

Peer-Review comments and author responses

Reviewer 1

1. **Comment:** The paper is well-written, and the findings are well presented. However, it would be interesting to add more about the relevance of your findings.

Response: *Thank you for your positive feedback on our paper. In response to this suggestion, we expanded the discussion to better emphasize the relevance of our findings. Specifically, we now elaborate on how the identified sociodemographic factors, such as the number of children and educational levels, can inform targeted mental health interventions for postmenopausal women in the Dominican Republic.*

2. **Comment:** There is a mistake in Table 1, as the age group of 55-59 is excluded.

Response: *We sincerely apologize for this oversight. The age group of 55-59 from age at last menstruation was indeed missing in the first submission of Table 1 due to an organizational error. We have corrected this by updating Table 1 to include the age group of 55-59 years in age at last menstruation. This can be found in the **Table 1 document**.*

Reviewer 2

1. **Comment:** Strengths:

- The study addresses an important gap in understanding depression in postmenopausal women in a specific geographical context, contributing valuable pilot data.
- The study's focus on Dominican Republic women provides insights into regional factors influencing depression severity post-menopause, which is crucial for tailored healthcare interventions.
- The study provides preliminary data that could serve as a basis for future research and interventions in mental health care for postmenopausal women.

Response: *We are grateful for your recognition of our study's strengths. We believe our research will indeed contribute valuable insights to the field of mental health care in postmenopausal women.*

2. **Comment:** The study missed the IRB Approval Statement. Please include the statement confirming ethical approval from the Institutional Review Board (IRB) or Ethics Committee, as this is crucial for transparency and adherence to ethical standards.

Response: *Thank you for highlighting this important matter. The revised manuscript now includes the IRB Approval Statement, confirming that the study was approved by the Bioethics Committee of the Faculty of Health Sciences of the Pontificia Universidad Católica Madre y Maestra.*

3. **Comment:** The use of sexual satisfaction as a significant measure alongside depression severity is not fully justified. While relevant, it wasn't clear how sexual satisfaction relates directly to the study's primary outcome, which is depression severity. It would be beneficial to justify or provide context for why this measure was included and how it enhances the understanding of depression severity in your study population.

Response: *We acknowledge the need for further clarification. In the revised manuscript, we provide a more detailed justification for including sexual satisfaction as a measure. Specifically, we discuss how sexual satisfaction is linked to overall psychological well-being, self-esteem, and intimate relationships, which are crucial components of mental health. We also discussed the findings of by Khakkar and Kazemi (2023) which further strengthens the link.*

4. **Comment:** It's crucial to clarify that while menopause can indeed impact sexual satisfaction, this is just one of many factors that can contribute to depression during this lifetime period. Emphasizing this in your discussion will help contextualize the findings and avoid overemphasizing the role of sexual satisfaction.

Response: *We have revised the discussion to place sexual satisfaction within the broader context of factors contributing to depression in postmenopausal women. We now explicitly state that while sexual satisfaction is an important factor, it is one of many that can influence depression severity.*

5. **Comment:** When you mention that your study didn't find a relationship between sexual satisfaction and depression, you compare it with the study of Bastida-González et al. (2017), which states that marriage is a protective factor against the development of depression. However, it might not be a good comparison since marital satisfaction or relationship status doesn't mean sexual satisfaction. To avoid potential misinterpretation, it would be helpful to explicitly state the context in which sexual satisfaction was measured and how it relates specifically to the variables under study.

Response: *We agree with the reviewer and have revised the manuscript to clarify the context in which sexual satisfaction was measured, ensuring it is distinct from marital satisfaction or relationship status. We now discuss how sexual satisfaction specifically relates to the study's focus on depression severity.*

6. **Comment:** Your study identified several sociodemographic factors associated with depression severity in postmenopausal women. However, other potential influencing factors like hormonal levels, co-existing medical conditions, or medications were not discussed. Acknowledging these factors and their potential impact on depression severity would strengthen the comprehensiveness of your findings.

Response: *We have expanded the discussion to include a consideration of other potential influencing factors such as hormonal levels, co-existing medical conditions, and medications that may impact depression severity*

7. **Comment:** It's important to explicitly state the limitations of your study, such as the cross-sectional design's inability to establish causation and the reliance on chi-square tests for statistical analysis. Consider discussing how these limitations may have influenced your results and suggest avenues for future research, such as longitudinal studies or more sophisticated analytical methods to control for confounding variables.

Response: *We have added a detailed section on the limitations of our study, explicitly discussing the cross-sectional design and reliance on chi-square tests. We also suggest future research directions, including longitudinal studies and the use of more advanced statistical methods to control for confounding variables.*

Reviewer 3

1. **Comment:** I agree with the comments regarding the deletion of the introduction. Since this is a letter to the editor, it is not necessary to follow the typical structure of submissions.

Response: *We appreciate the reviewer's understanding. As this is a letter to the editor, we have streamlined the introduction, consistent with the format of such submissions.*

2. **Comment:** I kindly request clarification on whether this data has been approved by an ethics committee and what the corresponding regulations are for its use.

Response: *We have clarified that the data collection was approved by the Bioethics Committee of the Faculty of Health Sciences of the Pontificia Universidad Católica Madre y Maestra.*

3. **Comment:** Another sociodemographic factor that may influence depression in postmenopausal women is alcohol and smoking. It would be valuable to address or acknowledge how these factors might impact your pilot study.

Response: *We have revised the manuscript to acknowledge the potential impact of alcohol and smoking on depression in postmenopausal women.*

Reviewer 4

1. **Comment:** You mention in the article that you interviewed postmenopausal women aged 40 years old or more. Nevertheless, I noticed in Table 1 that there are women younger than 40 years old listed. Menopause before 40 years old is considered premature and due to the different causes, it may have, could be a confounder in your study. Please review this point.

Response: *Thank you for highlighting this detail. We reviewed Table 1 and the corresponding text and revised them to clarify that the participants included women who experienced premature menopause before the age of 40 but were not currently under 40 at the time of the survey. We now discuss the potential confounding effect of premature menopause on our study results.*

Additional revisions

1. Added non-anonymized data sharing acknowledgement.
2. Added sentences about the importance of data sharing