**Letter In Reply: Prevalence and Incidence of Anxiety and Depression Among Children, Adolescents and Young Adults with Life-Limiting Conditions**

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We would first like to thank the authors of the letters for their correspondence and interest in our meta-analysis of the prevalence of anxiety and depression in children, adolescents, and young adults with life-limiting conditions (LLCs).1 One of the key issues highlighted in these letters was heterogeneity, both in the overall meta-analysis and the subgroup analyses. Although we agree that the heterogeneity is high, we do not believe that this is a methodological flaw but is instead an important finding of the review. The objective of the meta-analysis was to pool prevalence data in order to understand the epidemiology of anxiety and depression in the total population, as palliative care services are involved in the care and support of all patients in this population. In addition, previous meta-analyses of prevalence found similarly high heterogeneity, both in their overall analysis2,3 and sub-group analysis3. We also agree that caution should be taken when interpreting the results of the meta-regression, as with any meta-analysis, as many studies could not be included in this analysis due to the lack of reporting of key study characteristics. It is noted in the conclusion of our meta-analysis that future studies should report data separately by sex and age band in order to comprehensively evaluate the effects of these covariates on anxiety and depression prevalence.1

Another issue raised was the possibility of publication bias in our meta-analysis, with the suggestion of the ”trim and fill” method suggested. Indeed, the funnel plots suggest a lack of publication of small studies with high prevalence estimates. The Egger test did not find this to be significant, however. A disadvantage of using the “trim and fill method” is that it assumes that publication bias is the only reason behind funnel plot asymmetry, 4 however other possibilities include selection of outcome variables to produce high prevalence estimates and selected populations in small studies having a different prevalence. Trim and fill estimates were slightly larger than those for observed studies, but we did not think these estimates were valid.

It was also noted that two studies of HIV patients included in the meta-analysis had some overlapping participants. As these studies had higher depression prevalence estimates than the other included HIV studies, it was suggested that this duplication may have lead to the higher prevalence of depression found for the HIV sub-group compared to the other diagnostic groups. However, when the meta-analysis was re-run excluding the duplicated paper, the prevalence of depression only decreased by 0.9%, meaning it was still far higher than the depression prevalence found for any of the other diagnostic groups. Additionally, although we agree that a more detailed interpretation of the results for the HIV sub-group could have been given, this was not the main focus of the paper, which was to gain an understanding of the prevalence of anxiety and depression in children, adolescents and young people with all LLCs, regardless of the cause of the LLC.

**References:**

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