Author's response to reviews

Title: The Use of S-Adenosylmethionine (SAM-e) for the Treatment of Depression in People Living with HIV/AIDS

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Author's response to reviews: see over
Revision 1: The authors must report response rates and remission rates for HAMD17 for completer and intent-to-treat analysis.
Response: Modified Results section.

Completers: . . . Remission of depression was defined as a HAM-D score \( \leq 7 \), response to treatment was defined as \( \geq 50\% \) decrease in HAM-D scores. For the 15 patients who completed the study, the remission rate was 93\%. Fourteen (14) of the 15 patients achieved a HAM-D of 7 or lower, while one patient received a HAM-D rating of 13. The response rate was also 93\%, with 14 of the 15 patients achieving 50\% or greater reduction in HAM-D scores. The patient who did not meet the response rate had a Baseline HAM-D of 12 and a Week 8 score of 7.

ITT analysis: The intent-to-treat remission rate was 79\%. Fifteen (15) of the 20 patients achieved a HAM-D of 7 or lower, while one patient did not receive a valid HAM-D rating and four (4) received HAM-D ratings greater than 7 (13, 22, 24, 39, respectively). The intent-to-treat response rate was 74\%, with 14 of the 19 patients achieving 50\% or greater reduction in HAM-D scores.

Revision 2: A reference for SCID-IV must be added.
Response: SCID reference was added.

Revision 3: Results section, 2nd sentence & Table 1: Adjust variables to n=20 not n=15.
Response: Updated the Results section and modified Table 1 per reviewer request

Revision 4: Report the range in endpoint HAMD17 and BDI scores next to the standard deviation for completer and ITT (range: minimum, maximum).
Response: The Results and Table 2 now include ranges for all scores.

Revision 5: Discussion section, 3rd paragraph, 2nd sentence - Clarify this is for completer analysis only.
Response: This sentence now reads . . .

At Week 8, mean depression scores for the 15 patients who completed the study indicated the absence of depression, as measured by the BDI and the HAM-D (below 10 and 7, respectively).

Revisions 6-7: Add acknowledgement that placebo response is also rapid . . . Add limitations to generalizability to the limitations section.
Response: Limitations paragraph was modified to address these comments . . .

The results of the current study must be interpreted in the context of the study’s limitations. Limitations of this study include the lack of a placebo group, the lack of a double-blind design and small sample size. The criteria for participation and the small sample size may limit the generalizability of our findings to other patient populations. Without a placebo control group, we cannot assess two factors that might have affected our results. Although patients were treatment-experienced with other antidepressants, we cannot rule out the potential placebo-response that may have contributed to the rapid therapeutic effect of SAM-e. Also, meeting with a study psychiatrist may have contributed to improved depressive symptom ratings. Nonetheless, the study results provide useful and clinically relevant information for treating depression in HIV-positive individuals. Future studies employing a double-blind, placebo-control design are warranted.