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AUTHOR'S REPLY

Answer to the letter to the editor of Ö. Tezen concerning "screening for depression, anxiety, and psychological distress associated with low back pain by musculoskeletal and spinal clinicians. A scoping review" by Sugrue J, et al. (Eur spine J. 2025; doi: 10.1007/s00586-025-08678-3)

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Dear Editor,

Thank you for forwarding the letter regarding our recent publication. We appreciate the opportunity to address the three points raised.

1. *Inclusion of 'Yellow Flag' Keywords (e.g. Pain Catastrophizing, Fear-Avoidance)*

We believe the introduction of our article clearly distinguishes between yellow flags (e.g. pain catastrophising and fear-avoidance which can be managed by psychologically informed physiotherapy), and orange flags (e.g. depression, anxiety and psychological distress which may require onward referral). While we acknowledge that psychosocial factors such as pain catastrophising and fear-avoidance are critical to understanding the multifactorial nature of low back pain (LBP), we contend that including them in our search strategy would have been entirely inappropriate. The specific aim of our review was to evaluate clinician accuracy in identifying depression, anxiety, and psychological distress. Including these additional psychosocial factors in an expanded search strategy would have diverted the review from our central research question. Additionally, addressing diverse mediating factors, while relevant to LBP, was also outside the focus of this review.

2. *Influence of Comorbidities and Socio-Cultural Factors*

We fully agree that comorbidities and socio-cultural factors influence psychological distress in LBP, as highlighted by existing literature. However, as indicated in both our introduction and methodology, the primary focus was not to explore the factors contributing to the development or persistence of psychological distress, the experience of LBP, or the effectiveness of screening, but rather to evaluate clinician accuracy in identifying distress– alongside anxiety and depression– when it is present. Rather than exclude these factors, we deliberately chose to focus specifically on diagnostic accuracy.

3. *Variability in Reference Standard Questionnaires*

The variability introduced by the inclusion of original articles using four different reference standard questionnaires is self-evident. Our goal was to provide a comprehensive overview of the existing literature, which resulted in a diversity of clinical settings and practices. This inevitably made comparability across the studies a challenge. Similarly, variability in thresholds for identifying orange flags, as well as differences professional groups, settings and patient populations, will also contribute to inter-study variability. Given this, it is even more noteworthy that despite this variability, we found that 'Consistently, there were lower sensitivity rates, indicating a tendency to miss true positive cases, and thereby underestimate their presence'.

We appreciate the interest in our review, and trust that our response clarifies the focus of our review with no amendments required.

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