of the intervention - this would help quantify the scope of this problem.</p>	<p>Thank you for the comments.</p> <p>Added to the discussion: <i>While over 238 unique PROMs for people with type 2 diabetes have been identified, the most effective intervention to implement and then address PROM-identified elevated depressive symptoms or diabetes distress remains unclear.</i></p>
<p>Under risk of bias- 2 studies have "small sample size" but authors definition of adequate sample size (based on power calculation in study??) is not given</p>	<p>The Risk of Bias section has been updated. The Risk of Bias table is now in Supplementary File 2.</p> <p><i>Two studies had were pilot studies with small sample sizes.^{43 45} Despite being a pilot study, the Rees et al. had sufficient power to detect differences in glycaemia, but lower power for depressive symptoms or diabetes distress. ⁴³ Sigurdardottir et al. did not include power calculations. ⁴⁵</i></p>
<p>In study results summary (Table 3) is it possible to given before and after measures for all study eg A1C DDS etc (rather than mean</p>	<p>Outcome measures were requested via email to the primary authors and are reported in Table 3 (now Table 2) based on data available. Given</p>

<p>change for some only) in order to permit comparison of between all studies? This may not be possible based on what date is available in papers and to authors.</p>	<p>the small number of studies and variation in co-interventions, the results were presented in a narrative review.</p>
<p>The fact that no LMIC studies were include may just be because authors excluded anything not in English, so I would make this connection more explicitly.</p>	<p>Added to strengths and limitations:</p> <p><i>Other limitations include the restriction of our search to published journal articles in the English language. This may explain why all studies included were from high-income or upper-middle-income countries, with no studies from low-middle income countries identified.</i></p>