**My reading list**

**1. Mc S F, Ng L C, Kanyanganzi F, et al. *Mental Health and Antiretroviral Adherence Among Youth Living with HIV in Rwanda. [J].* Pediatrics, 2016, 138(4).**

**2. Angst J, Azorin J M, Bowden C L, et al. *Prevalence and characteristics of undiagnosed bipolar disorders in patients with a major depressive episode: the BRIDGE study. [J].* Archives of General Psychiatry, 2011, 68(8):791-8.**

First, I found a paper published on *Pediatrics*(IF=5.7). The paper describes ART adherence and mental health problem between youth living with HIV in Rwanda, and examine the association between these factors among this population. The innovation point of the study was that the population is children from resource-limited settings. The method of statistical analysis is multivariable logistic regression, which was performed in Stata. In my perspective, this article is a good template for describing baseline outcome of our study. We can explore the correlates of CES-D, PHQ-9 and quality of life.

To find a better example, I searched on the website of *JAMA*, and I found another paper called '*Prevalence and characteristics of undiagnosed bipolar disorders in patients with a major depressive episode: the BRIDGE study*'. The study arose from the initiative Bipolar Disorders: Improving Diagnosis, Guidance and Education(BRIDGE). The name of the study is easy to remember. It was a multicenter, multinational, transcultural, cross-sectional, diagnostic study which enrolled 5635 adults in total. The study found that family history, illness course and clinical status may be associated with bipolar disorder within the depressed population.

The similarity of those two studies is they both have great entry points. I think only the description of baseline outcome is not enough to publish, we should find an entry point, such as suicide status or low physical activity or high stigma.