Author’s response to reviews

Title: How newly diagnosed HIV-positive men who have sex with men look at HIV/AIDS - validation of the Chinese version of the Revised Illness Perception Questionnaire

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Reviewer: Mark Williams

This is a well conducted study of sufficient quality to warrant publication. The manuscript is written in a manner that is easy to read and follow. The only criticism is that the authors should have provided a better explanation of why the scale is important. They write that the scale has been evaluated by others. Why is another validation necessary? How should the scale be used? Does using the scale provide any clinical value? Does the use of the scale improve patient outcomes? I believe a paragraph in the discussion section addressing these and similar issues would be of value to the reader.

We are delighted that you are interested in the manuscript. We completely agree with your suggestions and have added some sentences into the discussion section.

Reviewer: Gregory Phillips

1. This manuscript requires extensive editing to fix grammar and spelling errors throughout.

Thanks so much for the suggestion. We have invited someone who is good at English to check the grammar and spelling.

2. N-MSM is not a standard abbreviation, and I would recommend against introducing a new acronym into the HIV prevention lexicon.
We completely agree with your suggestion. We have changed ‘N-MSM’ to ‘newly diagnosed HIV-positive MSM’ which we think is much more acceptable.

3. Page 6, Line 6 - what is meant by "newly HIV infectors?"

We have revised the sentence ‘Newly diagnosed PLHIV is an important subgroup as a large proportion of them infect HIV recently.’

4. Page 6, Line 9 (and elsewhere) - the standard terminology is "condomless," not "unprotected," so I recommend changing this throughout the manuscript.

We completely agree with your suggestion. We have changed the word ‘unprotected’ to ‘condomless’.

5. Page 6, Lines 14-15 - I disagree that there is little reported about how PLHIV view HIV. There is a substantial literature base focused on this topic that the authors should review and cite.

We agree with your suggestion. We have deleted this sentence.

6. Page 7, Line 10 (and elsewhere) - "homosexual" transmission is not an accurate term to use. Instead, say "MSM behavior" or something similar to indicate behavior, not identity.

We agree with your suggestion. We have changed ‘ ’homosexual transmission’ to ‘male-to-male sexual behaviour’.

7. Page 7, Line 15 - what is meant by "adaptation process of HIV status?"

We have revised the sentence that ‘Positive changes in illness representation on HIV may potentially facilitate positive attitude and emotion towards the disease…’

8. Page 8, Line 18 - what reasons other than time fall under the category of "logistic reasons?"

We have revised the sentence that ‘…57 refused to join the study for lacking time or migration’

9. It would be helpful to include a demographics table.

As mentioned early in this section, there are substantial differences in the composition of the study sample by demographics. These could affect the results of the factor analysis, particularly time since diagnosis. I recommend the authors look at whether the different factors are associated with these factors, similar to what was done with depression and PTG. This would be much more clarifying than the current analysis.
We completely agree with your suggestion. We also know that illness representation may be different among subgroup with varied demographic characteristics. However, this manuscript pays more attention on the validation as it is the base of the following research papers. Besides, given that this manuscript has had 5 tables, adding 2 tables may lead to too many tables in this manuscript. So, we decide not adding more tables or analysis in the current manuscript.

10. Page 17, Line 21 - I disagree that alcohol and drug use are not associated with sexual behaviors. There is a substantial amount of research that has found a relationship between substance use and high risk sexual behavior.

We have revised the sentence that ‘Alcohol use or drug use were widely considered to be associated with risk sexual behaviours. However, just a small proportion of newly diagnosed MSM considered it as the caution of HIV infection. Recent study shows the difference effects between drug use and alcohol use that drug use before sex is associated with sexual risk but not alcohol use.’