Reviewer's report

Title: Anxiety and depression amongst patients enrolled in a public sector antiretroviral treatment programme in South Africa: a cross sectional study

Version: 2 Date: 10 August 2011

Reviewer: Judith Rabkin

Reviewer's report:

Apart from minor lapses in proof-reading, this is a well-written and well organized albeit lengthy report of a cross sectional study of correlates of anxiety and depression symptoms. The sample is robust and the literature review is reasonable, although not entirely balanced.

General comments: (Major revisions)

1. A major issue is the lack of distinction between anxiety and depression symptoms, which is what the HADS measures, and Axis I anxiety and depressive clinical disorders. Similarly, in the literature review, it is unclear, for example, whether the Uganda study reporting "a prevalence of depression to be 47%" is referring to self-report symptoms (probably) or clinical disorders (less likely). Self-reported symptoms and even psychiatric screens generate substantially higher rates of "depression" than do diagnostic evaluations assessing clinical depression (see for a discussion of methodological issues in defining depression, see Wagner G et al, Ann Behav Med online 8/11, or Rabkin J, HIV and depression: 2008 review and update, Current HIV/AIDS Reports 2008; 5:163ff). It would therefore be useful to indicate in the literature review the method used to generate prevalence rates, and also sample size.

2. Another issue is the concept of "predictor" in this cross-sectional study. There is no way to determine causality when 2 variables are measured on the same occasion; at best one can speak of "association" or "correlation." This needs to be addressed throughout the manuscript and "correlate" should replace "predictor."

Specific suggestions:

Abstract

Conclusions: these recommendations seem rather glib: how do you teach someone to "manage" stigma? how to "equip with positive coping skills"? The recommendation to "disclose their HIV status" is at odds with their own findings that the central issue is "disclosure to the right type of person" (p. 17 of manuscript.)

Background

1. P. 4: References 5 and 6 seem generic: do they really address the specific
issues where they are listed? Reference 4 is out of sequence.

2. Page 5: need to distinguish between predictors and correlates both in the literature review and overall comments. In discussing "predictors" of depression, the authors do not mention that the strongest predictors are family history and prior episodes. In discussing associations (e.g. the Uganda study, ref 18) the direction of the association is not necessarily causal - those dependent on remittances may be so because they are depressed. In this section on correlates, it might be useful to classify variables as risks or buffers.

Methods
This is an excellent section.

1. On p. 10 it would be helpful to give references for the measures of health related quality of life and psychosocial support queries.

2. Describing the HADS (p. 11):
A. were references 28030 really done in resource-limited settings? not clear from their titles.

B. More important: while the cut-off of >7 has been used to signify "depression," this is a low threshold. The standard cut points are: 0-7 = normal; 8-10 = mild mood disturbance; 11-14 = moderate mood disturbance and 12+ = severe mood disturbance (as stated in the Handbook of Psychiatric Measures, 2nd ed., published by the American Psychiatric Association in 2008; these cut-offs are also given elsewhere). By using a low cut-off the authors may be missing salient associations, since it has been shown that mild depression is not a significant correlate or predictor of medication non-adherence, for example, while severe depression is strongly associated (see Wagner et al cited above).

I don't suppose you care to re-analyse your data using a more specific cut-point but you might find it informative to do so.

Results
Again, refer to correlates, not predictors.

Discussion
Much too long and repetitive. Need to have succinct summary, fewer mentions of the unique contributions of your study, and focus on main findings.

1. P. 16: You say that "because ART does not combat anxiety or depression [why would anyone think they did?] patients suffering from symptoms need to be treated for these disorders." No, symptoms are not treated as you correctly conclude in the final sentence (p. 19). That is, high symptom scores warrant diagnosis, and then treatment if a clinical condition is identified.

2. Positive coping: given the multiple comparisons and large sample, there is no need to report "findings" that are only weak trends.

Table 1: I really couldn't read it: too dense. Would help to give table describing sample in terms of socioeconomic, demographic and medical status.
**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare I have no competing interests.