Reviewer's report

Title: Internet-based search of randomised trials relevant to mental health originating in the Arab world.

Version: 1 Date: 28 April 2005

Reviewer: John Ioannidis

Reviewer's report:

General

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Nice work! This is a neglected, but important, field and these data are very welcome. You may wish to consider the following comments:

1. Abstract: the statement yet is not considered to have produced a similar quantity of randomized controlled trials related to psychiatry seems extravagant in its attempted contrast against the USA!
2. A main concern that you should address upfront is: why should studies be done in Arab countries and/or by Arab authors and/or published by Arab authors in order to be useful and applicable to the Arab World? There are certainly some arguments that may be made pertaining to external validity issues when trial results are transferred across cultures and countries. However, in many cases results of trials should be possible to use across borders.
3. Another issue is whether these trials that you identified are really the kind of trials that you would like to see done/published specifically in the Arab World. Are these trials focused on questions and issues that are Arab-specific and of maximal use for the patients with mental health related problems in this geographic area? At a brief perusal, I suspect that they are not, they seem to be mostly me-too trials that could have been done anywhere in the world with the sponsorship of some company. Please elaborate on this, if possible.
4. Another background issue you should discuss is that there is evidence from other empirical appraisals that randomized trials are done predominantly in rich countries in the West. You may wish to discuss in this regard trials in other non-western areas, e.g sub-Saharan Africa (Issaikidis et al BMJ 2002; 324:702-5), where few trials are done, only a small portion of them pertain to mental health, and even these really are replicas of western trials.
5. Page 3: I think that the second paragraph of the Background section seems to be a little tangential to your research questions. It can be shortened or reshaped.
6. Page 6, Discussion, first statement: how do you judge that ArabPsychNet is making an important contribution to disseminating research from the region?
7. Page 7, first full paragraph: are there references to support your statement about the existence of Czech, Hungarian, Indian, Korean, Latin American, Russian and Ukrainian databases and that they are containing RCTs?
8. I am also a little skeptical about some of the implications of your findings. Do we need local databases that really contain no trials to speak of, or do we simply need better research in these countries and in particular research that is pertinent to country-specific issues and questions?
9. In my experience from other peripheral literatures, there is a strong element of publication bias on what makes it to the surface. It would be interesting to examine if there is any evidence of publication bias in the 30 trials that you retrieved. For example, how many of them had some statistically significant results to present/report? If the proportion is high, this may suggest that Arab trials are selectively reported. If these are mostly me-too trials, their chances of publication would be higher if they get positive results. This might create a biased situation. It would even suggest that using these trials for decision making in Arab countries may be more biased than using large well-designed trials from western countries!

10. Page 8: I would temper the comment on enormous poverty; some of the Arab countries are very rich actually and they pay physician-consultant salaries that western physicians would never dream of. Besides poverty, you may wish to consider whether mental health is culturally a taboo issue in some of these countries and thus less amenable to clinical trial experimentation and also whether clinical trials in general are facing cultural obstacles. I suspect there are big problems here.

11. The last sentence on prolific publishing of researchers in the Arab world is also not supported by your data.

12. Table 2 could be improved by adding information on whether the results were significant or not; the sample size; and the interventions examined/compared in each trial.

13. In Table 2, there is a mention of 5 Saudi Arabian trials, but only one line/reference listed. Please explain.

14. What is also very worrisome in Table 2 is the fact that there are only 5 trials published in the last decade, so there is an apparent stagnation or even deterioration of research efforts in this domain in the Arab world! This is opposed to other developing areas, such as Africa where the number of trials is small, but it is rapidly increasing (Ref. Isaakidis et al BMJ 2002).

15. Another issue that you should address is whether the questions addressed by these trials seem to be ethical or not (e.g. inappropriate use of placebo or suboptimal therapy arms). There is some concern that trials in developing countries are often using comparisons that would be considered unethical in western countries (reference: Kent D, et al. JAMA 2004) and this creates double standards. Is this a problem in the Arab world?

16. This might be a whole separate project, but I was wondering if you could do also some appraisal of the quality of reporting of the identified Arab trials.

Discretionary Revisions (which the author can choose to ignore)

What next?: Accept after minor essential revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests