

Format for ANSWERING REVIEWERS

May 19, 2015

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: 2429-review.doc).

Title: Depression, suicide risk, and quality of life in patients with HIV

Author: Gianluca Serafini, Franco Montebovi, Denise Erbuto, Dorian A. Lamis, Paolo Girardi, Mario Amore, Maurizio Pompili

Name of Journal: *World Journal of Virology*

ESPS Manuscript NO: 17314-edited

Dear Editor,

Please consider the revised version of our manuscript entitled: "Association between depression, suicidal behavior, and quality of life in patients with HIV" for possible publication in World Journal of Virology.

We wish to sincerely thank you for the Reviewers' comments, they were crucial to improve both the general structure and quality of the present paper. Here, you may find as follows the answers to the comments raised by Reviewers.

Answers to Reviewers comments

Reviewer 1:

Question 1. CONGRATULATE THE AUTHORS FOR SUCH A GOOD TOPIC SELECTED FOR STUDY. Thus, the present review aimed to investigate the nature of the associations between MDD, quality of life, and suicidal behavior in HIV patients. It should add in the title review.

Answer to question 1. Thank you very much for this sentence and the valuable suggestion. The title has been modified accordingly.

Classification

Grade B: very good

Language evaluation

Grade A: priority publishing

Conclusion

Accept

Reviewer 2:

Comments To Authors

The authors' aim was to conduct a systematic review, whether individuals with HIV and poor quality of life are at a higher risk of depression/suicidality than those with HIV and a higher quality of life.

Question 1. The review has great clinical implication as well. I have the comments to the manuscript: My major concern is, that the authors performed their search only in MEDLINE, they should include further databases, at least the largest one: Psycinfo, PubMed, Scopus, Web of Science.

Answer to question 1. Thank you for this suggestion. In the revised version of the manuscript, we performed a new updated search by including Scopus, Web of Science and Psychinfo databases as indicated. We have now included Table 1 summarizing the main steps of the search strategy as well as the whole selection process. Number of studies selected has been added to the Results section.

Question 2. Could you please explain, why you review exactly the last 20 years and not a shorter or longer period.

Answer to question 2. Thank you for this comment. We observed that most of the articles upon the main topic have been conducted in the last 20 years and this is the reason for which we decided to conduct our review exactly throughout this period. We found only three additional papers published on 1994, 1990, and 1991. Specifically, they have been carried out to predict cardiopulmonary resuscitation preferences from disease stage, depression, and QOL factors; the psychosocial aspects in patients with HIV; and the psychological impact in HIV-infected psychiatric patients, respectively. As these articles do not adequately focus on the nature of the associations between MDD, quality of life, and suicidal behavior in HIV patients, they do not meet our inclusion criteria.

References

1. Hedge B. Psychosocial aspects of HIV infection. *AIDS Care*. 1991;3(4):409-12.
2. Hedge B. The psychological impact of HIV/AIDS. *AIDS Care*. 1990;2(4):381-3.
3. Lenderking WR, Worth JL, Beckett A. Quality-of-life assessment in HIV-infected psychiatric outpatients - perceived health, functional status, symptoms, and preferences for cardiopulmonary-resuscitation. *Psychology & Health* 1994; 9(1-2):51-64.

Question 3. Please insert the QUORUM figure of your search.

Answer to question 3. Thank you for this suggestion. In the revised version of the manuscript, to achieve a high standard of reporting we have adopted Preferred Reporting Items for Systematic Reviews and Meta-Analyses' (PRISMA) guidelines[29]. The PRISMA Statement consists of a 27-item checklist and a four-phase flow diagram for reporting in systematic reviews. PRISMA includes the broader effort to improve the reporting of different types of health research as well as to improve the quality of research used in decision-making in healthcare. For more details, please see the Methods section of the revised paper.

Reference

[29] Moher D, Liberati A, Tetzlaff J, Altman DG, PRISMA Group. The Prisma statement for reporting systematic reviews and meta-analyses of studies that evaluate healthcare interventions: explanation and elaboration. *BMJ* 2009;339:b2535.

Question 4. Please include into the table more information on the subjects, as age and sex.

Answer to question 4. The requested information about the subjects, age, and sex have been included (when available), accordingly.

Question 5. Please include into the table information on the instruments, used for the diagnoses of MDD and suicidality.

Answer to question 5. The requested information on the psychometric instruments which were used for the diagnoses of MDD and suicidality have now been added (when available) throughout Table 1 and Table 2.

Question 6. The result part is mainly lists the relevant papers. It would be useful, to reorganize the

relevant papers according to their contents.

Answer to question 6. Many thanks for this further suggestion. Throughout the Results section, articles which were selected and included have been grouped into two general sections: 1) studies that investigated the prevalence of depression, suicide ideation, suicide thoughts, and associated risk factors in patients living with HIV and 2) studies that analyzed the association between depression, suicidality and quality of life in HIV patients, respectively. While twelve articles fulfilled our inclusion criteria and were included in the present review, we found that nine studies investigated the prevalence of suicide ideation/thoughts, six studies were focused on the associated risk factors in HIV infected patients, and eight of the included studies examined the association between depression, suicidality, and quality of life in samples of HIV patients. Subsequently, we sketched out our Discussion section according to these results.

However, following the Reviewer's indication in the revised version of the paper, the section: "Studies that investigated the prevalence of depression, suicide ideation, suicide thoughts, and associated risk factors in patients living with HIV" has been reorganized in two distinct sections: "Studies that investigated the prevalence of depression, suicide ideation, suicide thoughts, in patients living with HIV" and "Studies that investigated the associated risk factors in patients living with HIV", respectively.

Question 7. The authors found a wide range in the prevalence rates of MDD, suicidal ideation and suicide attempt. They write as well: "...the different study designs as well as the different diagnostic criteria which were used...". This interesting part is missing in the manuscript. The authors should give some explanation to these wide ranges, ie. they should compare the study methods (criteria of diagnoses, instruments...).

Answer to question 7. Thank you for this additional comment. The mentioned topic has now been more deeply developed throughout the Discussion section of the paper.

Specifically, the following statements have been inserted within the main text (Discussion section):

"As reported by Simoni et al.[44], depression may be evaluated both dimensionally as well as categorically and this is the first source of variability.

In addition, MDD in HIV patients may vary according to several variables such as the population of interest, main research hypotheses as well as comparisons with other studies/populations. Importantly, depressive symptoms that do not meet diagnostic criteria may be also associated with significant psychosocial impairment and disability[44].

Moreover, the role of somatic symptoms related to depression may be frequently neglected in HIV infected patients due to their frequent overlapping with somatic complaints directly related to the disease.

Overall, clinicians should carefully consider that screening, diagnosing, and quantifying depressive symptoms represent three different but equally critical/challenging tasks when managing depressed HIV infected patients."

Reference

[44] Hirsch Allen AJ, Forrest JI, Kanter S, O'Brien N, Salters KA, McCandless L, Montaner JS, Hogg RS. Factors associated with disclosure of HIV status among a cohort of individuals on antiretroviral therapy in British Columbia, Canada. *AIDS Behav* 2014; 18: 1014-1026. [PubMed: 24114265 DOI: 10.1007/s10461-013-0623-9]

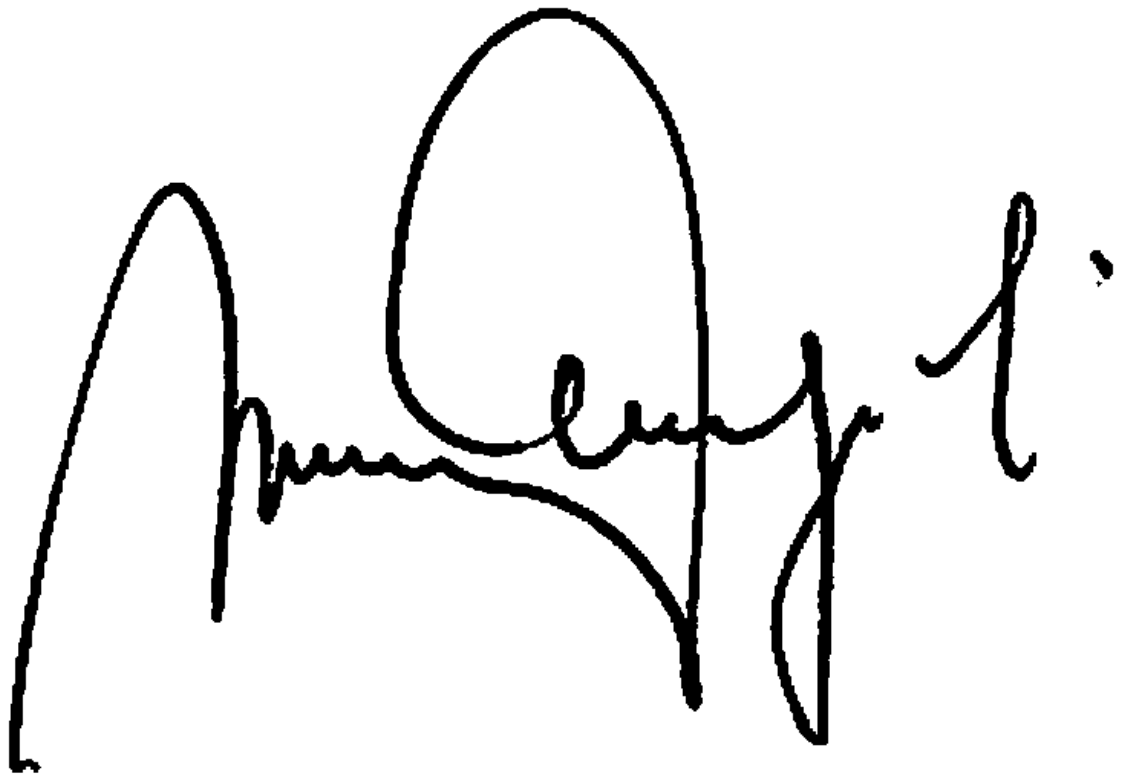
Classification

Grade D: fair

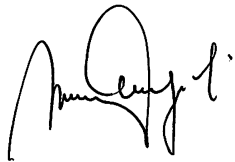
Language evaluation

Grade B: minor language publishing

Conclusion: Major revision

A large, stylized handwritten signature in black ink, likely reading 'Maurizio Pompili'.

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A smaller, stylized handwritten signature in black ink, likely reading 'Maurizio Pompili'.