OPEN PEER REVIEW

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Peer Review

Journal of Comprehensive Pediatrics
Article DOI: https://doi.org/10.5812/compreped-131806
Published in: Journal of Comprehensive Pediatrics: 13(4) ; e131806

Peer Review Report for "Behavioral Problems among Type 1 Diabetes Mellitus Children with Good and Poor Metabolic Control During COVID-19 Pandemic"

Author(s): Nur Rochmah, Luh Ayu Asri Wijani, Muhammad Faizi, Yuni Hisbiyah, Rayi Kurnia Perwitasari, I Ketut Alit Utamayasa, Neurinda Permata Kusumastuti, Irwanto Irwanto

Review Timeline:

Submit Date:	18 Sep 2022
Revised Date:	23 Nov 2022
Accepted Date:	27 Nov 2022

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

18 Oct 2022

Thank you for choosing me to review this article. .
What is the purpose of this research and how will it help health care workers in the future? Please write at the end of the introduction.
Please Write the reference of good and bad control of diabetes based on Hba1c

How is the validity of the questionnaire checked.

Why was EP and IP frequency in good metabolic control and poor metabolic control respectively .Please explain more about the reason

Parisa Bahmani : Associate Editor

19 Oct 2022

Dear EIC.
The manuscript have fundamental errors and needs major revision.

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Revision (1)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

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

Reviewer 1:

Thanks for your efforts. This manuscript needs a total review by a naive English. the method of study, results and discussion parts should be completed according to scientific foundations.

Thank you for your review. We already revised our manuscript based on your suggestion. We made changes in our background, methods, results, discussion, and conclusion.

Reviewer 2:

COMMENTS FOR AUTHORS:

Thank you for presenting this manuscript. But I have many questions about this presentation. The main drawback in this study was seen in results and conclusion section that need revision, totally.

1- Title needs revision according to aim and finding of study.

For example: BEHAVIORAL PROBLEMS AMONG CHILDREN WITH GOOD (HbA1C≤8) and POOR (HbA1C>8) METABOLIC CONTROL TYPE 1 DIABETES MELLITUS

Thank you for the comment. We already made revision based on your suggestion.

Abstract:

2- The results section was not well-organized. This section need revision.

Firstly, the frequency of IP, EP and AP should be reported in two study groups (good HbA1C≤8) and poor (HbA1C>8) and then statistical differences of variables is analyzed.

Thank you for the comment. We already made changes on our result section in the abstract.

3- Conclusion was not justified. According to finding of your study, It seems that Poor metabolic control was not a risk factor for behavioral problems. You said: The average level of HbA1c from the abnormal score group of PSC-17 was 9.43 ± 3.52 %, while in the normal score group of PSC-17, the level of HbA1c was 10.4 ± 2.31 %. There is no association between behavioral problems with level of HbA1c.

Thank you for the comment. It is correct that there is no association between behavioural problems between the good or poor metabolic control groups. Therefore, we had the conclusion based on the descriptive analysis (frequency) from these two groups.

Background:

4- Paragraph 2 was not related to study. Pl deletes it.

Thank you for the comment. We already removed the paragraph 2 in our background.

5- Many studies have been done in this regard. Why the authors decided to conduct this study again? Which new question does the findings of this study answer? What is novelty of this study? Pl mentions these tips, point to point.

Thank you for the comment. We already adding the answer on our background. The novelty of this manuscript was this research was done during the COVID-19 pandemic that influence many aspects of life, including the behavioural of T1DM children. And studies about behavioural problems among T1DM children was still limited.

Methods:

6- Number of eligible participants should be expressed in this section.

Thank you for the comment. We already adding number of eligible subjects on paragraph 2 in the methods section.

7- Inclusion and exclusion criteria were incomplete. Pl organizes those.

Thank you for the comment. We already completing the inclusion and exclusion criteria on paragraph 2 in the methods section.

8- How did you calculate the sample size? Which formula? Explain it. What was power of study? It seem that the number of participants were not enough.

Thank you for the comment. We already revised our manuscript regarding these issues on paragraph 2 in the methods section.

9- There are many confounding factors in the studies about" behavioral problems" such as family income, parents' history of emotional disorders, history of psychological drugs consumption and any factors that compromised the behavioral status and so on. How did you include the confounding factors in the results? Clearly define all potential confounders and effect modifiers. Give diagnostic criteria, if applicable.

Thank you for the comment. Most of the subjects was using assurance from the government, therefore we generalize there is no cofounding factors regarding the family income. Subjects also had a regular drug test on their school.

Results:

10- The results of attention values were not seen. Pl notes it.

Thank you for your review. We already adding the result of attention on the results and table 2.

11- The 95% confidence level with lower and upper limits was not seen. Pl completes it.

Thank you for the comment. We already adding the 95% CI with lower and upper limits on the numeric data and can be seen on the results section.

12- Table 2 was incomplete.

Thank you for the comment. We already completing table 2 based on your suggestion.

Discussion:

13- This section was so week. In the discussion part you should write the main(s) finding(s) and specially (novelty) at first and then allude to other studies. [According to table 2, there is no association between behavioral problems with level of HbA1c].

Thank you for the comment. We already change our discussion based on your suggestion.

14- It concentrates on the new and important aspects of the study and the achieve conclusions. The differences and advantages of this study should be compared and mention with other studied.

Thank you for the comment. We already adding the strength of this study in last paragraph of discussion.

15- The recommendation were not seen. The recommendation should be mentioned in the last paragraph of discussion and in last paragraph any gap, question, hypothesis or comment should be declared (not utilize separate subheading). In recommendation part, it is suggested to express that use the guidelines in this situation.

For example the authors note: [several symptoms and signs are used to proper the behavioral problems diagnosis. In addition, physicians should be known that the lack of attention to these symptoms and signs it lead to advers events such as suicide. The best way to proper diagnosis about this issue is using guidelines and behavioral check lists. Furthermore, practical guidelines and check lists may be helping to physician’s insight on correct management, as in the accurate antibiotic using]. You should be mentioned to this valuable and new article about using check list and guide lines in your references: [A Survey of Pediatricians’ Views and Practices Regarding Parents’ Request for Prescribing Antibiotics: A Qualitative Study. Arch Pediatr Infect Dis. 2019 July; 7(3):e91217. doi: 10.5812/pedinfect.91217.]

Thank you for the comment. We already adding our recommendation in last paragraph of discussion.

Conclusion:

15- It needs revision, totally. Conclusion was not justified. According to finding of your study, it seems that Poor metabolic control was not a risk factor for behavioral problems.

Thank you for the comment. We already change our conclusion based on your suggestion.

References:

16- The most (30-40%) of references were too old. There have been only a few new references. References need renewal.

Thank you for your comment, we already make changes on references list.

Reviewer 3:

Thank you for choosing me to review this article.

What is the purpose of this research and how will it help health care workers in the future? Please write at the end of the introduction.

Thank you for the comment. We already adding the purpose of this study on the last paragraph of introduction.

Please Write the reference of good and bad control of diabetes based on Hba1c

Thank you. We already adding the reference for the metabolic control in our methods.

How is the validity of the questionnaire checked.

Thank you for the comment. We are using the Indonesian version of PSC-17 which already had high reliability and validity based on the previous study (on the fourth paragraph of methods).

Why was EP and IP frequency in good metabolic control and poor metabolic control respectively. Please explain more about the reason

Thank you for the comment. We already adding about this issued in the second paragraph of discussion.

OPEN PEER REVIEW

Revision (1)

Mostafa Haghshenas : Reviewer — 1 Nov 2022

dear author.
the reviewed DOC file you sent HAS NOT CHANGED according to previous comments.
35 comments sent you previously in reviewed PDF file. please check the attached PDF file again and correct indicated parts.
with thanks

Setila Dalili : Reviewer — 8 Nov 2022

Dear editor in chief,
I read the revisions and I appreciate it.
With regards,
Setila Dalili

Parisa Bahmani : Associate Editor — 9 Nov 2022

Dear EIC,
Reviewers have not satisfied by revised file. Manuscript still needs revision.

Mohammad Reza Boloursaz : EIC — 9 Nov 2022

Dear Author,
Your manuscript still has errors. Please reply to comments and revise the manuscript accurately.

OPEN PEER REVIEW

Revision (2)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

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

Reviewer 1:

dear author.

the reviewed DOC file you sent HAS NOT CHANGED according to previous comments. 35 comments sent you previously in reviewed PDF file. please check the attached PDF file again and correct indicated parts.

with thanks.

Thank you for your review. We already revised our manuscript based on your suggestion. We made changes in our background, methods, results, discussion, and conclusion.

Reviewer 2:

Dear editor in chief,

I read the revisions and I appreciate it.

With regards,

Setila Dalili

Reviewer 3:

Comments to the Author:

I reviewed this manuscript, again.

The great effort in improving the manuscript is highly appreciated. However, there are rooms for further improvement which the authors should consider. The following points are of concern and minor suggestions are marked in the following. Several important questions were asked, especially in the method & discussion section, but no precise answer was given. pl answer point to point and marked those, clearly.

Abstract:

1- This section needs revision. the frequency of IP, EP and AP was reported in two study groups (good and poor) and but the statistical differences of variables is not analyzed.

Thank you for the comment. We already made changes in the abstract.

3- Conclusion was not justified. According to finding of your study, “There was no significant difference of behavior problems between the good and poor metabolic control groups”. You said “The frequency of EP was higher among children with good metabolic control, and the frequency of IP was higher among children with poor metabolic control.” But I did not see statistical analysis and p value about it. Pl firstly analysis these variable and if it was significant then express in conclusions (in abstract and in main text)

Thank you for the comment. We already made changes on our conclusion section in the abstract and main text.

Background:

4- Many studies have been done in this regard. Why the authors decided to conduct this study again? Which new question does the findings of this study answer? What is novelty of this study? Pl mentions these tips, point to point.

Thank you for the comment. We already adding the answer on our background. The novelty of this manuscript was this research was done during the COVID-19 pandemic that influence many aspects of life, including the behavioural of T1DM children. And studies about behavioural problems among T1DM children was still limited.

5- What is the role of COVID19?

We already mention in the background section. Thank you.

Methods:

6- Number of eligible participants should be expressed in this section.

Thank you for the comment. We already adding number of eligible subjects on paragraph 2 in the methods section.

7- Inclusion and exclusion criteria were incomplete. Pl organizes those.

Thank you for the comment. We already completing the inclusion and exclusion criteria on paragraph 2 in the methods section.

8- How did you calculate the sample size? Which formula? Explain it. What was power of study? It seem that the number of participants were not enough.

Thank you for the comment. We already revised our manuscript regarding these issues on paragraph 2 in the methods section.

9- There are many confounding factors in the studies about" behavioral problems" such as family income, parents' history of emotional disorders, history of psychological drugs consumption and any factors that compromised the behavioral status and so on. How did you include the confounding factors in the results? Clearly define all potential confounders and effect modifiers. Give diagnostic criteria, if applicable.

Thank you for the comment. Most of the subjects was using assurance from the government, therefore we generalize there is no cofounding factors regarding the family income. Subjects also had a regular drug test on their school.

Results:

10- Table 2 was incomplete. The 95% confidence level with lower and upper limits was not seen. Pl completes it.

Thank you for the comment. We already completing table 2 based on your suggestion.

Discussion:

11- The recommendation was not seen. The recommendation should be mentioned in the last paragraph of discussion and in last paragraph any gap, question, hypothesis or comment should be declared (not utilize separate subheading). In recommendation part, it is suggested to express that use the guidelines in this situation. For example the authors note: [several symptoms and signs are used to proper the behavioral problems diagnosis. In addition, physicians should be known that the lack of attention to these symptoms and signs it lead to adverse events such as suicide. The best way to proper diagnosis about this issue is using guidelines and behavioral check lists. Furthermore, practical guidelines and check lists may be helping to physician's insight on correct management, as in the accurate antibiotic using]. You should be mentioned to this valuable and new article about using check list and guide lines in your references: [A Survey of Pediatricians' Views and Practices Regarding Parents' Request for Prescribing Antibiotics: A Qualitative Study. Arch Pediatr Infect Dis. 2019 July; 7(3):e91217. doi: 10.5812/pedinfect.91217.]

Thank you for the comment. We already adding our recommendation in last paragraph of discussion.

Conclusion:

12- You said "The frequency of EP was higher among children with good metabolic control, and the frequency of IP was higher among children with poor metabolic control." But I did not see statistical analysis and p value about it. Pl firstly analysis these variable and if it was significant then express in the conclusion (in abstract and in main text).

Thank you for the comment. We already made changes on our conclusion section in the abstract and main text.

References:

13- The references no 15 & 21 were incomplete.

Thank you for the comment. We already made change the references

OPEN PEER REVIEW

Revision (2)

REFEREE : Reviewer — 27 Nov 2022

Dear author
I read the revisions and I appreciate it.
With regards,

Parisa Bahmani : Associate Editor — 27 Nov 2022

Dear Author,
Thank you for revising the manuscript. It is acceptable now.

Mohammad Reza Boloursaz : EIC — 27 Nov 2022

Dear Author,
The manuscript is acceptable now.