Reviewer's report

Title: Living with hepatitis C infection: a systematic review of the literature

Version: 2 Date: 15 May 2012

Reviewer: Michael Wilson

Reviewer's report:

Thank you for the opportunity to review “Living with Hepatitis C infection: A systematic review of the literature.” This is a worthwhile publication that will make a substantial contribution to the literature. However, there are many aspects of the methods & conclusions that remain unclear despite the authors’ response to an earlier review. Please see comments below.

Major compulsory revisions:

1. The authors should consider better clarifying their methods so that the search can be duplicated by readers. Although the search terms are specified precisely, the exact inclusion and exclusion criteria are more unclear. For instance, given that the focus of the review is on living with Hepatitis C, why would the authors exclude clinical evaluation (but then include “clinical impact” in their results)? What does clinical evaluation mean anyway? How does clinical evaluation differ from investigating the personal/social impact of disease? And if the authors really do not wish to include clinical evaluation, why include results about the progression of the disease, psychological well-being, transmission, viral clearance, and mortality? What does it mean to exclude experimental studies (page 6)? Does this mean that the authors included only expert consensus or reviews?

Why exclude intervention studies (page 5) “that focused on the performance of experimental interventions” (presumably drug-related)? Isn’t the fact that an SSRI can relieve many of these symptoms relevant for the topic of “Living with Hepatitis C”? Does this conflict with the later section (page 10) on “Health outcomes after antiviral treatment or liver transplant”?

How were the inclusion/exclusion criteria applied? Was this by consensus of the authors? If so, was a kappa score calculated, and how were disagreements handled?

How were categories assigned to relevant publications? Was this by consensus of the authors? If so, was a kappa score calculated, and how were disagreements handled?

2. Perhaps because of my difficulty in understanding exactly which articles were included in the study, I have identified a number of articles that seem as if they should have been included but do not appear in the authors’ reference lists:

Carta MG, Hardoy MC, Garofalo A, Pisano E, Nonnoi V, Intilla G, Serra G,


3. If the focus on the paper is “Living with Hepatitis C,” why would the authors include populations who do not have HCV (but are merely “at risk”)?

4. Although the authors’ point is appreciated on page 8, namely that primary physicians can improve care for patients with this disease, how does monitoring ALT fit into the authors’ primary focus on living with HCV?

More minor points/discretionary revisions:

5. What does it mean that “All identified abstracts were scanned” (page 6)? Did the authors really read these abstracts quickly? How many authors were involved in reading through abstracts?

6. What does it mean that “there was no duplication between the two sets of search terms” when there were 8 duplicate studies identified? (page 6)

7. Box 1 should be included with the results, and likely integrated with Figures 1 & 2 (page 5).

8. As an extremely minor point, “We selected studies that did not simply describe clinical symptoms…but which focused more closely on the self-reported experience of undergoing treatment for Hepatitis C” (page 10) is self-contradictory. Since “symptoms” are the things reported by patients, there are no symptoms which are not a self-reported experience.

9. Headings on page 11 “The social experience of Hepatitis C” and on page 14 are duplicated.
10. The discussion again mentions that literature on “medical and social” aspects of the disease was reviewed. Psychological well-being is not mentioned, despite being included in the search terms.

11. The authors’ points about need for more research is appreciated in the conclusions (page 18). However, I would like a better summary of the articles. What are the important take-home points for the average person (or the average clinician)?

**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 that I have no competing interests.