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Peer Review Report for "Risk Assessment of Addiction and Tobacco Misuse in Community of the Rural Older Adult, Using Monte Carlo Simulation Sampling"

Author(s): Elham Rezaian, Masoud Karimi, Ebrahim Nazari Far, Mahsa Yarelahi, Abdolrahim Asadollahi, Atefe Razaian

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Submit Date: 16 Jun 2020
Revised Date: 8 Sep 2020
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Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (0) 11 Jul 2020

Dear AE
Some suggestions are written in the text. Please pay attention.
Thanks.

REFEREE: Reviewer | **Revision** (0) 12 Jul 2020

Dear AE,
- The subject of the manuscript is compatible with the content of the journal.
- Spelling errors in the text should be corrected:
- The extra dot on line 30 must be deleted.
- The comma at the end of line 46 must be deleted.
- A point should be placed at the end of the sentence in line 59.
- Latin terms should be written in italics (like et al).
- In Table 1, "misuse" should be written instead of "miuse".
- The newest reference is dated 2017. If there is a newer reference, these should also be

added.
- The writing of references should be revised according to the journal writing rules.
Thanks.

REFEREE: Associate Editor | **Revision (0)** 13 Jul 2020

Dear EIC
The reviewer(s) have recommended publication, but also suggest some minor revisions to the manuscript. Therefore, I invite the author to respond to the reviewer(s)' comments and revise his manuscript.
Kind regards,

REFEREE: EIC | **Revision (0)** 13 Jul 2020

Dear Author,
Please answer the comments of reviewers one by one in reply to the reviewer's file, highlight the changes in the main file, reconsider: the results, limitations and conclusion, and ethical considerations.
regards,

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Revision (1)

Reply to Reviewers

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You can read the authors' responses to the reviewers' comments in the next page.

Anserve to question

1. Text needs to be edited.
   please replaced by :
   [Risk Assessment of Addiction and Tobacco Misuse in Community of the rural older adult, Using Monte Carlo Simulation Sampling
2. Background is summarized.
   the samples are selected in southern of Iran, were the researcher access
   to samples.
3. In the present study, how was the validity and reliability of the instrument confirmed?
   process of assessing the validity and reliability of the instrument is added now and the Cronbach's alpha is reported.
4. Please write the source of this tool.
   process of assessing the validity and reliability of the instrument is added now and the Cronbach's alpha is reported.
5. Which 4 groups?
   Please replace number 3 with four.
6. By whom was the psychometric performed ?
   the information is added.
   by interviewing 2600 people
7. Or part? no . questionnaire is true
8. How are the other items?
   the detailed information is added.
   please note the highlighted te
9. How was cognitive ability determined in the elderly?
   by using the MMSE questionnaire. please add it, if necessary.
10. Do not repeat the findings in the table and text.
    the text is revised.
11. In the discussion, good studies have been mentioned, but more, results have been expressed and comparisons have been made.
    this part revised according your request
12. What practical suggestions are offered in this regard?
    the practical suggestions are mentioned.
13. What practical suggestions are offered in this regard?
14. the practical suggestions are mentione
    How is the mean and standard deviation in the nominal variable determined?
    the mean and sd are related to addiction tendency basis of sex.

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Revision (1)

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REFEREE: EIC | **Revision (1)** 3 Sep 2020

Dear Author,

Add newer references. Most references belong to before 2015.

Expand the MMSE questionnaire at first time not abbreviate.

Decrease the number of words as possible, delete or summarize the unnecessary text.

recheck the writing.

Regards,

OPEN PEER REVIEW

Revision (2)

Reply to Reviewers

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You can read the authors' responses to the reviewers' comments in the next page.

Risk Assessment of Addiction and Tobacco Misuse in Community of the rural older adult, Using Monte Carlo Simulation Sampling

Abstract

Background: Illegal drug abuse is an important challenge and has not been adequately addressed with respect to gerontology in rural areas. **Method**: This cross-sectional study investigated 641 people aged 60 years or older supported by rural health centers in Southern Iran (including 310 and 331 men and women, respectively). Snowball sampling was applied to take a sample size of 326 individuals in the first phase. This was then developed and simulated to 1.65 million rural older samples by Monte Carlo simulation and bootstrapping technique (upon 2016 national census) calculated in SPSS V.25. The ASSIST-WHO, 2017 instrument was implemented to collect the data. **Results**: A significant difference between the mean sub-variables of marital status was shown by the MANOVA. Widowhood and divorce had more impact on tendency to addiction compared to the other marital status. In addition, nomads and farmers were more vulnerable to be addicted than those occupied in the public sector. It was also confirmed by the Eta^2 coefficient that older men feeling loneliness have higher tendency to commit risky behaviors. **Conclusion**: Old men's tendency to abuse illegal drug are influenced by Nomads and farmers' occupation, widowhood as well as divorce. Hence, further investigations are greatly demanded to provide guidelines for officials in rural aging community.

Keywords: Aging, Illicit Drugs, Risk Assessment, Rural Community, Iran.

Introduction

Iran is a most populated country in the Middle East region. The population of this country was approximately 79.9 million in 2017.In addition, people aged 60 years or older conform 8.6 % of the population among which 1.65 million individuals live in three southern Iranian provinces(Fars, Bushehr, and Hormozgan)(1). Iran's demographic distribution will be dominated by increasing population of older adults in future(1). The health equity index should be considered due to unsuitable distribution of health services in specific age and social groups. However,health coverage in Iran has been considered an essential factor in policy-making.For instance, children, old age people, ethnicities, women, and specific gender groups without governmental supports expect to be supported efficiently. Although aging is a cognitive and demographic phenomenon, its impacts are diverse(2). Accessibility to the adults is challenging owing to remote geographical location, impassable routs and some other reasons(3).Living as a member of elderly communities in rural regions can be highly demanding. This challenge can be intensified by several factors such as remoteness, marginalization, sense of loneliness, miscommunication and inadequate environmental and legal authority (4, 5). Moreover, one of

the obstacles faced by elderly people is substance abuse, especially illegal drugs. Although the prevalence of drug addiction in older adults is roughly 1% (6), only about 6% to 7% of them received necessary services(7). In fact, this subject is neither investigated in drug abuse-related disciplines, nor appropriately discussed within the framework of elderly concerns. As a result, lack of comprehensive studies results to a situation in which drug addiction in older adults is not taken seriously by health professionals(8).

Illegal drug abuse has been one of long-lasting dilemmas in rural communities. Recently, drug abuse-oriented problems has become more widespread (9). Unlike the subject of addiction which has been extensively studied, its consequences in rural areas is ignored, especially in rural elderly. Smoking hookah, in this group, is very popular which is partly due to the policies provided by Ministry of Health and Medical Education. In addition, the illiteracy prevents the distribution of information(4). Moreover, age-related issues and addiction have been considered as the most serious public health concerns (10). Besides, drug addicts' quality of life (QOL) is poorer compared with non-addicts (11). It was observed that medical and psychiatric signs have been intensified in addicted elderly people(4). These signs constitute stimulated brain-related aging processes such as cognitive problems (4,10). The predominance of addiction in the elderly has been reported in several studies. Sharikha et al. (2017) reported that the prevalence of drug abuse was 37% and tobacco use had the highest prevalence in the elderly people (12). Singh et al. (2017) observed that prevalence of smoking was 33.2 percent(13). In addition, the prevalence of smoking among the elderly in 17 European countries was shown to be 11.5% (14). Lugo found reverse correlation between education level and smoking in men (14).Annual prevalence of addiction in Iran among people aged 15 years or higher is 2.09% (15). The prevalence of smoking as continuous, often, occasionally and rarely were 14.6, 12.7, 9.4 and 2.6%, respectively in Iranian elderly samples (16). Accordingly, this study was conducted to investigate prevalence of illegal drug abuse in older adults in the rural regions of Southern Iran in 2019.

Methods

The studied population consisted of 641 elderly people (310 males and 331 females) aged 60 years and higher supported by rural health centers. About 15.7% of the samples have had records in the penitentiary system. The sample size was generalized from 326 to 1,650,000 by implementing a novel bootstrapping simulation technique. To do this, the reputation time in the Mersenne Twister coefficient was placed as 2 million times of the simulation. In our analysis, the

sample size was simulated with 2,000,000 times of stimulation (real sample: n= 641 and simulated samples: n = 1,650,000, CI Level = 98%).

Monte Carlo Simulation Sampling

It's not possible these days to obtain information from all population we're interested, because it's neither practical nor useful. Therefore, it is always asked how to conclude number of sample groups. Hence, authenticity of our samples as representative of the whole population must be guaranteed. In addition, since we are applying samples rather than a whole population, statistical techniques' assumptions must be followed carefully in order to maximize their efficiency. However, traditional assumptions occasionally either are not supported or there is uncertainty in the sample efficacy. To overcome these challenges, two advanced statistical techniques were added by IBM SPSS Statistics allowing users to estimate Bootstrapping and Monte Carlo Simulation in versions 18 and 21, respectively. The basic idea behind bootstrapping is creating additional samples by resampling data (with replacement) from the original sample instead of obtaining additional samples from the population who are hard to reach due to their familiarity. By following the same data distribution, as in the original sample, the achieved samples are likely to be representative of the population. Bootstrapping also is helpful in situations where the exact sampling distribution of the statistics is hard to attain. Monte Carlo is a computational technique based on constructing a random process for a problem and carrying out a Numerical Experiment by N-fold sampling from a random sequence of numbers with a prescribed probability distribution (17). Although bootstrapping technique is simple, method of Monte Carlo sampling is one of its strongest models and applied to determine and estimate the statistical accuracy and the distribution from real-world sample statistics, respectively (18). In return, Bootstrapping technique is quite useful in unreachable and less well-known community such as elderly peasants in Southern Iran (1,650,000 elderlies in the census of 2016), resulting in 98% confidence (19). This is a descriptive and cross-sectional study. Difficulties in finding contributors due to unstable status of addiction in the statistical society, and people's reluctance for providing information influenced by the nature of smoking cigarette and drug addiction imposed us to use Snowball sampling. This method functions like a chain in a way that one person introduces a researcher to other people with the same characteristics, and then the researchers will observe and review introduced individuals. This process continues until enough number of people is reached. People coming to the center for health care were listed in the study (n = 326)if they were eligible and willing to participate in the study. They were also asked to introduce friends and acquaintances involved in smoking cigarettes and narcotics abuse. In this way, we accessed to 326 addicted older adults in the first episode of sampling. In addition, 641 older people were accessed within 5 sampling episodes. Finally, the simulation of sampling was applied to 1,650,000 simulated sample according to the national census in 2017 with regard to older adult population in Southern Iran.

Instrumentation

In this study, Alcohol, Smoking & Substance Involvement Screening Test (ASSIST), V. 3.0, 2017 of WHO was used, in this study, cronbachs alpha was 0.89 (20). We didn't prioritize any specific distribution pattern and revise the screening questionnaire according to a specific Iranian elderly population. In an investigation conducted by World Health Organization, the validity of the test was 80%. This value was reported for each of the specific substances including tobacco (0.80) and narcotics (0.94)(21-23). Next (2008, WHO studies), this tool divides the individuals into three categories of drug abuse including low-risk, medium-risk, and high-risk behavior (21-24) . The validity and reliability of this screening questionnaire in Iran were evaluated by Hoshiary among 2600 people with the age of 36.5 and above in 2013 (25). They were selected by random cluster sampling and Cronbach's alpha as an indicator of validity for the whole test and sub-scales was 0.79 to 0.95. ASSIST includes 8 parts with 71 questions. Tobacco, alcohol, marijuana, cocaine, amphetamines, sedatives, hallucinogenic substances, inhaled drug and narcotics were taken into account in the questionnaire. The first question examines the substance abuse over a lifespan, the questions 2 to 7 determine the risk of that substance, and the question 8 asks whether the participants have a history of injectable drug addiction. These 8 items are repeated for other illegal drugs in order. for any The Sample were given the informed and the objectives of the study were addressed. Habitation in the rural area, the cognitive ability to answer the mini-mental state examination (MMSE), and willingness to cooperate were considered as inclusion criteria of the study. After completing the form, no sample dropped out. In this study, descriptive statistics, mean comparisons, analysis of variance, t and χ^2 tests were incorporated and the data were analyzed using IBM SPSS V.25. The validity of the test was also calculated using Cronbach's alpha (0.92) and Gutman (Lambda of 0.91:1 and Lambda of 0.994:6), which both indicated its high credibility. The normal distribution of data is confirmed by Kolmogorov-Smirnov and Shapiro-Wilk tests (K-S & S-W) ($\rho \leq 0.02$).

Results

In this study, 641 older people aged 60 years and higher with an average age of 71.44 (SD = 8.33) were included of which 88.2 and 11.8% were elderly males and females, respectively. Subjects' demographic features and the significant difference between elderly males and females in some indices are shown in Table 1. These indices confirm their significant difference.

[Insert table 1 about here.]

The results of the Leven's test indicates the assertion of equal zero hypothesis, homogeneity of the variance of the samples ($F(17\text{-}58) = .818$, $\rho \geq 667$), feasibility of performing a multivariate analysis between the main variables and the total test score index of addiction and substance abuse (ASSIST-WHO). Multivariate analysis of variance (ANOVA) was used to compare significant relationship between the subscales of demographic components and the risk level of tobacco use. The results of this test are presented in Table 2.

[Insert table 2 about here.]

Table 3 shows that all four main variables as well as intra-group variation had the same effect on the trend of tobacco use tendency. Meanwhile, the variable of gender (coefficient Eta= 0.784) and then the age of the subjects (Eta= 0.521) have high impact on the dependent variable. Findings showed and confirmed the significance of the internal group differentiation. There was a significant difference between the pairs in terms of the age variable (p <0.003). It means that the age categories of the elderly people doesn't seem to be an effective and distinct component to predict the trend of tendency toward addiction and tobacco products (Mean Difference = 0.74, ρ = 0.120, CI = -26.05, 1.56). However, Findings indicated significant difference from the analysis of variance. There was also a significant difference in the employment variable (p <0.001), highlighting elderly occupational classification as an effective and distinct component for predicting the tendency toward tobacco use. Nomads and farmers, (Mean Difference = 9.7, ρ = .000, CI = -17.3, 6.71) were more involved with tobacco and its consequences compared to the employees in the public sector and services. The results of variance analysis table showed significant difference..

Considering the marital status variable, the differences in the pairs were significant (1.000 <ρ). This introduces marital status classification of the elderly as an effective and distinct component to predict the tendency towards addiction and tobacco products. The widow and divorce of elderly people (Mean Difference = 13.04, ρ = .001, CI = -10.9, 37.07) were more involved in tobacco and its consequences compared to married elderly peasants. Also, the analysis of variance (table X), showed significant difference. The elderly women's and men's subgroups were tested by means of mean comparison tests due to the impossibility of performing follow-up tests with respect to independent gender variable (Table 3) and confirmation of the assumption of variance of the samples. This indicated that men were significantly more influenced by tobacco use's complications (Male = 36.79 ± 1.52, Female = 21.22 ± 3.83, ρ <.000) (Table 3).The elderly women and men subgroups were assessed by mean comparison tests owing to impossibility of performing post hoc tests with respect to the independent gender variable (Table 3) and confirmation of the assumption of the equal variance of the samples, indicating that men were significantly more affected by tobacco use's dilemma (Male = 36.79 ± 1.52, Female = 21.22 ± 3.83, ρ <.000).

The results of ANOVA for the risk level of narcotics use with demographic variables are shown in Table 3. By applying a novel bootstrapping simulation technique, the sample size was simulated and upgraded to 1,650,000 elderly samples (n = 1,650,000, CI level = 98%). Harmony of variances was investigated by Levene test and the hypothesis of zero harmony of variations of samples and the feasibility of multivariate analysis of variance were verified (Levene test (4.71) = .433, ρ = .653, Harmonic Mean = 4.876).

[Insert table 3 about here.]

Employment and its types with a Eta squared coefficient of 47.2% had the highest risk of drug addiction and narcotics use (ρ = 0.0072, with bootstrapping simulation of 9212 elderly subjects)

(Table 3). After employment, the highest risk was associated to the gender variable and marital status with a squared eta coefficient of 40.7 and 34.2%, respectively (ρ= 0.0013 and 0.0067and bootstrap simulation of 5216 and 5165 elderly people, respectively). Similarly, risk factor were also assessed by running post hoc tests (Bonferroni) to identify and differentiate peer pairs and to classify the subgroups (p <0.000) . Accordingly, samples formed a separate group against other subscales and had the highest risk of substance abuse among their variable pairs. This means that the probability of drug addiction in 5216 old people aged 60-69, 5165 elderly divorced people and 9212 elderly people in animal husbandry industry is 41, 34 and 47%, respectively (confidence level of 98% and the error of 0.001 or less) . The male and female elderly subgroups were assessed for abuse risk owing to the impossibility of performing post-hoc tests in the independent gender variable. It was confirmed that the assumption of equivalence variance of the samples, highlighted this fact that men were at higher risk (Male = 31.79 ± 9.55, Female = 21.56 ± 2.64, Bootstrap Bias = -.027, Bootstrap Samples = 1000, ρ < 0.000). In general, it can be stated that working as nomads and farmers, accompanied with widowhood and divorce in men, greatly intensify to the tendency of elderly people toward narcotics abuse. With a squared eta coefficient (56.6%), the risk level of tobacco addiction would have higher predictive power in explaining the probability of drug addiction in the next step over the rural elderly people (Mean (SD) = 21.78 (11.01), F (20, 55) = 3.58, p≤.000, Eta^2 = .566).

Discussion

Today, many societies are suffering from addiction as a widespread phenomenon. Addiction has become more widespread over the time and downgrade quality of life even in rural communities (5). Although addiction-related topics have been extensively studied and discussed, illegal drug abuse in elderly people, especially in rural areas, has been rarely investigated. The current study was carried out to evaluate illegal drug addiction in a rural community in the Southern Iran (n = 641). According to our results, the mean of total addiction tendency in men was more than women. This tendency was also more in 60 to 70-year-old age group compared to the other age groups. It was reported higher among divorced people, widows and also farmers and nomads rather than widows, married people, and people working in other businesses respectively. In terms of smoking, the most predictive power was observed in gender and age variables. It was also revealed that gender and age variables were more powerful in men and lower ages compared to women and older ages, respectively. These results were also confirmed by other studies. For example, Sharikha et al. (2017) showed that tobacco addiction was significantly more common in men in comparison with women in the rural area of India (12). In one rural community in India, 29% of older men smoked, while women didn't do so (2). It should be noted that, 29.3% of men and 45.4% of women in this study used chewing tobacco (2). In Europe, in 2010, smoking was observed in 11.5% of the elderly over the age of 65 years. In fact, smoking was higher in men than in women (15.3% vs. 6.6%).It is more widespread in people aged 65-74 rather than people over 75 years (14). Saberi et al. (2017) also suggested significant relationship between gender and smoking in Amol city, showing that men were more likely to smoke tobacco

than women. However, they did not study the relationship between age and illegal drugs abuse (20).

The occupational classification is generally considered as employed, retired, and unemployed (housewife) for assessing the relationship between employment and tobacco abuse. Nevertheless, a different occupational classification was adopted in the current study, due to the special working conditions of elderly people in the studied villages. They were engaged in agriculture and nomads even in older ages and didn't go through retirement. Consequently, smoking in farms and nomads was significantly higher than other occupations in the current study. Based on the adopted classification, it was not possible to accurately compare our results with other studies. However, recent studies indicated that smoking tobacco is significantly higher in unemployed (housewives) and retired old people than in employed elderly emphasizing the existing relationship between smoking tobacco and occupation in the elderly people (20,16). The present study illustrated that divorced and widow elderly people were more likely to commit smoking rather than married elderly people. Also, a significant relationship between smoking and loneliness was observed in the research (16). It was found that married old people abused smoking less than single elderly people, even though no relationship was observed with respect to divorce among elderly people (20). In this study, some occupations (farmer and cattleman more than other occupations) and gender had the highest predictive power, respectively. In the study in a rural Indian region, the substance abuse was significantly higher in men than women (12). Unlike our results, Kritika et al. (2017) found a significant relationship between age and substance abuse (12)

A review study showed that there was significant correlation between smoking psychoactive substances in adults over 50 years old and employment status and gender. In this study, there was a significant relationship between substance abuse and the age (10). Similar results was obtained from Saberi et al.'s investigation (2017) conducted in Amol in northern Iran. They found relationship between substance abuse, employment status and gender (20). Like smoking, narcotics abuse in elderly widows or divorced people was significantly higher than the married elderly people in our study, consistent with other studies(10). However, Saberi et al. did not find any relationship between narcotics abuse and divorce(20). Generally, it seems that employment in agriculture and animal husbandry sectors, experience of divorce and widowhood in men impact elderly people's tendency toward tobacco abuse and addiction strongly. Since older adults are more vulnerable, it is essential for health officials and other organizations to carry out extensive studies with regard to older adults' addiction. Also, a comprehensive program should be implemented to prevent addiction's development in older adults. For example, in the national health services system (SIB), annual screening of the elderly should be done regarding this matter. The system of referral to addiction treatment centers should be integrated. Finally, inaccurate information and data with respect to addiction's prevalence and its associated risk factors especially in Iranian older people living in rural community are some limitations of this research. Because along with multimorbidity in the elderly, the economic burden on the health system may intensify in the poor rural regions.

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27.

Figures and Tables

Table 1. Demographic Characteristics and Their Significant Difference in the Total Index of Addiction Tendency (ρ ≤ 0.02)

Items	Sub-domains	%	Mean	SD	Sig.
Gender	Man	88.2	36.79	21.56	0.002
	Female	11.8	25.22	13.83	
Age (Mean= 71.4, SD= 8.03)	60 to 69 years old	59.2	38.04	22.21	0.001
	70 to 79 years old	22.4	31.76	20.35	
	80 to 89 years old	14.4	27.89	12.84	
	90 and above	3.9	34.67	20.55	
Marital status	Married	2.6	15.50	0.707	0.002
	Widow	6.6	23.80	18.04	
	Divorced	90.8	36.84	21.09	
Job	Agricultural-stock-raising	68.4	34.46	22.28	0.000
	Public Section	5.3	45.25	22.86	
	Private Section	26.3	35.33	17.49	
ASSIST	Section 1 (a): Tobacco consumption level (score 0 to 3)		2.25	1.305	*0.000
	Section 1 (b): The level of opioid use (score 0 to 3)		2.13	1.370	*0.000
Risk level of tobacco misuse	Section A, Questions 2 to 7 (Score 0 to 33)		14.14	9.776	*0.000
Risk level of opiate misuse	Section B Questions 2 to 7 (Score 0 to 33)		14.78	11.016	*0.000

Table 2. Results of Multivariate Variance Analysis for the Main Variables of the Survey with Regard to the risk level of Smoking Index

Items	Variance resources	SS	DF	MS	F	ρ	Adj. R Squared	Eta Sqr.	95% CI		Sample Simulation Volume
									UP	LL	
Gender	Between the group	1061.894	1	1061.894	2.697	0.001	0.217	0.784	21.04	-10.37	714
	Intergroup	32114.630	74	433.981							
	Total	33176.526	75								
Employment	Between the group	472.303	2	236.152	0.739	0.007	0.462	0.478	36.71	-17.13	805
	Intergroup	32704.223	66	448.003							
	Total	33176.526	68								
Marital status	Between the group	1607.980	2	803.990	1.127	0.033	0.219	0.302	37.07	-10.99	587
	Intergroup	31568.546	66	432.446							
	Total	31176.526	68								
Age	Between the group	1149.501	4	287.375	0.634	0.003	0.213	0.521	23.74	-11.18	980
	Intergroup	32027.025	71	451.085							
	Total	33176.526	75								

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346**Table 3. Results of Multivariate Variance Analysis for the Main Variables in Narcotics Risk Level Index**

Items	Variance	SS	DF	MS	F	ρ	Adj. R	Eta	95% CI	Sample

	resources						**Squared**	**Sqr.**	UP	LL	**Simulation Volume**
Sex	Between the group	831.229	1	831.226	2.320	0.0013	0.417	0.408	5.56	1.842	5216
	Intergroup	26515.296	74	385.315							
	Total	27346.526	75								
Employment	Between the group	414.919	2	207.429	0.562	0.0072	0.45	0.472	34.02	15.79	9212
	Intergroup	26931.608	73	368.926							
	Total	27346.526	75								
Marital status	Between the group	1304.676	2	338.652	1.692	0.0068	0.419	0.342	31.52	10.20	5165
	Intergroup	26041.851	73	356.738							
	Total	27346.526	75								
Age	Between the group	954.042	4	238.511	0.462	0.0015	0.513	0.221	47.65	40.48	1999
	Intergroup	26392.484	71	371.725							
	Total	27246.526	75								

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OPEN PEER REVIEW

Revision (2)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: EIC | **Revision** (2) 9 Sep 2020

Dear Author,
it is accepted, just Be careful to ad these parts in final pdf:
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Conflict of Interests I am declaring that we as a member of the faculty of health at Shiraz University of Medical Sciences, I am not involved with and/or employed by any Iranian government organizations/institutions which are under the sanctions of the US government, nor do we represent those institutions. In this article, we the authors are only as researchers/university instructors
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