lower stage of disease, could be of sampling error and data collection from non-heterogeneous population (predominantly stage 1). As per National Mental Health Survey 2016, prevalence of mental disorders in general population from urban area (aged 13-17 years) is 13.5% [6]. Lower prevalence of mental illness in index study compared to general population may not be taken as prerequisite to recommend a larger study. Most (88.1%) of cohort had acquired HIV via vertical transmission suggesting long term illness; this might not substantiate author’s explanation that adolescents were lacking in knowledge about their disease. Hence the low prevalence of the psychiatric illness cannot validate the above explanation. The index study is deducing partially informative data since the sample seems to be from very selected, population leading to questionable external validity. Hence, the study has doubtful implications, or minimal addition to existing knowledge.

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REFERENCES

AUTHORS’ REPLY
The design and methodology of the study included the association of psychiatric problems in adolescents with various clinical factors including stage of the disease, which can be related to the CD4 count of the patients. The lower incidence of psychological problems in patients with high CD4 counts was also seen in various other studies [1].

Recently, a systematic review on prevalence of mental health problems in adolescent has also been published [2]. Since the study cohort was limited to tertiary-care center and most of the children were on HAART, it was difficult to reduce the skewing of the data. Also larger studies are needed to emphasize the need to integrate mental health in the care of adolescents living with HIV.

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EXPERT COMMENTS
Pilania, et al. [1] have reported their observations on prevalence of psychiatric disorders in 101 consecutively enrolled adolescents with HIV. What this study brings out is, that prevalence of psychiatric disorders is similar to what is observed in apparently healthy urban Indian adolescents [2]. A possible explanation for this finding is that all their subjects were on anti-retroviral therapy (ART), nearly 3/4th of them for over 3 years. Thus, not surprisingly, 92% of them were in WHO stage 1 of the disease. Further information like their CD4 counts, viral load, nutritional status, are not given in the data, but most adolescents in this situation are expected to be having a good CD4 count, suppressed viral loads and body mass index in normal range, thus contributing to their overall wellbeing. A more appropriate conclusion from the study would have been that with early initiation and continued ART, adolescents with HIV do not have higher prevalence of psychiatric disorders as compared to age-matched peers. Any conclusion beyond this–trying to look for impact of factors like WHO clinical stage, age, socio-economic status, HIV status disclosure etc, on occurrence of psychiatric illness in these subjects is not possible from the data provided, which is primarily descriptive in nature. Calculation of odds ratios would have helped gain this information.

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REFERENCES