ANNALS OF FAMILY MEDICINE

Online Supplementary Material

Supplemental Appendix. Spectrum Study Purposes and Assessment, Analytic, and Sampling Strategies

Study Component	n	Purpose	General Assessment Strategies	General Analytic Strategies	Sample
Spectrum 1	355	Assess depressive symptom patterns and correlates (eg, apolipoprotein E genotype)	Structured interviews	Statistical analysis (eg, latent class analysis)	Stratified random sample (based on depressive symptoms) from nonacademic primary care settings in the Baltimore area
Spectrum 2	102	Identify the domain of depression from the patient's point of view	Semistructured interviews	Grounded theory/ constant comparative method	Purposively sampled from Spectrum 1, based on themes derived from review of transcripts
This study	48	Evaluate how patients who identified themselves as being depressed talk about their relationship with their physicians	Structured interview and semistructured interview data	Constant comparative method and descriptive statistics	All patients in Spectrum 2 who identified themselves as being depressed in semistructured interviews and had a completed physician rating of depression from Spectrum 1

Sampling Strategies
Spectrum 1
The design of Spectrum 1 called for screening patients in the offices of primary care physicians in the Baltimore, Md, area. Patients who were eligible and agreed were interviewed in their home concerning their psychological, cognitive, and physical health. Physicians also completed a brief questionnaire assessing their opinion of the patient's mental and physical health. Participating physicians were not residents or faculty in residency training programs. In all, 47 physicians (28 family physicians and 19 internists) from 13 practices contributed patients who participated in the Spectrum study. Practices were selected to achieve a substantial representation of African American patients. Experienced agency interviewers were instructed in screening and study interviews. Interviewers worked with office staff at each practice to identify all patients aged 65 years and older. All such patients who came to a participating office were approached and asked to participate in a study of health and aging among patients in primary care settings with which their physician was participating. Patients were not paid for participating in the screening portion of the study; however, patients were told that $50 would be offered to them as a token of appreciation for participating in interviews should they qualify for the full study. In all, 3,459 patients aged 65 years and older were approached and 2,560 participated in the screening questionnaire (74% participation rate). In-home interviews were obtained for 357 patients, but 2 broke off the interview before it was completed, leaving a sample of 355 patients.

Spectrum 2

Participants for Spectrum 2 came from the pool of 355 older adults (aged 65 years and older) who participated in Spectrum I and who agreed to be contacted and interviewed again (n = 338). A purposive sampling strategy was used to select participants for Spectrum 2. First, a batch of 8 participants was chosen at random from the pool of available participants to be interviewed. After reviewing 8 transcripts from this initial group, we began to form ideas for additional selection criteria. In the first group of transcripts, participants expressed a preference for a diagnosis of anxiety to a diagnosis of depression. Some denied the presence of depression but acknowledged the presence of anxiety and the need to treat it. The sampling criteria for the next batch therefore included patients with high depression scores (on the Center for Epidemiologic Studies Depression Scale [CES-D]) and high anxiety scores (on the Beck Anxiety Inventory), patients with high depression scores and low anxiety scores, and patients with low depression scores and high anxiety scores (n = 13). Their transcripts were subsequently analyzed to identify patterns and trends among patients with these characteristics. Each week new transcripts were reviewed and additional sampling criteria were suggested by the project team. Subsequent batches included patients with high or low CES-D scores (n = 9), patients with a family history of depression (n = 7), patients for whom there is a discordance between the patient's CES-D score and their physician's opinion about whether that patient is depressed (n= 12), men with relatively good physical functioning (score ≥80 on the Medical Outcomes Study Short Form 36 (MOS SF-36) physical functioning scale and fewer than 7 comorbid medical conditions) (n = 7), African Americans with a family history of depression and discordance between the patient's CES-D score and their physician's opinion about whether the patient is depressed (n = 15), patients selected from among the oldest participants in Spectrum I (n = 17), and patients whose physicians rated them as having "multiple unexplained physical symptoms" who also had more than 2 comorbidities (n = 14). In addition to these sampling criteria, we oversampled to achieve an equal number of African American and white participants. In total 102 patients were interviewed for Spectrum 2.

This Study

This study comprised all participants in Spectrum 2 who identified themselves as being depressed in semistructured interviews and had a completed physician rating of depression from Spectrum 1.