



SDI Review Form 1.6

Journal Name:	<u>British Journal of Applied Science & Technology</u>
Manuscript Number:	Ms_BJAST_22594
Title of the Manuscript:	Prevalence and Correlates of Major Depressive Disorder among Human Immunodeficiency Virus Infected Adults in Sub-Saharan Africa: a Systematic Review and Meta-analysis
Type of the Article	Systematic Review

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	- The factors that are correlated in the study are some diseases or disabilities and the condition of being a woman (female gender) in abstract and in figure 3 and conclusion line 232. In line 212 it is mentioned the patients in the study were half men and half women. Those reasons are pointing out female gender should not be considered as a "disability variable" to correlate with Major Depression Disease, the same as tuberculosis or food insecurity among others. - One exclusive criteria exposed by authors for not explained reasons to choose the papers for being included in the data base for the research is date (up to 2013), line 60. However, that criteria is not applied in table 1 nor in figure 1, where articles made in 2007 or 2011 are	Sociodemographic factors (e.g Gender), chronic diseases and disabilities are closely related to development of psychiatric diseases like Major depressive disorder. Specifically female s experience special problems like the pressure to care for children and husband, pregnancy related complications, lack of education and violence from partners. These factors make females to be at an elevated risk of developing MDD compared to male counterparts. Moreover, hormonal differences with regard to oestrogen have also been shown to modify the immunity and predilection to development of diseases in females. Chronic diseases and disabilities have also been shown to be risk factors of MDD. Diseases like TB are managed over long period of time with huge pill burden and poor quality of life from adverse effects of anti-TB drugs. Further, risk of unemployment is high among patients with TB and significantly increased the risk of developing MDD. Literature search was conducted up to December 2013 meaning that studies published before this date were included while those after this date were not included in the meta-analysis.



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	mentioned. Moreover, in figure 3, papers of 1994 is also included. - Some parameters measured and mentioned are not much relevant to the study (living 5 km far away from the Clinic, line 169) .	-Living 5 Km away from the HIV Clinic is an indicator of how patients suffer before getting to the clinic to access medical care. This potentially could serve as a social stressor thereby leading to MDD.
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<u>Minor</u> REVISION comments	- Percentages are not conclusive for a strong discussion (9,76% and 15,97%, lines 144 and 147 respect.). - Reference list is not alphabetically ordered. - Every link is broken: lines 242, 248, 254, 237, 260, 266, 269, 279, 283, 289, 291, 293, 295, 298, 301, 304, 307, 311, 328, 334, 336, 343, 352, 356.	Agreed that percentages are not conclusive for a strong discussion. It has been mentioned in line 148 that there was no statistically significant difference between these two figures. List of references was done in line with journal specifications. All broken links have been corrected in the following lines- 242, 248, 254, 237, 260, 266, 269, 279, 283, 289, 291, 293, 295, 298, 301, 304, 307, 311, 328, 334, 336, 343, 352, 356.
<u>Optional/General</u> comments	- As mentioned in manuscript, lines 30 and 31, “HIV is often associated with catastrophic consequences including social stigma, marital separation, low self esteem, break down of family, unemployment and poor quality of life” that might lead to a major depression. In line 234 it is written “we recommended that more efforts should be made to avoid progression of HIV to AIDS stage and improving the social welfare of these patients needs to be given special attention. Routine care of HIV/AIDS patients should incorporate assessment and	Agreed with the suggestion to point out the need for HIV and MDD preventive practices. This has been added in line 237-238.



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	therapy for MDD“ , but any suggestions to prevent MDD or to prevent HIV are given. Authors might explain that, since the sense of utility of life is very relevant to prevent depression and life expectancy of HIV/AIDS patients is higher now with proper medical cares, HIV/AIDS patients could feel better, preventing their MDD, doing the job of explaining other people how to prevent the disease of HIV/AIDS using contraceptives methods.	
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