PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	Effectiveness and feasibility of internet- and mobile-based interventions for individuals experiencing bereavement: A systematic review protocol
AUTHORS	Luppa, Melanie; Loebner, Margrit; Pabst, Alexander; Schlapke, Christiane; Stein, Janine; Riedel-Heller, Steffi

VERSION 1 - REVIEW

REVIEWER	Charles F. Reynolds III, M.D. Distinguished Professor of Psychiatry emeritus University of Pittsburgh School of Medicine USA
REVIEW RETURNED	17-Dec-2019

GENERAL COMMENTS	I would recommend further characterization of the studies to be used, with respect to: (1) circumstances of the loss, e.g., violent death or suicide; (2) diagnostic criteria and other assessments of prolonged or complicated grief; (3) assessment of co-occurring conditions such as major depression or PTSD; (4) assessment of suicidal ideation or behavior (SI/SB) and impact of digital intervention on SI/SB; and (5) assessment of any concurrent pharmacotherapy for MDD or PTSD, in addition to the digital interventions.

REVIEWER	Maarten Eisma University of Groningen, the Netherlands
REVIEW RETURNED	05-Feb-2020

GENERAL COMMENTS	Review: Effectiveness and feasibility of internet- and mobile-based interventons for individuals experiencing bereavement: A systematic review protocol. This protocol is a generally clear, well-written and comprehensive description of a planned systematic review of internet-based and mobile interventions for (complicated) grief. I have only a few concerns. 1) There have been prior non-systematic reviews and one meta-analysis covering the same research area as the authors plan to review (most notably Johannsen et al., 2019 Journal of Affective Disorders) and I have learned that at least one meta-analysis focusing specifically on internet-based interventions for prolonged

grief is forthcoming. It would thus seem important to have a unique focus in this review. In my view, the additional focus on feasibility studies and outcomes related to feasibility is a plus. However, I think it would also be helpful if also the outcomes under consideration would be specified a-priori (they presently remain vague) and I would prefer these to be broad (e.g. not only (prolonged) grief, but also secondary outcomes such as depression, anxiety and ptsd symptoms).

2) I would further appreciate it if the authors could specify under what circumstances conducting a meta-analysis would be considered indicated; I assume they will they use specific rules for this – what are these?

3) It would similarly be helpful if it would be stated in what way the effect sizes for the analyses would be determined (e.g. would baseline differences be taken into account?)

4) There were various instances in which the reference style appears not to have been applied consistently – please double check

VERSION 1 – AUTHOR RESPONSE

Comments	Amendments	Changes made
Reviewer 1		
1. I would recommend further characterization of the studies to be used, with respect to: (1) circumstances of the loss, e.g., violent death or suicide; (2) diagnostic criteria and other assessments of prolonged or complicated grief; (3) assessment of co-occurring conditions such as major depression or PTSD; (4) assessment of suicidal ideation or behavior (SI/SB) and impact of digital intervention on SI/SB; and (5) assessment of any concurrent pharmacotherapy for MDD or PTSD, in addition to the digital interventions.	Thank you for that valuable advice. We have added the suggested study characterizations to the chapter 'data collection process and data items' under the subheadings 'Study design characteristics' and 'Outcomes'.	"Study design characteristics: e.g. sample size, recruitment strategy, inclusion/exclusion criteria, circumstances of the loss (e.g. violent death, suicide)control group description, diagnostic criteria/assessment of normal/prolonged/complicated grief, assessment of co-occurring conditions (e. g. Major Depression, Posttraumatic stress disorder, concurrent pharmaco-/psychotherapy), assessment of suicidal ideation or behaviour, interventions design/type, duration of intervention, length of follow-up assessments Outcomes: (a) Effectiveness: Primary outcome measures: reduction of grief symptoms; Secondary outcome measures: reduction of depression, anxiety, somatization or PTS symptoms or suicidal ideation or behaviour) and (b) feasibility: usability, satisfaction, acceptability,

		understandability and usefulness;; onset data from clinician-rated scales will be prioritized over self-report questionnaires. All different time frames of follow-up assessments will be included. " (line 192-205)
Reviewer 2		
1. There have been prior non-systematic reviews and one meta-analysis covering the same research area as the authors plan to review (most notably Johannsen et al., 2019 Journal of Affective Disorders) and I have learned that at least one meta-analysis focusing specifically on internet-based interventions for prolonged grief is forthcoming. It would thus seem important to have a unique focus in this review. In my view, the additional focus on feasibility studies and outcomes related to feasibility is a plus. However, I think it would also be helpful if also the outcomes under consideration would be specified a-priori (they presently remain vague) and I would prefer these to be broad (e.g. not only (prolonged) grief, but also secondary outcomes such as depression, anxiety and ptsd symptoms).	Thank you for that valuable suggestion. We have specified the outcomes under consideration accordingly.	"Outcomes: (a) Effectiveness: Primary outcome measures: reduction of grief symptoms; Secondary outcome measures: reduction of depression, anxiety, somatization or PTS symptoms or suicidal ideation or behaviour) and (b) feasibility: usability, satisfaction, acceptability, understandability and usefulness;; onset data from clinician-rated scales will be prioritized over self-report questionnaires. All different time frames of follow-up assessments will be included." (line 200-205)
2. I would further appreciate it if the authors could specify under what circumstances conducting a meta-analysis would be considered indicated; I assume they will they use specific rules for this – what are these? It would similarly be helpful if it would be stated in what way the effect sizes for the analyses would be determined (e.g. would baseline differences be taken into account?)	We have addressed this point accordingly.	"A narrative synthesis for all included studies and relevant characteristics listed under 'data collection process' will be provided in text and 'summary of findings' tables. Characteristics of the study, sample, intervention and control condition will be presented first, followed by outcome measurements, effect sizes, and overall results. Only studies that provide a quantitative measure of grief symptoms will be included in the meta-analysis. We will analyze heterogeneity by

		providing I^2 statistics and funnel and forest plots. According to the Cochrane standards, we suppose a moderate level of heterogeneity between studies for I^2 values ranging from 30% to 60%[29]. If studies fail to show sufficient heterogeneity (I^2 <60%) in at least two trials[30], meta-analytic pooling will not be undertaken. However, inconsistency may occur from differences in study characteristics[29]. Therefore, we will explore sources of heterogeneity in subgroups of studies in terms of type of grief or intervention type. A random effects model will be applied. We will estimate standardized mean difference values and the respective 95% confidence intervals. We will follow the Cochrane Handbook for Systematic Reviews of Interventions[27] to deal with missing data. Data analyses will be performed using Review Manager 5.3 software from the Cochrane Collaboration Tool for Implementing the Characteristics of Studies (Review Manager (RevMan) [Computer program], 2014)." (line 228-244)
3. There were various instances in which the reference style appears not to have been applied consistently – please double check	We have reference style harmonised.	See whole manuscript.