Reviewer's report

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

Version: 1 Date: 12 April 2012

Reviewer: John Joska

Reviewer's report:

The authors have investigated an area of critical public health concern. The sample size is substantial, and the methodology overall is sound. I have some queries around interpretation of the findings regarding the measure and the related findings.

Major comments:

1. I feel that more discussion of the utility and validity of the K10 for this population is needed. Specifically, the authors use a low cut off score to define distress, which results in a very high prevalence. What have other studies found with regard to cut off scores and case ness? For example, the Spies study found that a cut of about 30 was most suitable to define case ness. Also, the Andersen study was less enthusiastic about the K10 for assessing for mental disorders.

2. The manuscript needs more discussion regarding the implication of these findings. A paragraph on the background to distress And health outcomes is needed in the introduction. As it turns out, no association was found between adherence and distress in this study- so why screen? Other than to offer treatment? What will the operational outcomes be?

3. A significant limitation / consideration was not made, namely the timing of the assessment. It is my experience that the early period of treatment (and by implication diagnosis- which s not assessed?) is associated with a spike in distress, which may or may not persist at 6 months and beyond. This needs to be discussedp least.

4. The discussion should be revised. It is brief as it stands, which is not itself a problem, but a number of findings and statements need to be explored in more detail. For example, the case ness issue above, the clustering of SES associations (say more about why poverty is so strongly related) and why HIV coinfection is more distressing. These are important points which need to be spelt out, not assumed.

Minor comments:

1. There are numerous grammatical errors, and places where it is not clear how phrases relate to each other. Examples include "demographic characteristics of TB" in abstract, lines 2 and 3 of the background, and the line 3 of para 3 in the background- how do these % relate to each other?
2. Other outcomes in abstract? What about referral and treatment, in addition to "screening and brief psychological therapies"

**Level of interest:** An article of importance in its field

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

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.