Authors' Response to Comments on "Prevalence and Factors Associated with Depression among Clinically Stable People Living with HIV/AIDS on Antiretroviral Therapy

Sir,

This is in response to comments on our paper Algoodkar *et al*. (2017). We thank Saurav Basu for his interest in our study and his comments. We do accept that our sample size was rather modest. However, we chose our sample carefully and included only clinically stable people living with HIV/AIDS on antiretroviral therapy (ART). We included only patients receiving ART for >2 years and having CD4 cell count >400 cells/mm^3. We chose only those who were on the regular treatment with >95% drug adherence and no significant opportunistic infections in the past year. We deliberately excluded subjects with opportunistic infections as their depressive symptoms could be secondary to the infection. Opportunistic infections are more likely in patients with lower ART adherence and lower CD4 cell counts.[1-3] In our study, adherence was assessed by ART center counselors by pill count and medications refill methods, which is one of the standard methods followed.[3] While the concerns expressed by Simon *et al*.[4] are important, we do not think that that applies to our sample. We have taken care not to include nonadherent subjects in our sample.

Our objective was not to find out the prevalence of depression in HIV-infected patients on ART but to document the prevalence of depression in patients who are apparently healthy and stable on ART. This is important as there is a trend toward focusing mainly on pharmacotherapy and giving less importance to psychosocial aspects of care. If the prevalence of depression is high in spite of higher CD4 cells count and stable clinical status, then we should give due importance to the mental health issues in this subgroup. This is what we found in our study. Our results indicate that depression continues to be a significant comorbidity in spite of the immune reconstitution and clinical stability. Earlier studies have indicated variables such as poor family support and non-adherence to medications to be associated with depressive symptoms. Our results suggest that the depressive symptoms can be present even when there is good adherence to ART, and poor family support continues to be associated with depression in our sample. Depression, thus, is a common comorbidity in HIV infection. Clinicians should screen all patients for depression, even when they are clinically stable on ART.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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