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: David Epstein

Reviewer's report:

This manuscript succinctly reports results from a qualitative, interview-based study of issues arising among general practitioners who encounter methamphetamine misuse in gay and HIV+ men. The qualitative approach is appropriate here because the goal is to identify problems that may require more systematic attention. In a quick search of the literature, I found a few dozen qualitative reports of interview studies on this general topic (meth misuse among men who have sex with men), but none in which the interviewees were healthcare providers. Therefore, this manuscript is likely to be of interest to nearly any healthcare provider who may treat such patients.

- Discretionary Revisions:

(1) The phrase used to describe the population of interest--"gay and HIV+ men"--is confusing. Presumably it doesn't refer exclusively to men who are both gay and HIV+; those would be "HIV+ gay men." More likely it refers to a Venn diagram with two overlapping circles: men who are gay, and men who are HIV+. Yet being gay and being HIV+ seem to be treated almost interchangeably throughout the manuscript. I'm guessing that the Venn diagram may indeed show a lot more overlap among methamphetamine misusers than among the rest of the population. But this should be addressed explicitly rather than treated as a given. If any disaggregation is possible, it would be good to know whether physicians should be aware of concerns likely to arise specifically for methamphetamine-misusing men who fall only into one category--gay but not HIV+, or HIV+ but not gay.

(2) Each of the three populations of interest here (gay men, HIV+ men, and methamphetamine-misusing men) is obviously vulnerable to social stigma. Did none of the interviews broach the topic of prejudice among healthcare providers? The interviewed GPs may have been relatively free of such prejudices themselves, as evidenced by their having chosen to take on high caseloads of gay and HIV+ men, but did they see no such prejudices in, say, specialist colleagues to whom they tried to refer their patients? If this topic was never addressed in the interviews, then the omission should be acknowledged as a limitation of the study.

(3) In the Results section, I was struck by the number of summary statements
that began with a phrase such as "Several GPs...,” "Some GPs...,” or "One GP...” and the absence of any that began "Most GPs..." or "Nearly all GPs..." If no single theme was endorsed by a clear majority of interviewees, was this a byproduct of the interview technique (were interviews so undirected that consistent themes had little chance to emerge?), or did it seem to reflect real heterogeneity among the interviewees’ experiences?

- Minor Essential Revisions:

(4) Reference 15, judging by its title, has no clear connection with the statement for which it’s cited. If it’s meant to direct readers to a place where more detailed methods are described, then the methods should be described in the manuscript instead, because most readers won’t have access to the full text of reference 15.

**Level of interest:** An article whose findings are important to those with closely related research interests

**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.