Reviewer’s report

Title: Association of Knowledge on ART Line of Treatment, Scarcity of Treatment Options and Adherence

Version: 0 Date: 19 Feb 2016

Reviewer: Carin Ahouada

Reviewer's report:

Comments

Title: The title matches the content of the article.

Abstract:

The number of patients studied should appear in results, not in the method.

Method:

As recognized by the authors, the assessment of the level of adherence using self-report is subject to information bias (social desirability).

In the definition of variables: it is clear the two dichotomous situations. 1 = knowledge of the therapeutic line and that alternative options are limited. 0 = no knowledge of prior therapy and ignorance that alternative options are limited. But it may happen that the patient is aware of his line therapy but ignores alternatives and vice versa: how were processed the data in this case. It would be interesting to make it seem clear also in the methodology. Therefore, it should be: "0=no knowledge of prior therapy and/or ignorance that alternative options are limited"
Results

"The viral load continued to be associated with good adherence to antiretroviral treatment ..."To be accurate, it is rather low viral load which is associated with an ART good adherence. Authors may alternatively say: "The viral load continued to be inversely associated with good adherence to antiretroviral treatment"

Discussion

The authors stated that "About three-quarters of the study participants were not aware of the line of ART treatment nor do they know if the future of ART treatment options are limited, reflecting a general lack of knowledge and views on the use of regimens .."this remark is true. But authors should have gone beyond just a statement and tried some possible explanations (hypotheses) . Lack of educator? Workload too high? some patients to ARV preparation session, lack of support meeting for patients on ARVs? It should be the occasion to talk about what should be done and which perhaps had not been done. This approach would have paved the way for suggestions to be formulated in the conclusion.

Overall the discussion remained just at the step of comparing the results with those of other authors without really explaining the differences or similarities. There should be every explanatory element taking into account the context in which the study was conducted. Why this lack of knowledge of patients? How can it be explained? and what does this mean in operational terms? The conclusion along with suggestions should be drawn as result of all these analyses to improve care delivery in the future.

Are the methods appropriate and well described?

If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?

If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?

If not, please explain in your comments to the authors.

Yes
Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?

If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

Quality of written English

Please indicate the quality of language in the manuscript:

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