

14-Jan-2016

Dear Dr. Coupland:

Manuscript ID BMJ.2015.027737.R1 entitled "Antidepressant use and risk of cardiovascular outcomes in people aged 20 to 64: cohort study using a primary care database" which you submitted to BMJ,

Thank you for sending us your paper. We are pleased to say that we would like to publish it in the BMJ as long you are willing and able to revise your paper as explained below in the report from the in-house editorial review. We are provisionally offering acceptance but will make the final decision when we see the revised version. We are looking forward to reading the revised manuscript and, we hope, making a final acceptance decision.

https://mc.manuscriptcentral.com/bmj?URL_MASK=876257a611dc483594a44a57fc587da0

Yours sincerely

Anita Jain
Editor The BMJ
ajain@bmj.com,

****Report from The BMJ's editorial review ****

Decision: Provisional acceptance

Detailed comments: We appreciate the thorough revisions and responses provided by your team to recommendations made by reviewers and editors. We have a few additional comments and look forward to your response to these:

*There are some aspects mentioned in the response letter which we think might be helpful to include in the main paper as well for clarity:

1. The point in response to the standard comparison group that 'The comparison is then between rates of the outcomes in exposed and unexposed periods of time throughout follow-up.'
2. Inclusion of patients with a first recorded diagnosis of depression and that must have occurred at least 12 months after registration.
3. Rationale for the 5 year duration of follow-up
4. Why "year of diagnosis" is considered a risk factor

*We realize that a lot of the methodology and description of the cohort is similar to your earlier paper in The BMJ. It is also likely that the structure and organisation of the paper would be similar. However, we would like you to carefully cite the other paper in places where there is a lot of similarity.

In your response please provide, point by point, your replies to the comments made by the reviewers and the editors, explaining how you have dealt with them in the paper.

****Information for submitting a revision****

Deadline: Your revised manuscript should be returned within one month.

How to submit your revised article: Log into <http://mc.manuscriptcentral.com/bmj> and enter your Author Center, where you will find your manuscript title listed under "Manuscripts with Decisions." Under "Actions," click on "Create a Revision." Your manuscript number has been appended to denote a revision.

You will be unable to make your revisions on the originally submitted version of the manuscript. Instead, revise your manuscript using a word processing program and save it on your computer. Once the revised manuscript is prepared, you can upload it and submit it through your Author Center. When submitting your revised manuscript, you will be able to respond to the comments made by the reviewer(s) and Committee in the space provided. You can use this space to document any changes you make to the original manuscript and to explain your responses. In order to expedite the processing of the revised manuscript, please be as specific as possible in your response to the reviewer(s). As well as submitting your revised manuscript, we also require a copy of the manuscript with changes highlighted. Please upload this as a supplemental file with file designation 'Revised Manuscript Marked copy'. Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.

When you revise and return your manuscript, please take note of all the following points about revising your article. Even if an item, such as a competing interests statement, was present and correct in the original draft of your paper, please check that it has not slipped out during revision. Please include these items in the revised manuscript to comply with BMJ style (see: <http://www.bmj.com/about-bmj/resources-authors/article-submission/article-requirements> and <http://www.bmj.com/about-bmj/resources-authors/forms-policies-and-checklists>).

Items to include with your revision (see <http://www.bmj.com/about-bmj/resources-authors/article-types/research>):

1. What this paper adds/what is already known box (as described at <http://resources.bmj.com/bmj/authors/types-of->

article/research)

2. Name of the ethics committee or IRB, ID# of the approval, and a statement that participants gave informed consent before taking part. If ethics committee approval was not required, please state so clearly and explain the reasons why (see <http://resources.bmj.com/bmj/authors/editorial-policies/guidelines>.)

3. Patient confidentiality forms when appropriate (see http://resources.bmj.com/bmj/authors/editorial-policies/copy_of_patient-confidentiality).

4. Competing interests statement (see <http://resources.bmj.com/bmj/authors/editorial-policies/competing-interests>)

5. Contributorship statement+ guarantor (see <http://resources.bmj.com/bmj/authors/article-submission/authorship-contributorship>)

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9. Funding statement and statement of the independence of researchers from funders (see <http://resources.bmj.com/bmj/authors/article-submission/article-requirements>).

10. Patient involvement statement (see <http://www.bmj.com/about-bmj/resources-authors/article-types/research>).

11. Please ensure the paper complies with The BMJ's style, as detailed below:

a. Title: this should include the study design eg "systematic review and meta-analysis."

b. Abstract: Please include a structured abstract with key summary statistics, as explained below (also see <http://resources.bmj.com/bmj/authors/types-of-article/research>). For every clinical trial - and for any other registered study- the last line of the abstract must list the study registration number and the name of the register.

c. Introduction: This should cover no more than three paragraphs, focusing on the research question and your reasons for asking it now.

d. Methods: For an intervention study the manuscript should include enough information about the intervention(s) and comparator(s) (even if this was usual care) for reviewers and readers to understand fully what happened in the study. To enable readers to replicate your work or implement the interventions in their own practice please also provide (uploaded as one or more supplemental files, including video and audio files where appropriate) any relevant detailed descriptions and materials. Alternatively, please provide in the manuscript urls to openly accessible websites where these materials can be found.

e. Results: Please report statistical aspects of the study in line with the Statistical Analyses and Methods in the Published Literature (SAMPL) guidelines <http://www.equator-network.org/reporting-guidelines/sampl/>. Please include in the results section of your structured abstract (and, of course, in the article's results section) the following terms, as appropriate:

i. For a clinical trial: Absolute event rates among experimental and control groups; RRR (relative risk reduction); NNT or NNH (number needed to treat or harm) and its 95% confidence interval (or, if the trial is of a public health intervention, number helped per 1000 or 100,000.)

ii. For a cohort study: Absolute event rates over time (eg 10 years) among exposed and non-exposed groups; RRR (relative risk reduction.)

iii. For a case control study:OR (odds ratio) for strength of association between exposure and outcome.

iv. For a study of a diagnostic test: Sensitivity and specificity; PPV and NPV (positive and negative predictive values.)

v. For a systematic review and/or meta-analysis: Point estimates and confidence intervals for the main results; one or more references for the statistical package(s) used to analyse the data, eg RevMan for a systematic review. There is no need to provide a formal reference for a very widely used package that will be very familiar to general readers eg STATA, but please say in the text which version you used. For articles that include explicit statements of the quality of evidence and strength of recommendations, we prefer reporting using the GRADE system.

f. Discussion: To minimise the risk of careful explanation giving way to polemic, please write the discussion section of your paper in a structured way. Please follow this structure: i) statement of principal findings of the study; ii) strengths and weaknesses of the study; iii) strengths and weaknesses in relation to other studies, discussing important differences in results; iv) what your study adds (whenever possible please discuss your study in the light of relevant systematic reviews and meta-analyses); v) meaning of the study, including possible explanations and implications for clinicians and policymakers and other researchers; vi) how your study could promote better decisions; vi) unanswered questions and future research

g. Footnotes and statements

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Date Sent: 14-Jan-2016