

## PEER REVIEW HISTORY

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### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	EXPLORING THE ASSOCIATION BETWEEN KHAT USE AND PSYCHIATRIC SYMPTOMS: A SYSTEMATIC REVIEW
<b>AUTHORS</b>	Edwards, Betsy; Atkins, Naomi

### VERSION 1 – REVIEW

<b>REVIEWER</b>	Ongeri, Linnet Kenya Medical Research Institute, Centre for Clinical Research
<b>REVIEW RETURNED</b>	02-May-2022

<b>GENERAL COMMENTS</b>	<p>I commend the authors on working on a systematic review and meta-analysis on an important and controversial area of study. Indeed more evidence is needed to inform the public on the effects of khat.</p> <ol style="list-style-type: none"><li>1. Abstract section appears incomplete as it lacks a conclusion section. The authors should consider including this.</li><li>2. In the methods section of the abstract certain section suggests that the actual meta-analysis is yet to be conducted. There seems to be a mix up of tenses for example line 21-22 reads. The quality of this meta-analysis would be appraised using the GRADE scoring system. I assume you are reporting on analysis already undertaken. This is also repeated in the eligibility section under study design "Study design: cross-sectional studies; note that mixed-method studies are considered eligible but only the cross-sectional data will be considered for the review"</li><li>3. In the results of the abstract consider including the total sample size for this systematic review and meta- analysis as well as a summary of the countries/regions actually included in the study.</li><li>4. The introduction section is too brief, the authors should consider expanding this section to better describe the gap in knowledge that is being addressed.</li><li>5. In the study eligibility, the authors should state whether a time frame was included or not in their search and whether attempts were made to search for unpublished work.</li><li>6. The study outcome is rather confusing. The authors talk of prevalence of psychiatric symptoms, yet the study has included psychiatric disorders. It is not clear whether the authors focus were symptoms from screening done or disorders from diagnostic assessments. Perhaps this inclusion of both disorders and symptoms contributes significantly to the heterogeneity noted in the work.</li><li>7. For accuracy, the authors should consider only including in the sub analysis studies with more than 1 published work. I note psychopathology only has 1 study reported and an effect size of the one study provided.</li></ol>
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<b>REVIEWER</b>	Awoke, Mihretu Addis Ababa University College of Health Sciences, Psychiatry
<b>REVIEW RETURNED</b>	05-May-2022

<b>GENERAL COMMENTS</b>	The authors did a great job. However the subject matter is at earlier stage for systematic review and to pool the findings. Many and different empirical studies are warranted in different areas of khat use such as khat use measurement. Therefore, the serious mistake that I have observed is conceptual errors. I do not think the study design, which you have used, is appropriate for the aim of the study. It also seems clinically and scientifically meaningful if you delineate khat use form problematic khat use and focus on problematic khat use.
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### **VERSION 1 – AUTHOR RESPONSE**

Thank you for your responses and for recognising our hard work!

All comments from the editor have been addressed; I have amended the abstract to include a conclusion, have added the strengths and limitations bullet points underneath the abstract, and have better addressed the limitations of the review within the discussion.

All comments from Reviewer 1 have been addressed; I have added a conclusion to the abstract as well as the total participant number and countries included, I have sorted the tenses of the methods section, I have amended my introduction to better describe the lack of evidence in this field, I have better described my inclusion criteria regarding data and publication status, I have made it clear the psychopathology is another symptom but should not be considered as a subgroup, and have addressed the inclusion of both symptoms and diagnoses within my limitations in the discussion. I have addressed Reviewer 2's comments as best I can. I am very grateful for your feedback, but have been encouraged to complete this systematic review by many! Hence I am not willing to change the study design. However I do acknowledge your points that the evidence base is small and extremely varied, and have tried to emphasise my acknowledgement of this throughout my discussion and conclusion. I hope you will appreciate this!