Author's response to reviews

Title: Clinical and Immunological outcomes according to adherence to first-line HAART in an urban and rural cohort of HIV-infected patients in Burkina Faso, West Africa

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Author's response to reviews: see over
Dear Editor,

enclosed for your evaluation our revised manuscript entitled “Clinical and Immunological outcomes according to adherence to first-line HAART in a urban and rural cohort of HIV-infected patients in Burkina Faso, West Africa” for possible publication as research Article on your estimated BMC Infectious Diseases Journal.

First of all we would like to thank the Editor for the interesting comments that were very helpful to improve the quality of our work. We were able to address all of your comments as you can see below:

Editor’s comment:

1: The Authors state that ’All patients evaluated at baseline (D0), on day 15 (D15), each month during the first semester (M1-M6) and thereafter every three months since HAART initiation, were included.’ However from the analyses conducted it seems that all patients were included. Please explain.

LINE 113

We changed the sentence in “All patients enrolled in the study, if not lost to follow-up, were evaluated at baseline (D0), on day 15 (D15), each month during the first semester (M1-M6) and thereafter every three months since HAART initiation”

2: Since it is the main goal of the paper, more clarifications on how the adherence score was calculated should be provided. It is clear what criteria were used to assign a score of 2 for each of the items. However it is not clear to me how doctors assigned a score of 0 or 1. Please explain.

LINE 125

We add the specification that also an intermediate score could be assigned: “A score was estimated by the medical doctor who performed the visit through the assignment of 0 (i.e. unreached goal), 1 (i.e. partially reached goal) or 2 (i.e. fully reached goal) points to each feature” For more explication on the adherence score, see point 4.

3: Adherence score = 0 was assigned to any 'lost to follow-up' case. However, it is not clear to me how the outcome (alive or dead) was treated in the analysis in such a case. Along the same line, how was the outcome treated for patients who were referred to other Centres? Please explain.

For what concern the assignation of the adherence score, we changed the sentence:

“If a patient was lost to follow up (see above), we assigned 0 to the adherence score, since a patient lost to follow up can be considered non-adherent”

in:

(LINE 134): “If a patient was lost to follow up (see above), no value was assigned to the adherence score, and the patient was considered in the statistical analysis only according to the period of follow-up”

Concerning survival analysis, we add

(LINE 146) “When performing the survival analysis, all patient lost to follow-up were excluded”
4: I always have concerns with such studies that evaluation of health status or exams before investigating on adherence during the consultation may bias results of such adherence scores. For instance, if a patient looks OK clinically, with increasing CD4+ etc., a doctor (and patients him-/herself if informed beforehand) are tempted to overestimate adherence. The same may be true on the other way round. Please explain if this may have occurred as a bias and what was done to minimize this risk.

LINE 127
We add the following sentence:
“It should be noted that adherence evaluation is not left to the clinical judgement alone, which may lead to an overestimation especially when the patient’s conditions are good. The systematic assessment of each parameter allows to limit this bias and improves the score’s reliability”

5: Maybe some minor mistakes in the English or typo's are still there (e.g. 'pills count'). Please use this opportunity to check once again.”

Thanks for your suggestion, we globally checked once again the text.