Qeios

Peer Review

Review of: "Prevalence, Patterns, and Correlates of Depression Among Drug-Susceptible Tuberculosis Patient Enrollees in Ogbomoso, Oyo State: A Cross-Sectional Study"

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Thank you for this interesting paper that highlights the greater need for integration of mental health services in tuberculosis care. I thought it was overall well-written and clear. I have several comments and suggestions to add further clarity to the paper.

Abstract

- Update the wording of “More than half of the respondents (186, 55.9%) were depressed” to had depressive symptoms or had moderate to severe depression. Could also classify what PHQ9 score indicated depressive symptoms in the methodology section.

Introduction

- Include the prevalence of depression and suicide in Nigeria also.
- Reword this sentence as it is unclear: “Chronic pain, frequent hospital admissions, and dependency on the hospital found in patients with Tuberculosis have been reported to be associated with depression[6].”
- “Studies have shown that the prevalence of depression correlated with the severity and duration of tuberculosis” correlated in which way? Please expand on this sentence.
- “When TB and depression co-exist, patients tend to suffer in silence, and when accompanied by poor compliance to medication, the mortality rate also increases.” This is a very broad statement; please add references and expand.

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- “Some previous studies identified a poor degree of suspicion of depression in patients being managed for TB by clinicians” – do you mean they didn’t screen people for depression in people with TB, or that it was often overlooked?
- Be consistent with the use of acronyms (TB/tuberculosis); currently, it changes between patient with TB, TB patient, tuberculosis patients. I recommend using people or patients with TB.
- “A study done in Nigeria by Ige and Lasebikan showed a prevalence of about 45.5%[7].” This seems like a very similar study; maybe state the differences and what this paper adds.
- Add reference to the last few sentences of the introduction.

Methodology

- Why was this location chosen, and could you provide more information about it, such as the number of DOTS centres and the number of people with TB that they care for?
- “TB patients, aged 18 years and above, who have been on drugs” – I assume you mean TB medications? People with TB who have completed at least two months of TB treatment?
- First stage: why were these two local government areas chosen?
- Data was collected from 21st January 2025 to 31st January 2024 – which year is correct?
- “Descriptive analysis was done for all variables” – address type.
- How was the questionnaire pre-tested?
- Who collected the data? Was it a self-administered survey, was it provided by a health care worker, or a researcher?

Results

- Medical history of respondents – recommend stating it as X% of people had diabetes, rather than didn’t have diabetes.
- Assessment of depression among respondents – same as above, write with the thing of interest – depression.
    - E.g., N (%) reported "More than half the days/everyday" for having little interest or pleasure in doing things.
- The overall categories of depression – I recommend including the scoring algorithm for PHQ9 (mild depression = scores 1 to 4) and if some categories scored 0. I believe there is also a severe category that no one scored high enough to get into.

Discussion

- What did you define as the prevalence of depression? Those with PHQ scores greater than what value? This should be added to the methods section. Above, you state that 65.5% of respondents had mild depression, 24.7% had moderate depression, and 9.7% had moderately severe depression. I am not sure how you got 51.8% of participants had depression. 34.4% had moderate to severe depression.
- "The observed differences could be due to the difference in population characteristics, prevalence among multidrug-resistant TB, time of assessment, or phase of TB treatment." I recommend expanding this section with some other populations.
- I would like to see more information about stigma in TB. It is very briefly mentioned in the discussion and conclusion. "The TB-HIV coinfection may be a result of the stigma associated with HIV-positive patients." People with TB are also stigmatised.
- "Patients in the older age group are believed to be prone to depression due to low financial status and susceptibility to TB stigma and the side effects of anti-TB drugs[10]." I would define what was meant by old age, and this reference does not support the sentence – quote from the reference used "Although it is difficult to determine causality, it is common to find people who were aged 40 and above to be more prone to depressive symptoms, possibly due to poor social support, family responsibility, loss of a spouse, or compromised immunity due to the comorbid illness."

Conclusion

- Are the findings relevant only to the study area? Or can they be generalised across Nigeria?

Declarations

Potential competing interests: No potential competing interests to declare.