Author's response to reviews

Title: What determines health-related quality of life among people living with HIV? An updated review of the literature and practical recommendations.

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Author's response to reviews: see over
Response to the reviewers

Title
What determines health-related quality of life among people living with HIV?
An updated review of the literature.

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Dear Editor / Dear Referee

Thank you for critically reviewing our revised manuscript and providing valuable and supportive suggestions in order to improve this research article. We have addressed the reviewers’ comments in turn to the above-mentioned manuscript, and numbered our responses item per item according to the reviewers’ questions. If applicable, the changes made throughout the manuscript are described and shown using ‘italic’ notation.

Yours faithfully,

Sophie Degroote
Reviewer: Ward Schrooten

Reviewer's report:

The answers given to my previous concerns and suggestions and adaptations to the manuscript are acceptable.

Thank you very much. Thank you again for the previous comments.
Reviewer: Christiana Noestlinger

Reviewer's report:

Revision

The authors have submitted a revised version of the manuscript, in which they have made substantial changes to the manuscript, including narrowing down the main focus of the paper. They have also included an overview table of the studies included in their research and they present the specific findings of the respective studies in this table. These are two major improvements of the paper.

Thank you very much. We are grateful for the valuable suggestions we received from the reviewers.

1. Is the question posed by the authors new and well defined?

The authors have made substantial revisions based on the comments received. The most important is that they have omitted the part on the recommendations/interventions, and now have focused on the discussion and reflection of the HrQoL determinants and outcomes. Therefore, the manuscript now has a much clearer focus.

We agree.

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?

This is a non-systematic and narrative review, and the methods are fairly well described. Since the authors now do not include the figure on the framework anymore, it could be helpful to provide a bit more information on the framework, and how it was developed. They state: “...categories were chosen by analogy with research on HRQoL performed in our hospital department...”. It would be helpful to elaborate on this with a short description how this led to the a priori framework. (see p. 3)

We agree, the explanation is vague. We have changed it:

Those categories were chosen by analogy with research on HRQoL performed in our hospital department. In particular, our research assesses three of the categories through a self-report questionnaire, consisting of a sociodemographic part, a psychological part (assessment of depressive symptoms, social support, satisfaction with care) and a behavioural part (assessment of adherence and substance use). Clinical parameters on the other hand are assessed via the electronic patient record.

3. Are the data sound and well controlled?

The additional table now introduced by the authors gives an overview of the articles included, and presents their main findings. This is very helpful for the reader, as one can go back to the specific results of the respective studies. Introducing this table has greatly improved the manuscript.

We agree.
4. Does the manuscript adhere to the relevant standards for reporting and data deposition?

YES

Ok.

5. Are the discussion and conclusions well balanced and adequately supported by the data?

YES. Due to the narrowed focus of the manuscript, the discussion and conclusion section also is more concise and based on the data presented.

Ok. Thank you.

6. Do the title and abstract accurately convey what has been found?

YES. The abstract has been adapted to correspond to the revised manuscript.

Ok. Thank you.

7. Is the writing acceptable?

English language writing has improved, however, I still find the use of the tenses confusing. It should be more coherent. The authors should decide whether to report the results in present tense or in the past tense, but in a consistent manner throughout.

Thank you for this comment. We have completely read through the manuscript again and have changed the tenses to the past tense.

Minor essential revision:

p. 7: do you mean although or also? (4th paragraph)

Thank you for this question. We mean ‘although’, since in addition to the presence of lipodystrophy, the patient’s perception is also important. As Guaraldi et al. concluded in their review: ‘The impact of lipodystrophy on HRQoL can be identified only in patients with a perceived body image alteration of a moderate to severe entity’.


p. 8: looking at stress resulting from...(4th paragraph): include this as an example, as there are many other stressors that PLHIV have to cope with.

Thank you for this valuable suggestion. We have changed the sentence and added a reference:

Coping styles are highly relevant in PLHIV, looking for example at the stress resulting from HIV diagnosis and treatment as well as multiple possible other stressors [53, 57].

p.10: I would suggest to use support in an unbiased manner instead of reinforce to emphasize the voluntary nature of decision to disclose. PLHIV should also be supported by health care professionals if they decide NOT to disclose.

We agree. We have changed the sentence to emphasize the fact that the decision is made by the patient:

\textit{PLHIV should be prepared and supported by health care professionals before their decision whether or not to disclose...}

p. 10: maybe say: not using alcohol instead of no alcohol use (3rd paragraph)

Thank you, that sounds better indeed.

p. 10: showed an association with HRQoL (last paragraph)

Thank you.

p. 12: include the PROQOL among the instruments that have been developed in cooperation with PLHIV (ie. extensive qualitative research)

Thank you for this comment. We have added the PROQOL to these instruments.

p. 13: instead of saying “it seems”, which is somewhat a weak statement as a conclusion, I recommend to make your conclusions stronger, for instance by saying something like: “from the evidence studied here we can conclude that there is a consensus...”

Thank you for this suggestion. We have adapted the conclusion as follows:

\textit{From the evidence studied here we can conclude that there is a consensus about the influence of socio-economic status, immunological status, presence of symptoms, (psychiatric) comorbidity, social support and adherence to ART.}
Reviewer: Jessika Deblonde

Reviewer's report:

The authors have done a great effort in reviewing the paper and have given a satisfactory response to most of the comments raised.

- The additional table is indeed useful to guide the reader and to improve the readability and comprehensibility of the methods and results section of the paper.

- The findings are better explained, avoiding as such misinterpretations and wrong conclusions.

- The reorientation of the discussion may be considered as successful as it is now much more focused on the findings from the review. I’m not entirely convinced that the authors provided us with guidance on which instrument to use in which target group and setting – as suggested by the reviewer Christiana Noestlinger. However, I hope that this may be the next step in the research endeavours of the authors.

Thank you very much and thank you again for the previous comments.
We were indeed not able to provide real guidance on which instrument to use in which setting or target group, as we think that this choice depends on many case-specific factors. We have, however, given some suggestions as well as pros and contras of certain instruments.

Minor essential revision:

p. 8 Coping styles … I still do not understand the following sentence: “People with an internal HLOC believe that health outcomes results directly from one’s own behaviour whereas people with an HLOC believe that others – other persons, fate or luck – determine the outcome. Is there a word missing: external HLOC?? Can you please reformulate this sentence?

Thank you for this comment, this was indeed a typing error.

People with an internal HLOC believe that health outcomes results directly from one’s own behaviour whereas people with an external HLOC believe that others – other persons, fate or luck – determine the outcome.