Reviewer's report

Title: Reliability and validity of the Center for Epidemiologic Studies-Depression scale in screening for depression among HIV-infected and -uninfected pregnant women attending antenatal services in northern Uganda

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Reviewer: Aurore Boulard

Reviewer's report:

This research aims to test the reliability and validity of the Center for Epidemiologic Studies-1 Depression scale in screening for depression among HIV-infected and -uninfected pregnant women attending antenatal services in northern Uganda.

Major revisions

Introduction:

1. Efforts in the structure of the introduction should be done. The introduction is difficult to read. Understand the value of this research is also complicated. Despite the underlying relevance of this research among HIV-infected and -uninfected pregnant women, the authors should better emphasize the relationship between both disorders and the consequences of this comorbidity.

2. Regarding the CES-D, the description of the scale should be more precise. It's not a scale to diagnose MDD but the presence of depressive symptoms in a normal population. A score that exceeds the threshold is a score of severe depression but you may not diagnose psychiatric disorder (MDD) with this scale.

3. The description of the participants should come in this section (material and method) and not in the results section. This shift makes it difficult to understand the article. Analyzes described subsequently are incomprehensible without knowing that the low number of subjects does not allow you to use parametric statistics.

4. I regret not to have a clearer description of the group of pregnant women with HIV. Do they have a different IFIAS score, a different status from other women?

5. Given the small sample used in this research, I understand the selected statistics. However, I wonder about the results of this research. The recent literature on the topic (CESD and pregnant women) shows that a cutoff score of 16 raises questions especially for pregnant women because pregnancy symptoms can be common with some symptoms of depression. They suggest an increasing in this threshold value. For example, Fall et al (2013) use a cutoff score >= 23 (according to Radloff & Locke, 1986) for a similar population of pregnant women.
But your results indicate a score of 15. Could you comment and discuss your results by relying on previous work? Increase the size of your sample allows us to perform parametric statistics and would undoubtedly respond to the question of the cutoff.

6. No indication is given on the number of weeks of pregnancy of these women. But the common symptoms are more frequent during the first 3 months of pregnancy. An indication of the mean and standard deviation of this variable is needed. This variable may influence scores of the CESD?

7. “P10, L234: Our theoretical predictions were that women who are HIV infected, poorer, or more food insecure would score higher on the CES-D scale than their better off counterparts.”

I have not seen hypotheses about these points including food insecurity in the introduction. In other words: What are your theoretical predictions?

Minor Revisions

1. There is a lack of indications concerning the abbreviations used in the text (eg SSA, p4-L79; WHO, p4-L84, TB, p9-L226)

2. There is no reference to Table 1 in the text which describes the participants.

Level of interest: An article of limited interest

Quality of written English: Needs some language corrections before being published

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

Aurore Boulard