Author's response to reviews

Title: Prevalence and correlates of depression and anxiety among patients with tuberculosis at Wolaita Sodo University Hospital and Sodo Health Center, Wolaita Sodo, SNNPRS, Ethiopia.

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Author's response to reviews:

Hello Dear,

I am sorry for my late response it was due to lack poor internet connection here in Ethiopia, Hawassa. The following paragraphs are my answers for all comments. Thanks.

1. Study population – There is very little information on how these patients were recruited. How many were from the original pool of patients, and how many consented vs. refused to participate? Do you have information on those who refused to participate? If so please report this information, or comment on potential selection biases associated with study sample ascertainment. The author’s state that they used a systematic sampling technique, however, this technique is not described. Were patients randomly selected?

ANSWER = Among 948 TB patients, by using systematic random sampling technique every other cases were recruited for study with informed oral consent and 7 refused to participate in the study.

2. Measures – Please provide adequate references for the study measures used, and comment on the validity, and reliability of these measures. Are there any established cutoffs for the stigma scale? Did the authors look at the distribution before cutting at the mean? This approach can bias findings towards the null in some multi-modal distributions. If there are no established cut points, the authors could easily keep this variable as continuous. The authors did not describe how they measured substance use.

ANSWER = Social support was collected by Oslo 3-item social support scale. Oslo 3-item social support scale is 3-item questionnaire commonly used to assess social support and it has been used in several studies, the sum score scale ranging from 3-14, which has three broad categories: “poor support” 3-8, “moderate support” 9-11 and “strong support” 12-14. It was reliable in pretest (Cronbach’s # = 0.91). Factor related to TB stigma was collected by 12-item perceived TB stigma scale. Perceived TB stigma scale is 12–item scale which is
used to assess stigma felt by TB patients. The instrument was adopted and translated to Amharic language and back to English and highly reliable in a pre-test (Cronbach’s # = 0.89). This stigma scale consisted of four-point Likert scale (strongly disagree, disagree, agree, strongly agree) questions concerning perceived isolation, shame, guilt and disclosure of the TB status. Item scores of the stigma questions were summed to construct a single stigma variable. Participants were classified as having or not having perceived stigma using the mean of the stigma variable as cut-off point. An outcome variable (presence of anxiety and depression) was collected by Hospital Anxiety & Depression scale (HADS). HADS is a 14-item questionnaire, commonly used to screen for symptoms of anxiety and depression. The 14-item can be separated into two 7-item subscales for anxiety and depression. It was validated in Ethiopia and internal consistency was 0.78 for anxiety, 0.76 for depression subscales and 0.87 for full scale. The scales use a cut off score for anxiety and depression of greater than or equal to 8.

3. Who administered the questionnaires?

ANSWER = The questionnaires were administered by psychiatry nurse professionals.

4. It’s not clear what the authors did to determine their sampling interval. Please elaborate.

ANSWER = The sampling interval is every other case (sampling interval is 2).

5. Discussion – The authors need to include a limitations section. Further, a limitation of this study is the timing of measurements beyond the cross-sectional nature. Patients who are acutely depressed or anxious may rate different levels of social support or stigma, compared to patients in remission. Limitation of the study; because it was cross-sectional study design, it did not allow establishing a temporal relationship between depression and anxiety and significant associated factors like substance (khat, cigarette and alcohol) use. Second, no detailed validation study was done for the perceived TB-stigma scale & Oslo 3-item social support scale. Substance use related factor was not assessed by standard tool.

Thanks once again.