ASSESOR'S FURTHER COMMENTS ON THE DISSERTATION TITLED:

ASSESSMENT OF THE RELATIONSHIP BETWEEN DEPRESSION AND HEALTH RELATED QUALITY OF LIFE AMONGST ADULT SICKLE CELL DISEASE PATIENTS OF GENERAL HOSPITAL ODAN, LAGOS ISLAND

BY

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General Comments

The topic is researchable.

The grammar use is very poor, making statements difficult to understand.

There are many phrases and several typographical errors.

There is also a mix of British and America English.

There is inconsistent use of terms – participants and patients with sickle cell disease. Candidate to use one consistently.

Declaration

"I declare _____ Lagos Island" _____ incomplete statement

Date: 02/7/24 _____ 24 what ____

Acknowledgement

Dr Akingbemile and Dr Oyekunle - No initials

Table of Contents

Chapter 1

- What of the Aims and Objectives?

Chapter 2

2.11 - Depression not depressions

Any discuss on Depression and Health related quality of life?

Chapter 3

3.14 – Phq – 9 or PQ – 9?

Chapter 5 – Discussion

5.1 and 5.4 appeared to be the same.

Table II – poor editing

Figure 1 – Type to read Types of haemoglobinopathies

List of figures – poor editing

Summary

Result – what are the differences between depression and clinical depression?

Conclusion – What does chronic pain treatment has to do with your study?

CHAPTER ONE

1.2 Statement of the problem

- You are supposed to give information on the global, regional and local impact of the sickle cell disease.

Your statement of the problem is almost like the justification for the study, kindly rewrite.

CHAPTER TWO

Literature Review

The candidate should have done the literature review according to the objectives.

The candidate did not do literature review. It was more of literature citation rather than critique.

- There was unequal distribution on attention given to the components of this study. Health Related Quality of life 13 pages;
- Sickle cell disease 5 pages
- Depression 8 pages.

Only about 8 lines was given to Depression and HRQOL and none to sickle cell, Depression and HRQOL.

The candidate dwelled extensively on issues of HRQOL as a topic.

Health Related Quality of life in Adults with Sickle Cell Disease was 2.3 and

2.10 – Health Related Quality of life in adults with SCD _____ why the repetition?

CHAPTER THREE

Materials and methods

Study Site – Is family medicine specialty same with GOPC?

Is there O & G Department at the General Hospital?

Who runs the haematology clinic?

Sampling Technique / Randomization

- This study was done in 4 and a half months. Why using 3 months figure to calculate?

So the population should be 20 x 4 x 4 = 320.

How were the patients selected daily?

February 2023 to June 2023 is not four and a half months.

- Who was the research assistant - The training, validity of results etc

Did all the patients arrive at the same time?

Did you have to wait for them all to arrive? Was this not time wasting for those who arrived early?

How many participants were recruited daily?

For how long do the patients attend the clinic to qualify? How did you determine the steady state PCV for newly booked patients?

How did you obtain history of complications / type of crisis?

How did you prevent repeated recruitment of those already recruited?

How was the data managed? How about confidentiality?

Those who refused to partake was there any implication?

What co-morbidities were you looking for?

3.13

You had earlier talked about the other HRQOL tools. Thus, the repetitions here is not necessary.

Questionnaire Protest – why 25 patients? The expected study sample was 113,

What simple random technique was needed at Gbagada?

CHAPTER FOUR

Results

Table 1: What was the rationale for ₦50,000 as the minimum income?

Line 9 & 10 – Health Financing – out of pocket 90% but 91.8% in the table

Health Insurance 8.2% = 90 + 8.2 which did not add up to 100%.

Gender – Male 27.6% Female 72.9% = 105%

Table 1B – What of those whose parents (father or mother were dead)

Figure 1 – Types of haemoglobinopathy not haemoglobinaopathy

Table 2: How did you get this report on the crisis?

What of those who registered newly, how were their crisis assessed?

Are there differences between Vasoocclusive crisis and presentation with chronic pain? What is chronic pain?

Table 2: What were the co-morbidities and how did you get the information?

Were all the admissions due to sickle cell – any RTA etc?

How did the candidates know the types of their complication and did all of them had complications?

Table 3: Severity of depression among participants

- None, mild, moderate severe, severe.

Which classification is this?

CHAPTER FIVE

Discussion

Social Demographic characteristics of respondents

- The statistics on the ages is already in the results.

Age – are there studies that did not agree with your findings?

Gender – good presentation

5.1.1 Ethnicity of Respondents

- Of what value is the prevalence rate of sickle cell in Lagos to this point?
- The marital status is not part of Ethnicity.

  The issue by Alhmoudn in Saudi Arabia was not discussed.
- The figures on the marital status is already on the results section

Education – the statistics given is already in the result section.

Was there any study where the level of education was different?

Employment Status

- What is skilled trade?

Health care financing

Any study to compare this with?

5.2 – Clinical Characteristics of the Respondents

- Haemoglobin variant Hb SS 86.2%
  SC 13%
  } 99.2% did not add up to 100%

The people were earlier diagnosed with SS or SC, how come the patients don't know if they have thalassemia gene?

Line 6 – "Vaso-occlusive crisis also known 'as bone pain" See Table 2 –

Vaso-occlusive crisis 79%. Chronic pain 57%, any difference?

See 5.2 line 6 "vaso-occlusive crises also known as bone pain"

Line 11: What was the reason for neuropathic pain and leg ulcer being the commonest - Any supportive study or otherwise?

Line 16 – How will self reporting of chronic complications cause potential report bias?

Your already confirmed neuropathic pain presence in this study

Prevalence of Depression among the respondents

Line 1 – this shows that 71.5% have depressive symptoms - unnecessary

Line 17 – They had better understanding of the disease – who and which disease?

Line 29 – How can higher prevalence of depression begs for the urgent need for intervention?

Line 30 - 33 – "Already in the result

Line 33 – "This varies from the result --- Across studies" statement not clear

Line 48 – "The participants who had clinical depression were traced through the electronic medical records" of what value is your study then if the results were obtained through the electronic medical records?

When were the patients referred, which family physician treated those with mild depression - and with what?

"Management guidelines which include screening for depression" – should be part of your suggestion

Of what relevance is the emotional well-being of sickle cell patients being higher in high income countries to this study ----- psychiatrist in clinic (Next line to 5.4)

5.4 – Socio–demographic characteristics of sickle cell patients with depression.

Line 1-3 – already reported in the Socio-demographic section

How did you arrive at respondents with siblings with sickle cell disease being less likely to have depression, of what significance is this?

What made Alhoumond study different?

5.5 Health Related Quality of life among the respondents

Line 3 - 6 – Explain; also these are already in the result.

Line 11 – what authority do you have to query the validity of a tool used by another researcher?

Your study as much as that of Amaechi were done in tertiary centres.

Candidates should explain the phrase “comparing the results of this study to that done by Amaechi”.

“Independent predictors of health – related quality of life --- include but not exclusively” **–** what are the others beside the ones mentioned?

- “Comparing the study done in Bahrain by Eman Ali --- our study ” – who are the ours?

“The variation noted across the domains” which one? You said that the physical Role scores were similar.

- In the study carried out in children and adolescents with sickle cell ---- which study is being referred to here (Next to 5.6)

5.6 Independent predictors of Health Related Quality of Life in the Respondents.

Line 10 – These studies were just informing and not explaining.

How did your study support the fact that, access to good health care reduces bone pain crisis.

How is the use of hydroxyurea helps improving increase in foetal haemoglobin and reduce vaso-occlusive crisis.

Resilience is built by SCD patients and families have access to, or learn to develop protective factors including social and emotional connections meaning what (close to 5.7)

Paragraph 2.

“There is however paucity of data --- quality of life - poor grammar”

Line 7/8 – how can high depression level beg for urgent need for intervention?

Paragraph 3 – “Physicians --- sickle cell disease” which studies are these?

The “Role – physical” domain assessment information should have been in the literature review or methodology.

Periodical Screening --- among them should be in the suggestion column

5.5 Conclusion

5th Statement – line 2 – Patients with sickle cell disease ---- depression – poor grammar.

6th statement - forming sickle cell team is not from this study.

5.9 Recommendations

<u>To the Government and policy makers</u>

- What are you saying about education?

<u>To Health Care practitioner</u>

Is it only neuropathics that are important?

5.10 Limitation of the study

3 – Why did the candidate not use the disease specific tool?

References

wrongly written (5, 8, 15, 17, 21, 22, 23, 24, 34, 38, 39, 41, 45, 47, 48, 52, 62)

unnecessary capitals (67, 69, 71, 73, 75, 81, 83, 89, 90, 92, 94, 95, 97, 106, 108)

Incomplete:(7, 16, 28, 32, 33, 37, 49, 51, 61, 103)

More than 10 years (27, 63, 74, 82)

Reference 52 GO E, NB O, ML O, KI A. Sickle Cell Disease in Nigeria – the same reference number was given to James B. Herrick in section 2.6 line 4 and to Linus Pauling and Harvey Hano in 6 (See line 2 next page)

Questionnaire

7 – How do you expect them to know their complications?

8 – How do you expect them to know their co-morbidities?

Ethics committee Approval

- Disease patterns to read disease patients