Author’s response to reviews

Title: Prevalence and incidence of major depressive disorders among people living with HIV residing in Africa: a systematic review and meta-analysis protocol

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TO THE EDITOR

SYSR-D-17-00206

Prevalence and incidence of major depressive disorders among people living with HIV residing in Africa: a systematic review and meta-analysis protocol

Dear Editor,

On behalf of my colleagues, I thank the reviewers for their careful reading of our manuscript and for their helpful comments and suggestions. We have made changes accordingly and we believe that the result is a greatly improved paper. The revised version includes tracked-changes. Our point-by-point replies to the reviewers are below. We are most grateful for the opportunity to publish in Systematic Reviews and thank you for your consideration.

Sincerely,
Reviewer #1: SYSR-D-17-00206: Prevalence and incidence of major depressive disorders among people living with HIV residing in Africa: a systematic review and meta-analysis protocol.

Comment #1: This is an important proposal that will systematically document the prevalence and incidence of major depression among persons living with HIV in Africa. I have a concern though that Africa is treated as a single area when in fact the continent is quite diverse and multicultural. I think this needs to be acknowledged in the review.

Authors: Thank you dear reviewer for this valuable comment. We now planned to conduct subgroup analyses by country and sub-group regions in Africa. In the manuscript we have revised the manuscript in the section "Data synthesis including assessment of heterogeneity" to clarify this. We also recognized in the discussion that there may be a great heterogeneity due to cultural and ethnic diversity in Africa: “For this review, we also recognized that there may be a high heterogeneity for the prevalence and incidence estimate due to cultural and ethnic diversity in Africa.”

Comment #2: There should also be a strong motivation for why Africa is the continental catchment area for the proposed review. So far this is poorly motivated.

Authors: We added the following sentence in the introduction section: “To curb the burden of MDD in HIV-infected populations, stakeholders, clinicians and policy makers at national and regional level in the Africa continent should be informed and have detailed epidemiological data of good quality.”

Comment #3: One of the major issues in the assessment of depression and other mental disorders is the difference between self-report questionnaires and clinician-administered diagnostic interviews, which usually yield quite different prevalence estimates. The authors need to have a
way of managing these fluctuating estimates as diagnostic interviews have more stringent criteria than self-report instruments, leading to lower prevalence estimates than the latter.

Authors: Thank you for this comment. We will assess the source of administration (auto-evaluation, hetero-evaluation). We added this in “Data synthesis including assessment of heterogeneity”.

Comment #4: Another problem is that some countries such as South Africa or Nigeria may have more research than others, due to better resources. Thus there will be a greater weight of research in these countries compared to poorer countries such as Malawi or Mozambique.

Authors: We acknowledged that in the Discussion section: “There may be under-representation of some countries due to variability in the distribution of resources for research, as has been demonstrated in other systematic reviews in Africa.”

Comment #5: The proposed search strategy is appropriate. I think appraisal of methodological quality is well-considered in the proposal.

Authors: Thank you for the appreciation.

Comment #6: There are some grammatical and typographical errors in the paper which I think should be rectified.

Authors: Correction have been made.

Reviewer #2: Exclusion criteria
Comment #1. Studies should not be excluded on the basis of reporting of outcomes. Authors should be contacted for data when possible and studies can be excluded if the outcome was never measured.

Author: Thank you for the comment. We removed this exclusion criterion.

Search strategy

Comment #2. it would be useful to include the search strategy in an appendix

Author: Thank you dear reviewer for the suggestion. We moved the search strategy (Table 1) in Appendix. We have also done it for Table 2.

Risk of bias

Comment #3. why was this particular tool chosen over for example the ROBINS-I tool?

Author: Thank you for the suggestion dear reviewer. The ROBINS-I tool is more adapted for non-randomized comparative studies. In this review, we will include only prevalence/incidence data.

Data synthesis

Comment #4. why will unadjusted results be used rather than adjusted? Variables for meta-regression/subgroup analysis should be clearly specified (i.e. into which groups), kept to a minimum and clinically justified.

Authors: Thank you for the suggestion. We revised as follows: “When substantial heterogeneity will be detected, we will perform meta-regression and subgroup analyses to investigate the possible sources of heterogeneity using the following grouping variables: mean or median age, sex (female, male), study setting (rural, semi-urban, urban), geographical area (Northern, Central, Western, Eastern, Southern Africa), countries, ART (yes, no), MDD diagnosis criteria (tools used for the measurement), and administration of the questionnaire (self-reported, clinician).”
Comment #5. will any sensitivity analyses be undertaken?

Authors: Thank you for the comment. We will conduct a sensitive analysis including only studies with low risk of bias.

Potential amendments

Comment #6. it is not clear why outcome reporting bias is mentioned here.

Authors: We removed this paragraph.