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To: Professor Lian-Sheng Ma
Editor-in-Chief
The World Journal of Psychiatry

Memo 02/2017

Subject: Cover letter – Invited manuscript ID 02985342 - “Solid blues behind broken hearts”: Childhood trauma, nicotine dependence and previous hospital admissions are associated with positive screening for depression in inpatients with cardiovascular disease.”

Belo Horizonte, February 6, 2017.

Dear Professor Ma

Dear reviewers,

We appreciate your enriching comments regarding our article. We propose the following answers and remarks to your questions. We have also performed some modifications in the original text as highlighted.

We hope that our manuscript, in its present form, will satisfy your requirements for submission to the World Journal of Biological Psychiatry. The authors would gratefully consider any observations to further refine this manuscript. If you need other clarifications or if you have other questions do not hesitate to contact us.

Sincerely,

Professor Frederico Garcia
on behalf of the authors.

Answers to Reviewers' Comments

REVIEWER 1

Reviewer comment nº 1: “The title is romantic, but does not cover what the study is. Please give a more detailed and informative title!”

Authors: Authors have now removed the sentence “Solid blues behind broken hearts” and maintained the following portion of the title: “Childhood trauma, nicotine dependence and previous hospital admissions are associated with positive screening for depression among inpatients with cardiovascular disease”.

Reviewer comment nº 2: “Abstract: please give the full name for UFMG before using the abbreviation.”

Authors: Authors have added “Federal University of Minas Gerais”, the full name for UFMG, in the abstract.

Reviewer comment nº 3: “Abstract, Methods section: it should be mentioned how resilience and childhood trauma and the severity of nicotine dependence was evaluated.”

Authors: Authors agree with your remark. We have now added the following sentences in the abstract: “We used the Fageström Test for Nicotine Dependence to characterize nicotine dependence. For assessing resilience and early-life trauma, we used the raw scores of the Wagnild & Young Resilience Scale and Childhood Trauma Questionnaire, respectively.”

Reviewer comment nº 4: “Material and methods section, subject subheading: I cannot understand why patients with mild cognitive impairment were excluded. Please explain it!”

Authors: Authors thank the reviewer for this interesting remark. Patients with mild cognitive impairment may have impairments on episodic and working memory, which can decrease their capacity to understand the study procedures and to perform the self-report instruments used in our study. Thus, we decided to exclude these patients from the sample to avoid possible bias. We also reinforced that patients with mild or severe cognitive impairment were excluded.

Reviewer comment nº 5: “Material and methods section, subject subheading: authors list cerebrovascular diseases among cardiovascular diseases, but it is a different group. Authors should exclude those patients with cerebrovascular diseases and run the statistical analysis again on the rest of the sample.”

Authors: This remark is relevant as, in fact, mixing patients with cerebrovascular disease, like stroke, with patients with cardiovascular diseases may be a source of bias. However, in our sample, we included patients with antecedents of stroke only if patients were also presenting and hospitalized for the treatment of a current cardiovascular disease (e.g. coronary arterial disease and cardiomyopathy). We have now corrected the statement regarding inclusion criteria in the Material and methods section. The text now reads “...In the present study, we selected all patients with a diagnosis of CVD (e.g. CAD, congestive heart failure, Chagas cardiomyopathy, cardiac arrhythmia or any other cardiac disease that required hospitalization) and excluded subjects screening positive for delirium and mild **to severe** cognitive impairment or dementia as well as those unable to comprehend, illiterate or with major visual or hearing impairment. We summarized the inclusion procedure in the flowchart (**Figure 1**).”

Reviewer comment nº 6: “Material and methods section, Instruments and procedures subheading: authors state that ‘After a clinical assessment and stabilization, they included all subjects at admission in the ward.’ What do you mean on stabilization? What was the time frame of this stabilization?”

Authors: For stabilization authors intended to state that the study followed the Good Clinical Practices directives and waited until the patient present clinical conditions to be interviewed, minimizing the risks for the patient. The overall mean interval between admission and the interview was 4 days.

Reviewer comment nº 7: “English style of the manuscript needs editing.”

Authors: The manuscript has now been reviewed by a native speaker of American English with experience in medical literature and Common European Framework of Reference for Languages C2 proficiency certification.

REVIEWER 2

Reviewer comment nº 1: “Abstract - Methods: The abbreviation UFMG should be explained”.

Authors: Authors have now added the full terms of the abbreviation UFMG in the text.”.

Reviewer comment nº 2: “Abstract - Results: The "p" should be lower than 0.05, not equal or higher”.

Authors: The symbol as changed as requested.

Reviewer comment nº 3: “Introduction - the second paragraph from behind - the second sentence: It should be "The same is applied for...”

Authors: Modified as suggested

Reviewer comment nº 4: “Material and Methods: Ethical issues should be an independent paragraph”

Authors: Modified as suggested.

Reviewer comment nº 5: “Figure 1: The first square - November and October should be with "N" and "O" (capital letters)”

Authors: Modified as suggested

Reviewer comment nº 6: “Table 1: The title is too long, you should not state the results in the title of the table”

Authors: Modified as suggested.