Efficacy of Paroxetine in the Treatment of Adolescent Major Depression: A Randomized, Controlled Trial

Response to Queries from Mina Dulcan, MD, Editor
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Comments from Dr Dulcan's 12/20/00 cover letter. (Comments are summarized; Responses in *Italics*)

1. Do you have a reference you could cite for the KSADS-L version that you used? How did you eliminate potential subjects with PDD or autism? I don't think that the KSADS includes these diagnoses.

Response: The version of the adult SADS that was used in our study (ie, K-SADS-L) was modified by Dr Rachel Klein. We regret that the revised version has never been published, but the original reference to the adult version is included in the manuscript (page 7). Although the K-SADS-L does not include PDD or autism, these disorders were clearly listed in the exclusionary criteria for the study (page 8). Fulfillment of inclusionary/exclusionary diagnostic criteria was determined by clinical history and clinical evaluation at intake by the individual investigators. No subjects were reported to have either PDD or autism.

2. On page 9, you state that imipramine was given in divided doses, but in the next paragraph, you state that the imipramine group received active drug and the morning and placebo in the evening. Please clarify.

Response: Your reviewers make a good point; thank you for catching this error. All doses of paroxetine greater than 20 mg/day and imipramine greater than 50 mg/day were split between morning and evening administration. The text has been revised to clarify this point.

3. Did placebo subjects have blood drawn at weeks 4 and 8 (page 11)?

Response: Blood samples were obtained from all patients participating in the study. The text has been revised to more accurately reflect this.

4. I think there needs to be more discussion of the lack of difference between paroxetine and placebo on any parent or self-rating measure. Why did only the clinical raters see differences?

Response: This is a valid point for which we do not have a concrete response. The patient and parent rating scale instruments were administered at baseline and at Week 8. Improvement at Week 8 was greater for patients in the active treatment groups compared with placebo, but these changes were not statistically significant. It could be argued that differences in scores for active treatment groups did not separate significantly from placebo for methodological reasons (ie, some parents and patients experienced confusion when completing these questionnaires), but this is a 'soft' response for which we don't have data. The Discussion section currently devoted nearly 1.5 pages to study limitations, which we hope sufficiently explains our findings.

5. Please clearly label your Discussion section as such.

Response: We have changed the header from 'Comment' to 'Discussion' as requested.

6. Dr Dulcan requests that the length of tables/figures be limited.

Response: We will convert Tables 1 and 3 from double-spaced to single-spaced, which will shorten the typewritten (but not necessarily the typeset) length somewhat.