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17 September, 2021

Dear Dr. Ma,

We have just submitted the revised version of our manuscript "Risk factors for suicidal behaviour in late-life depression: A systematic review" by Fernandez-Rodrigues et al. for publication as a research paper in your leading journal, *World Journal of Psychiatry*. The authors would like to thank the editorial board and reviewers the time and effort they devoted to review our manuscript.

This revised manuscript includes changes in line with the editor's and reviewers' comments and suggestions. Please, find attached the revised version of our manuscript in which changes and amendments made could be seen under change tracking view. Briefly, we included the Core Tip section into the manuscript. Moreover, the revised manuscript has been revised by a professional English agency. On the other hand, we provided some changes on the manuscript regarding the reviewer's 1 comments: 1) line numbers were added; 2. The manuscript flow has been improved due to the linguistic revision; 3. the PubMed MeSH was provided when presenting the keywords and search queries (please, see on page 7, lines 152-155). Moreover, some lines were added to provide a thorough discussion on the study results in line with the comment by reviewer 2 (i.e., 'Authors moderately interpreted the results.'). Please, see in text on page 15 (lines 347-352), page 16 (lines 369-371), page 17 (lines 384-386), page 18 (lines 414-421) and page 19 (lines 438-444).

All the authors of this manuscript have contributed to this revision and agreed with its resubmission.

We look forward to hearing from you.

Kind regards.

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Comments from editor and reviewers and authors' response:

Introduction:

1) Add a bibliographic reference in the second paragraph after "The prevalence for heavy… males than females".

We rephrased these lines to be more accurate focusing on age differences, as we realized that some controversy exists in terms of sex differences in heavy episodic drinking. Please, see in text: 'The prevalence of heavy episodic drinking among adolescents aged 12-18 years ranged between 5%-20%, observing higher rates with age (Jang, Patrick, Keyes, Hamilton, & Schulenberg, 2017; Wartberg, Kriston, & Thomasius, 2018).'

2) The acronym UNODC has already been clarified in the first paragraph. It is not necessary to write it completely in the third paragraph.

Thank you for this comment. We swapped out the UNODC correspondence from the third paragraph.

3) Add the reference of the Word Bank of 2017.

The reference has been added (see in text: 'For example, the data from World Bank in 2017 showed that individuals from LMICs had higher prevalence of smoking than those in high-income countries (Marquez & Moreno-Dodson, 2017).').

4) It would be helpful to add some studies related to the costs of substance use or abuse for public health – if available, in addition to the negative impact for adolescents.

We added some lines on the costs of substance use or abuse in the first paragraph of the introduction (please, see from:' Moreover, it is well-documented the elevated costs asociated with adolescent substance use, in terms of healthcare service utilisation, criminality rate, and school truancy (Maynard et al., 2017; Miller & Hendrie, 2008).').

5) Add reference on the literature review on the association of alcohol consumption with risky behaviors.

Done. Please, see on second paragraph ('It is often associated with an increase of risky behaviours, such as unsafe sex or dangerous driving and is an underlying cause of injuries, violence and premature deaths (Gillman, Yeater, Ewing, Kong, & Bryan, 2018; Hagstrom, Hemmingsson, Discacciati, & Andreasson, 2018; Hohl et al., 2017)').

Method:

6) Explain in more detail the methods followed for data collection, i.e., how the sample was recruited, how anonymity was preserved.

Further details on sample recruitment and GSHS data management was provided (please, see in text: 'The GSHS presented a hierarchical structure in terms of field study implementation. In this regard, the CDC served as a project coordinator centre. An official country-level agency oversaw survey delivery…').

7) Clearly indicate the type of work that is being carried out: Is it an original study, a meta-analytical review of reports, etc.?

Done (please, see in text: 'This original study used data from').

8) The study has a very large and valuable sample, but it is not clear how the data is being accessed. Have you had access to the GSHS databases? Have you obtained the data from the published GSHS reports for each country?

Data are publicly available on the WHO and CDC websites. This was stated in the main text (see: 'Data and further details on the GSHS study protocols are publicly available data at: http://www.who.int/chp/gshs and http://www.cdc.gov/gshs...').

Statistical analysis and results:

9) The statistical analysis employed is well described and detailed, being adequate for the objectives of the study. The use of meta-analytic techniques as random-effects models (to estimate prevalence of risk factors) and random-effects regression (to explain the overall prevalence estimates) provide a robust reliability

of the results.

Thank you for this comment!

10) After reviewing the data from the GSHS surveys for different countries provided by the WHO, in Table 1, the following differences were found.
- Median age

Amended (see Table 1).

- Argentina: the data in this article is from year 2018, however, according to the WHO website, data was for the year 2012.

We stated that the GSHS survey in Argentina was conducted in 2012 (see Table 1).

- Samoa: the data in this article is from year 2007, however, the GSHS survey was carried out in the years 2011 and 2017.

- Senegal: the data in this article is from year 2011, however, according to the WHO website, these data correspond to the year 2005.

Thank you for this comment. We realized that some survey year was incorrect in Table 1. We checked all of them and those incorrect were amended properly (please, see the revised Table 1). You could consult the GSHS dataset catalogue here, to check whether survey dates are correct now:
https://extranet.who.int/ncdsmicrodata/index.php/catalog/GSHS

Discussion
11) Some aspects of the discussion are not fully explained, for example, the higher prevalence of problematic alcohol consumption in the Americas (particularly in Argentina) is associated with an increasing economic wealth in recent years, but data showing changes in alcohol consumption among years is not provided. The role of poverty and inequality in Zambia's problematic alcohol use is not fully described. Therefore, I suggest expanding the discussion to include these aspects about the problematic use of alcohol (why is it due to an increasing economic wealth in Argentina and is it related to poverty and inequality in Zambia?).

Thank you for the comment. We added further discussion on the higher prevalence of alcohol use outcomes among Argentinian adolescents in terms public health policy (i.e., alcohol exposure through advertisement, films, etc.). Please, see in text, from: 'Moreover, alcohol policy issues deserve mentioning to explain the increased prevalence of alcohol use outcomes among Argentinian adolescents. In this regard, some studies have found a relationship between problematic alcohol use and early alcohol initiation among Argentinian adolescents and the higher alcohol exposure through movies…'.

On the other hand, we discussed with more detail other potential factors (i.e., social acceptation of alcohol use at a community level, as well as the relaxed policy followed by the Zambian government in terms of direct marketing of alcohol products) associated with the higher alcohol prevalence observed in Zambia in comparison to other surrounding LMIC (please, see in text from: 'In this sense, other factors should be considered at a community and public health level…').

12) The data being analyzed were collected from student population, and yet the term "teenagers" was used. Many countries have lows levels of schooling; therefore, it is important to discuss the result as not representative of all adolescents in the respective countries.

We mentioned this fact as a study limitation. Please, see in text from: 'Finally, the GSHS relies on a school-based design. Unfortunately, an elevated number of adolescents does not attend school in LMIC (UNESCO, 2018)…'.

13) It would be interesting not only to mention but to establish some possible ways of preventing consumption, as well as differential actions with respect to high-income countries. It is necessary to enhance the applied aspects of the study.

We added some concrete ways of tackling problematic substance use in LMIC at a public health level (see in text from: 'Public policies to restrict substance exposure (e.g., alcohol advertisement) may become decisive to hinder the escalition of problematic substance use among adolescents from LMIC…').

14) In the fifth paragraph, there is a typo in the last row (Lao instead of Laos).

Amended.

15) For some countries, using data obtained 14 years apart does not allow comparisons between the different countries due to changes in social and lifestyle. This limitation needs to be addressed in the discussion.

We indicated this fact as a study limitation, as some of the surveys were conducted many years ago (see in text: 'Finally, some country-specific GSHS surveys were delivered almost 20 years ago…').