Reviewer’s report

Title: HIV Behavioural Interventions Targeted Towards Older Adults: a Systematic Review

Version: 2 Date: 14 April 2013

Reviewer: India Butler

Reviewer’s report:

1. Major Revisions

The article does well to address the paucity of data on non-pharmacological interventions in older adults with HIV. It seems there is data lacking on non-pharmacological interventions in adults with HIV in general. The need for more and better data has been well highlighted and I hope that this review is the groundwork for such an endeavour.

However, the heterogeneity of the studies reviewed does not lend itself to a meta-analysis of this type. The populations differ (HIV positive and HIV negative) as do the outcomes and interventions and it is not clear what conclusions can be made, barring the lack of data. It reads like a literature review as the preamble to a study rather than a stand alone study itself.

2. Discretionary Revisions

South African data may have supported the analysis of higher risk in older adults. For example the South African National HIV Prevalence, Incidence, Behaviour and Communication Survey 2008 (Shisana O, Rehle T, Simbayi L, Zuma K, Jooste S, Pillay-van-Wyk V, et al. South African National HIV Prevalence, Incidence, Behaviour and Communication Survey, 2008: A Turning Tide Among Teenagers? Available from: www.hsrepess.ac.za) mentions several issues unique to South African older adults with HIV such as the phenomenon of older males in relationships with younger females leading to higher risk of HIV transmission. To my knowledge this has not been described in other countries. There are also references in the survey to the poor reach of educational programs and lack of knowledge in this age group, with comparisons to previous years which may have reinforced their arguments.

The comment that "the 50 years cut off is used here because the majority of HIV surveillance and reporting over the first two decades of HIV response has only covered those aged 15-49" as far as I know, the age 50 years defining "older" adults with HIV has been adopted as a convention- other reasons for this cut off include the accelerated ageing of HIV infected adults compared to uninfected adults. (Work Group for the HIV and Aging Consensus Project. Summary Report from the Human Immunodeficiency Virus and Aging Consensus Project: Treatment Strategies for Clinicians Managing Older Individuals with the Human Immunodeficiency Virus. Journal of the American Geriatrics Society. 2012
May;60(5):974–9).

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

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

**Declaration of competing interests:**

I declare that I have no competing interests.