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OPEN PEER REVIEW

Investigation of Resilience in Patients with Epilepsy Referred to Medical Centers in Isfahan in 2021

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Contents

1 **Original submission** Referee 1, Associate Editor, Editor-in-Chief 2
2 **Revision 1** Editor-in-Chief 3
Authors' reply to reviewers 4
Reviewer and editor comments 8

1 Original submission

3 comments · 21 Aug 2022 – 23 Aug 2022

Referee 1 Reviewer

MAJOR REVISION 21 Aug 2022

Greetings,
Abstract:
The conclusion should be revised.
Introduction:
The results of studies conducted in Iran and other countries should be used to describe the research gap.
Statistics and figures from Iran should also be mentioned.
Methods:
This section should be written according to the journal's format.
The time frame for sampling and data completion should be stated.
The formula for determining the sample size should be provided.
The validity and reliability of the instruments should be reported. The scoring method for the instrument should be explained.
Discussion: The study limitations should be stated.
The article should be structured according to the journal's format. Review the most recently published articles.
Articles from the journal should be cited.

Associate Editor

MAJOR REVISION 21 Aug 2022

Greetings,
The manuscript requires major revision.

Editor-in-Chief

MAJOR REVISION 23 Aug 2022

Dear Author,
Thank you for submitting your manuscript to JJCDC. Based on our reviewers' comments, your manuscript needs some revisions. Please revise your paper and resubmit.
Thank you.

2

Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Abstract: The conclusion should be corrected

According to the results of the study, it may be proposed to Improving knowledge and understanding of the relationship between patient with epilepsy and resilience might act as a protective factor against the problem to be strengthened and promoted in PWE.

Introduction: The results of the studies conducted in Iran and abroad should be used to write the research gap. The statistics and figures in Iran should also be mentioned

The prevalence of epilepsy In Iran, affected about 7.8 to 18 cases per thousand people. However, in developed countries, these cases have been reduced to 5.8 to 8.4.

Statistics show that between 0/5 - 1 percent of people in the world suffer from epilepsy, and it is estimated that more than 50 million people suffer from epilepsy in the world.

Engle and Barnes et al. in 2019 focus on investigating resilience and medical risk in adolescents and young adults with epilepsy. This cross-sectional study included 180 cases with epilepsy. The relationships between variables such as resilience were examined and it was observed that psychological well-being and strengthening of psychological parameters had an effect on epilepsy treatment, but the researcher recommends that other dimensions should be investigated as well.

Shahhamzeh M, et al. study on the relationship between self-management and quality of life in patients with epilepsy. The target population including 162 cases. The results showed that there are positive and statistically significant relationship between the control of seizure ($p<0.05$) and self-management is an important factor in the process of treating and controlling epilepsy.

Method

It should be written according to the journal format.

The time limit for sampling and data completion should be written.

The formula for determining the sample volume should be written.

The validity and reliability of the tools should be written. The scoring method of the tool should be explained.

3. Methods

3.1. Study Design

In the present descriptive cross-sectional study, the statistical population included the patients with epilepsy at selected hospitals ayatollah kashani, al-Zahra and Masih epilepsy center which are located in Isfahan.

3.2. Sample

The sample size was determined by using 2 formulas. Thus, a sample size of 250 was calculated. $\alpha = 0.05$, $\beta = 0.20$, $r = 0.346, 0.25$

$$n = \frac{\left(Z_{1-\frac{\alpha}{2}} + Z_{1-\beta}\right)^2}{\left[\frac{1}{2}\ln\left(\frac{1+r}{1-r}\right)\right]^2} + 3 = \frac{(1.96+0.84)^2}{\left[\frac{1}{2}\ln\left(\frac{1+0.346}{1-0.346}\right)\right]^2} + 3 = 102.5$$

And

$$n = \frac{\left(Z_{1-\frac{\alpha}{2}} + Z_{1-\beta}\right)^2}{\left[\frac{1}{2}\ln\left(\frac{1+r}{1-r}\right)\right]^2} + 3 = \frac{(1.96+0.84)^2}{\left[\frac{1}{2}\ln\left(\frac{1+0.25}{1-0.25}\right)\right]^2} + 3 = 201.7$$

3.3. Procedure

Convenience sampling was conducted in June-October 2021. Patients were selected hospitals ayatollah kashani, al-Zahra and Masih epilepsy center which are located in Isfahan. Adult epileptic patient’s definitive epilepsy diagnosing base on detailed medical history, according to clinical finding and adapting with inclusion criteria were identified at selected center in Isfahan. Inclusion criteria were age between 18 and 65 years, disease duration for at least 6 months prior to initiation of the study, definitive epilepsy diagnosis being in stable neurological functioning in this study. Patients who were refused to give consent, abnormalities related to mental disease and neurological system were excluded from the study.

3.4. Tools

Data were collected through self-report using demographic characteristics and Connor- Davidson resilience scale (CD-RISC) evaluation questionnaires. The demographic characteristics questionnaire included gender, age, duration of treatment, socioeconomic class, marital status and education level. CD-RISC questionnaire was used to assess resiliency. This scale has 25-item that measures unique aspects of resiliency using a 5-point Likert scale ranging from 0 = “not at all” to 4 = “true nearly all the time”. Total scores range from 0 to 100 with higher scores reflecting greater resiliency. When individuals get 50 score or higher indicates people with resilience and also higher than 50 is the same as the intensity of the person’s resilience. Mohammadi et al. reported the reliability of the CD-RISC questionnaires in 2005. The Cronbach alpha of the scale is 0.89

3.5. Ethical Considerations

The study protocol was registered and approved by the ethics committee of Isfahan University of medical sciences and written informed consent was provided by patients with epilepsy in Isfahan. (IR.MUI.NUREMA.REC.1400.042)

Additionally, the privacy of personal information was strictly preserved.

Interested individuals were directed to a private administrative office where they were initially given details about the study purpose, the participation procedures and ethical considerations. Those who agreed to participate were invited to provided their written informed consent.

3.6. Data Analysis

Data analysis descriptive statistics were conducted using SPSS version 26. Association between resilience and nominal independent variables wasted with spearman’s chi- square test. For comparisons of means between Connor-Davidson resilience scale and demographic information's, we used independent sample student’s T-test. Data were tested with Kolmogorov-Smirnov test for homogeneity of variances.

Discussion

The limitations of the study should be written.

In relation to the limitations of this study, it is possible to mention the impact of other components on resilience and epilepsy, which could have an effect on answering the questionnaire, and it is also necessary to measure other

psychological components in future researches. Future research should focus on the testing and development of such interventions to prevent poor consequences.

2 Revision 1

1 comment · 30 Aug 2022

Editor-in-Chief

ACCEPT 30 Aug 2022

Dear Author,
This manuscript in its current version is acceptable for publication.
With regards