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Comment on: The prevalence of depression in rheumatoid arthritis: a systematic review and meta-analysis

SIR, Matcham *et al.* [1] recently reported a meta-analysis on the prevalence of depression in RA. Among several definitions of depression, the authors selected four definitions from three methods for calculating pooled estimates of the prevalence of depression. They concluded that depression was prevalent in RA patients, although the prevalence differed according to the diagnostic procedure. In addition, the authors concluded that prevalence decreased with age by using ecological data. I have some concerns about the study outcome.

First, the authors used a quality assessment tool to classify the quality of each study. The number of studies with a quality assessment score ≥ 7 was 3 out of 32 studies and the number of studies with a quality assessment score of 0 was 6 out of 32 studies. As a trend, structured clinical interviews according to the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* were handled with relatively high-quality assessment scores, but the authors could not systematically consider it for their meta-analysis.

Second, the authors referenced two papers by the same authors with different dates of publication [2, 3]. The prevalence of depression judged by different cut-off points of the Hospital Anxiety and Depression Scale (HADS) was 20%, which should be clarified with special reference to the characteristics of the target patients.

Third, there are several factors affecting the prevalence of depression in RA patients, such as pain and a decrease in the quality of life due to disease progression. Meta-analysis by compiling studies should be handled with caution, although mathematical procedures can be applied. With reference to fig. 2 in Matcham *et al.*, HADS with a threshold of eight and the Centre for Epidemiologic Studies Depression Scale need cause analysis before meta-analysis, because each study showed a wide range in the prevalence of depression.

The authors checked publication bias and the effect of seven factors on prevalence estimates. As there is a limitation in ecological data to determine related factors in the prevalence of depression [4], further studies are required.

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Comment on: The prevalence of depression in rheumatoid arthritis: a systematic review and meta-analysis: reply

SIR, We thank Tomoyuki Kawada for his letter about our article [1]. We agree that our systematic review indicated that a high proportion of studies in this area were of suboptimal quality and also that interpretation has to be tempered by taking account of the diversity of measures used and the methodological quality [2]. While we accept these are limitations of the primary studies, there is little we as reviewers can do, other than conduct sensitivity analyses and make