Reviewer’s report

Title: New challenges in treating problematic crystal methamphetamine use and associated depression in gay and HIV positive men: in-depth interviews with general practitioners

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Reviewer: Steve Shoptaw

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Overall, this manuscript is disappointing. The title of the manuscript is “new challenges in treatment problematic crystal methamphetamine use and associated depression in gay and HIV positive men.” Yet, very little information is provided in the manuscript toward addressing what might be new challenges in treatment for this population. There exists a vast literature documenting associations between methamphetamine use and depression in gay and HIV positive men. There are empirical trials showing what happens to depression levels when one addresses methamphetamine use (i.e., depression levels drop). There is even a trial of sertraline (one of the antidepressants mentioned in this article) and behavior therapies for methamphetamine dependence showing that methamphetamine use outcomes are worsened for patients treated with sertraline over placebo. So the lack of recognition of the vastness and richness of the literature in concert with the lack of anything new reported in this manuscript is disappointing. The data (and the general lack of it) in this paper likely will not support a revision to make a unique contribution.

Major Compulsory Revisions:

1. While the methods are well described, the data are not sound. The data consist of 11 (only) interviews from a selection of GPs in Sydney who provide HIV medical care to gay men. This is too few to produce any kind of scientific findings. I’m not sure how one might fix this problem.

2. There is no indication from the manuscript as to how many providers were approached. As such, the report of the findings is biased and reflects the understandings of a minority of providers in the region. It is true that the source of the data reported in this manuscript involves some number of physicians, which contrasts with the empirical literature that is collected from patient participants. But the paper simply re-states what is already known about the complexity of treatment for HIV+ gay and bisexual men who abuse methamphetamine. Perhaps the paper could be revised to focus on physician attitudes toward treating HIV infected gay men who use methamphetamine.

3. The discussion and conclusions stray far from the data and some are simply wrong. For instance, the first sentence of the discussion section involves a study of illicit drug use and chronic back pain. This has nothing to do with the current
variables reported. While this might be an initial report of 11 physicians comments on working with patients with HIV, methamphetamine and depression, there does not appear to be much that is non-obvious from the report. These sections need to be considerably edited. But with the overall lack of data, it's hard to advise what to do.

4. On page 11, the issue of depression diagnosis in crystal methamphetamine users is presented wrongly. The diagnostic manuals are clear: unless there is a period of 6 months or more in which there is no drug use, one cannot diagnose depression. That's because depression symptoms in such cases are likely due to use of drug, not to an independent source of depression.

5. There are no limitations stated in the work. Might be a good place to start.

6. The title indicates something new is reported in the manuscript, which is not the case.

7. The abstract has several problems:
   a. The results have little content to them. What, exactly, is lacking in the skill sets of the physicians? What are the emerging co-morbidities. There are no data presented that define or address treatment of co-morbidities in this paper.
   b. What data support the statement that the GPs observed a wider range of gay and positive men having problems with crystal meth than with other drugs? Leave aside the fact that only 11 GPs were interviewed, there are no data in the paper to address this statement.
   c. Depression is brought up in the first sentence of the conclusions section. It's hard to know what, exactly, is non-obvious from the conclusion section.
   d. No data to support why awareness of this co-morbidity by GPs in Sydney is a need.

What next?: Reject because scientifically unsound

Level of interest: An article of insufficient interest to warrant publication in a scientific/medical journal

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.