Reviewer's report

Title: Characteristics of suicidality in HIV/AIDS as seen in African population in Entebbe district, Uganda

Version: 1 Date: 16 January 2012

Reviewer: Jess Fiedorowicz

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Major Compulsory Revisions:

1) Accurate interpretation of the study’s findings requires data to estimate the potential direction and magnitude of any selection bias introduced by sampling. Can the authors give any impression of the proportion of PLWHA are served by these clinics or how those served by those clinics may differ from the population of PLWHA in Uganda? For instance, are there socioeconomic or geographic differences between those who are able to attend this clinics and those who do not attend? It seems conceivable that those attending these clinics would be more likely to have greater resources and less likely to be rural. The exclusion criteria might also suggest they are healthier though it would be helpful to know how many of those screened for eligibility were declined for being “too physically and mentally sick” or for other reasons (beyond failed to turn up for the interview).

2) Methodology, Study Design, Paragraph 2. The authors already indicate there is an ongoing longitudinal follow-up. To avoid any confusion, this paragraph can be deleted as it is not relevant to the study design as presented herein.

3) Appreciation of the results also hinges on an understanding of the outcome. It would be helpful to include a table highlighting the dependent variable and its threshold. How did the authors arrive at the chosen threshold? Are there any studies which used a similar threshold? Was the threshold selected a priori?

4) Is the dependent variable conceptualized as “suicidality” or “risk for suicidality”? The methods would suggest the latter, which would diminish the importance of the risk factors identified as being associated with a surrogate outcome, a risk index for suicidality rather than suicidality itself. Regardless, the authors should think about what they are measuring and describe consistently throughout.

5) I appreciated how the authors identified risk factors within sets, however, wonder if there were some potential problems with multi-collinearity in the multivariate models for each set.

6) 48 individuals reported suicidality. The final model includes 11 variables (when considering need to enter two variables for each of the three level ordinal variables). Over-fitting is likely and should be addressed. This will require removing some variables from the final model.

7) In a cross-sectional study without a control group, it would seem impossible for
the authors to include suicidality “would have occurred anyway in psychologically
vulnerable persons.” The authors should consider reframing how their results fit
within “Marzuk’s hypothesis.”

Discretionary Revisions:
1) I did not find the conceptual model of Figure 1 to be particularly helpful.
However, this framework was specified a priori and is subsequently worth
including. Perhaps it would help if the boxes in the figures corresponded to the
analysis: socio-demographic, social, psychological and clinical.

2) Consider rewording the title to “The prevalence and characteristics of
suicidality among those with HIV/AIDS in Uganda” or something along this line to
address the key findings of the paper and broader implications.

Minor Essential Revisions:
1) Under the methods section of the abstract, please indicate the goals of the
regression analyses (e.g. was undertaken to identify independent risk factors for
suicidality).

2) Marzuk’s ‘accelerator’ hypothesis does not seem to be so well established as
to be the highlight of the conclusions of the abstract, particularly when the study
is not designed to specifically test this hypothesis (as mentioned elsewhere).

3) Background, Paragraph 1, can shorten sentence 3 to “The few African studies
on suicidality in HIV/AIDS…”

4) Background, Paragraph 1, last sentence, please replace “incidental” with
“secondary.”

5) Background, Paragraph 2, please state “a psychiatric disorder” in the place of
“the psychiatric disorder.”

6) MHS is sometimes abbreviated MSH (e.g. in abstract). Please use
consistently throughout.

7) In Table 1, please make the religion singular. Did all participants belong to one
of these two religious groups?

8) In the Tables, there is a symbol over adjusted odds ratio. Presumably this is to
indicate the variables adjusted for, however, these are not found on the table.
The variables included in the multivariate models are also not apparent from the
text.

9) The word “positive” can be dropped from the table titles.

10) Discussion, Paragraph 1, last sentence. “psychiatric disorder” should read
“psychiatric disorders.”

11) Please move discussion of limitations from the Conclusion to the Discussion.

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

Quality of written English: Needs some language corrections before being
published

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests.