

LETTER OF REVIEWERS

Reviewer A:

Recommendation: Revisions Required

Relevance

Moderated

Novelty

Moderated

Presentation and writing

Moderated

Comments for authors: Be as accurate as possible when making your comments. List each recommendation so that it is easy for authors to respond appropriately to each one. Indicate in a timely manner where changes should be made (i.e. paragraph 2 of the method section).

Methods:

1. It is recommended to include details on how the sample size was calculated, particularly considering the statistical power required for the analysis.
2. While the measurement properties of the instruments are described, there is no mention of the validity and reliability evidence for the PHQ-9. This should be added and presented in the same manner as the other instruments.
3. The rationale for analyzing the data as numerical is unclear. Intuitive interpretation is challenging since PHQ-9 and AUDIT have sensitivity and specificity evidence for cutoff points (e.g., PHQ-9 scores of 10 or higher indicate moderate depressive symptoms).
4. The analytical plan indicates that the main analysis involves a linear regression model. Wouldn't a simpler interpretation be achieved by treating these variables as dichotomous and using a logistic regression model (OR)? This might enhance public health relevance, as the results would be easier to interpret.

Results:

1. The results are clear; however, some findings could benefit from improved visualization through additional tables or graphs, particularly in the correlation and regression sections.
2. Avoid redundancy between text and tables regarding the inverse relationship between the variables of interest.
3. It is suggested to evaluate the prevalence of depressive symptoms and alcohol consumption.
4. Table 4 appears unnecessary, as its content could be integrated directly into the text by merely reporting the R-squared value.

Discussion:

1. The discussion appropriately addresses the main findings but lacks a deeper analysis of their clinical and social implications. Expanding on how these results could inform prevention programs in the context of urban transportation in Peru would be valuable.
2. It would be beneficial to include a subsection that discusses the study's limitations (e.g., cross-sectional design, potential self-report biases) and their implications for future research.

References:

Yana-Yana, M., Cruz Vargas, N., Hilaraca-Mamani, K., Cjuno, J., Puño -Quispe, L. (2024). Alcohol consumption and depressive symptoms as predictive factors of risk behaviors in urban transport drivers. *Interacciones*, 10, e436. <https://dx.doi.org/10.24016/2024.v10.436>

1. While the references follow APA (7th edition) format, it is essential to ensure that all in-text citations are included in the reference list and vice versa.
2. Verify the correct inclusion of DOIs and check for any formatting errors in the reference list.

Yana-Yana, M., Cruz Vargas, N., Hilaraca-Mamani, K., Cjuno, J., Puño -Quispe, L. (2024). Alcohol consumption and depressive symptoms as predictive factors of risk behaviors in urban transport drivers. *Interacciones*, 10, e436. <https://dx.doi.org/10.24016/2024.v10.436>

RESPONSE LETTER

Dear Editor:

Please accept my warmest regards. Below we also present the responses to the suggestions you kindly provided us with. With your contributions, the manuscript has improved greatly.

Methods:

1. It is recommended to include details on how the sample size was calculated, particularly considering the statistical power required for the analysis.

The specification on the type of sampling and inclusion criteria was implemented because it is a population with difficult access.

2. While the measurement properties of the instruments are described, there is no mention of the validity and reliability evidence for the PHQ-9. This should be added and presented in the same manner as the other instruments.

The description and psychometric properties of the PHQ-9 that has been used in the instruments section were implemented

3. The rationale for analyzing the data as numerical is unclear. Intuitive interpretation is challenging since PHQ-9 and AUDIT have sensitivity and specificity evidence for cutoff points (e.g., PHQ-9 scores of 10 or higher indicate moderate depressive symptoms).

A new table with dichotomous data of the variables has been implemented, considering cohort points of diagnostic accuracy studies of the PHQ-9 and AUDIT, while for the ARTS the percentile scoring was performed and the low and medium levels were compared with the high level. By implementing this, a small subsample is observed in the "low and moderate risk" option of the ARTS, which does not make it possible to develop logistic regression studies. In fact, we tested and did not find results that achieve statistical significance. In view of this, we request a reconsideration of the suggestion and instead implement a simple and multiple linear regression.

4. The analytical plan indicates that the main analysis involves a linear regression model. Wouldn't a simpler interpretation be achieved by treating these variables as dichotomous and using a logistic regression model (OR)? This might enhance public health relevance, as the results would be easier to interpret.

As mentioned, no significant results were found when dichotomizing the variables. Likewise, a linear regression also presented important results for public health. We requested reconsideration and have instead improved our results and interpretation.

Results:

1. The results are clear; however, some findings could benefit from improved visualization through additional tables or graphs, particularly in the correlation and regression sections.

Thank you very much for the recommendations. We have made improvements to our results.

2. Avoid redundancy between text and tables regarding the inverse relationship between the variables of interest.

Thank you very much for the recommendations. We have made improvements to our results.

3. It is suggested to evaluate the prevalence of depressive symptoms and alcohol consumption.

Table 2 was presented with the prevalence of depression and alcohol consumption.

4. Table 4 appears unnecessary, as its content could be integrated directly into the text by merely reporting the R-squared value.

Yana-Yana, M., Cruz Vargas, N., Hilaraca-Mamani, K., Cjuno, J., Puño -Quispe, L. (2024). Alcohol consumption and depressive symptoms as predictive factors of risk behaviors in urban transport drivers. *Interacciones*, 10, e436. <https://dx.doi.org/10.24016/2024.v10.436>

Thank you very much for the recommendation, the suggestion was implemented. An improved version is presented.

Discussion:

1. The discussion appropriately addresses the main findings but lacks a deeper analysis of their clinical and social implications. Expanding on how these results could inform prevention programs in the context of urban transportation in Peru would be valuable.

Thank you very much for the improvement recommendation. We have implemented the suggested implementations and present an improved discussion.

2. It would be beneficial to include a subsection that discusses the study's limitations (e.g., cross-sectional design, potential self-report biases) and their implications for future research.

It has been implemented, very friendly

References:

1. While the references follow APA (7th edition) format, it is essential to ensure that all in-text citations are included in the reference list and vice versa.

All references were reviewed and updated.

2. Verify the correct inclusion of DOIs and check for any formatting errors in the reference list.

All references were reviewed and updated.

We greatly appreciate your valuable comments and hope that the revised manuscript meets the standards for publication.