Title: Prevalence of Psychological Distress and Associated Factors in Tuberculosis Patients in Public Primary Care Clinics in South Africa

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Version: 3 Date: 30 May 2012

Author's response to reviews:

Editors comment:

- Thank you for resubmitting this paper so quickly. You should be commended on this revised version of the manuscript, which is much improved on the initial submission. In addition to addressing the reviewers comments, could I also ask you also consider the following editorial comments:
  * Ensure all abbreviations are explained (eg MDR-TB, etc)
  R: Corrected

  * Remove the first sentence of the second paragraph of the Background section (Common mental disorders is not a term formally defined in ICD 10). For similar reasons I would also remove the sentence describing the findings for the WHO World Mental Health surveys.
  R: Removed

  * Remove this sentence from the Methods "Because of the stigma associated with alcohol consumption, individuals may feel defensive when responding to questions about their drinking and answer inaccurately. To increase the reliability of the AUDIT, researchers have suggested putting alcohol consumption in the context of other health-related behaviours. Therefore, the interviewer administered questionnaire included questions on mental and physical health status, tobacco use and chronic diseases." Given that alcohol use is not the major focus of this study it is not needed and feels badly out of place.
  R: Removed

  * In the Methods you state the K-10 has been shown to capture substance abuse, which I don't think is correct
  R: Removed
The term "Coloured" is not a recognised way to describe ethnicity. Can you please use a more descriptive term?

R: changed as below
mixed race (Coloured: derived from Asian, European, and Khoisan and other African ancestry)

The uncertainty regarding the correct K-10 cut-off for this group is a major limitation of this study and should be considered more in the discussion.

R: Added

The lack of association between psych distress and treatment compliance is unexpected and should be discussed. Do the authors feel this was a power issue, or is it perhaps that the impact of psych distress on compliance takes longer to become evident?

R: Added

Please make the following formatting changes during revision of your manuscript. Ensuring that the manuscript meets the journal's manuscript structure will help to speed the production process if your manuscript is accepted for publication:

- Copyediting: After reading through your manuscript, we feel that the quality of written English needs to be improved before the manuscript can be considered further.

R: Corrected

Reviewer's report
Title: Prevalence of Psychological Distress and Associated Factors in Tuberculosis Patients in Public Primary Care Clinics in South Africa
Version: 2 Date: 14 May 2012
Reviewer: Amare Deribew
Reviewer's report:
Minor revisions:
• Please correct the punctuation in this sentence: “How often do you feel that everything is an effort?”[29] However,.....
R: Corrected

• Better to delete the punctuation(colon) in this sentence: The Kessler Psychological Distress Scale (K-10): was used....
R: Corrected

• Please include 95% before CI in all the text, ie, CI should be replaced by 95%CI
R: Corrected

Level of interest: An article of importance in its field
Quality of written English: Acceptable
Statistical review: Yes, and I have assessed the statistics in my report.
Declaration of competing interests:
'I declare that I have no competing interests
Reviewer's report
Title: Prevalence of Psychological Distress and Associated Factors in Tuberculosis Patients in Public Primary Care Clinics in South Africa
Version: 2 Date: 16 May 2012
Reviewer: John Joska
Reviewer's report:
The authors have submitted a much improved manuscript and I would probably recommend publishing it pending some minor revisions. Comments include:
- that they have reported on 2 cut points for the K10, but I would like to see them proposing something tangible for clinicians to use. Which cut point would they advise and why?
R: added as below
Given the relatively large difference between the levels of psychological distress using a cut-off score of 28 versus 16 on the K-10 in this study, it is important to consider which cut-off score is more appropriate for use in a clinical setting within the public health sector. The authors in this study recommend the use of a cut-off score of 16 for use in South Africa, particularly within the public sector health clinics in order for cost-efficient treatment programmes to be implemented on a large scale.

- the recommendations in the discussion section seem broad, and include things like improving the "financial status" of patients and for government to improve the economic situation. What about making recommendations like improved training of providers in screening and prescribing psychotropic treatments?
R: added in below
The study found high rates of psychological distress among tuberculosis patients. Improved training of providers in screening for psychological distress, referral and psychotropic and/or psychological intervention treatment plans for adult patients with anxiety, depression or mixed common mental health problems are indicated [44]. Accurate diagnosis of co-morbid depressive and anxiety disorders in patients with chronic medical illness is essential in understanding the cause and optimising the management of somatic symptom burden [45]. In addition, measures to reduce psychological distress among patients with TB should
include a more comprehensive care approach which should involve sectors outside of health that are responsible for structural adjustment programmes which will ultimately improve the financial status of this group of patients. Ultimately structural adjustments through government economic policies to alleviate poverty combined with psychological interventions are needed to improve the health outcomes of TB patients and those co-infected with HIV.

- there remain several grammatical and spelling errors and I would advise a thorough edit before publication.

R: Corrected