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OPEN PEER REVIEW

Associations of Socio-demographic, Clinical, and Biochemical Parameters with Quality of Life Among Hemodialysis Patients in Morocco

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About this report

This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

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1 Original submission

2 comments · 11 Feb 2022 – 14 Feb 2022

Referee 1 Reviewer

MINOR REVISION 11 Feb 2022

Abstract
1. The key aspects have not been captured in the Abstract.
2. “assessment” cannot be a good “Keyword” for this research.
Introduction
3. The objective(s) and cause(s) of the case presentation should be more clearly stated in the “Introduction”. Its necessity has not been determined. In the “Introduction”, the need for this study should be highlighted.
4. In the “Introduction”, refer to other new sources.
5. The “Introduction” is very brief. It is necessary to refer to other new sources.
Materials and methods
6. In “Inclusion criteria”, why was age ≥ 18 years chosen? Is there a specific reason or reference for choosing this age?
7. Values for the validity and reliability of the tools used (whether from previous studies or the present study) must be provided.
Results
8. Tables should follow a standard structure.
Discussion
9. In the “Discussion”, the comparison with similar papers and studies is weak.
10. In the “Discussion”, it is necessary to mention the limitations of the study.
Conclusion
11. The “Conclusion” is very general, and in fact, it repeats part of the results. The “Conclusion” needs further expansion. Exactly what type of new knowledge has been generated?
References
12. Some of the references are old. The author(s) should add more up-to-date references to the study.
Structure
13. The article is grammatically weak.

Editor-in-Chief

MAJOR REVISION 14 Feb 2022

Dear Authors
According to the reviewers' and associate editor’s comments, your article requires major revision. When revising your manuscript, please consider all issues mentioned in the reviewers' comments carefully: please outline every change made in response to their comments.

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.

Reviewer 1

Dear Reviewer

I would like to thank you very much for taking the time to review my manuscript entitled: Health-related quality of life in Moroccan Hemodialysis Population

Comments	Answer
-Abstract 1.The key aspects have not been captured in the Abstract. 2. “assessment” cannot be a goof “Keyword” for this research. Introduction	 1.Please See the manuscript 2. This keyword is removed
Introduction 3. The objective(s) and cause(s) of the case presentation should be more clearly stated in “Introduction”. Its necessity has not been determined. In the “Introduction”, the need for this study should be highlighted. 4. In the “Introduction”, refer to other new sources. 5. “Introduction” is very brief. It is needed to refer to other new sources.	3. Please See the manuscript
Materials and methods 6. In “Inclusion criteria” why age ≥ 18 years old? Is there a specific reason or reference for choosing this age? 7. Values on the validity and reliability of the tools used (whether from previous studies or the present study) must be provided.	6. there is no specific reason, age ≥ 18, is chosen since it is adulthood. 7. Please See the manuscript
Results 8. Tables should be made in a standard structure.	8- Please See the manuscript
Results :	Please See the manuscript
Discussion 9. In the “Discussion” comparison with similar papers and studies is weak. 10. In the “Discussion” it is necessary to mention the limitations of the study.	9-Please See the manuscript 10- The limitations of the study are already mentioned at the end of the discussion section.
Conclusion 11. The “Conclusion” is very general, and in fact, it repeats the part of the results. In the “Conclusion” it needs further expansion. Exactly what type of new knowledge has been generated?	11-Please See the manuscript
References	12- Please See the manuscript

12. Some of the references are old. Author(s) should add more up-to-date references to the study.	
Structure 13. The article is grammatically weak.	13- Please See the manuscript

Reviewer 2

Dear Reviewer

I would like to thank you very much for taking the time to review my manuscript entitled: Health-related quality of life in Moroccan Hemodialysis Population

Comments	Answer
Title and abstract: 1- The title of the study does not include all the objectives of study. 2- There are two abstracts that are not the same. 3- HRQoL instead of HRQOL and KDQoL instead of KDQOL. 4- It is necessary to add inclusion and exclusion criteria, site of study and method of sampling in the abstract. 5- Modify keywords according to MeSH.	1- Please See the manuscript 2- Please See the manuscript 3- Please See the manuscript 4-Please See the manuscript 5- Please See the manuscript
Background: 6- Background of the study is poorly written. It is necessary to provide more information about the existing knowledge about the quality of life in hemodialysis patients and gap of knowledge. 7- It is not clear why the researcher used different quality of life questionnaires.	6- Please See the manuscript 7-The resaercher are used juste one tool (KDQOL-SF) for the evaluation of quality of life.
Materials and methods Contents in the methods is inappropriate. Study design, research environment and participants, sampling and data collection method and then ethical considerations are recommended. 7- Add the principle of confidentiality to ethical considerations. 8- Determine the place of living in participants (city or village), underlying diseases and hemodialysis efficiency. 9- How is the sample size determined? 10- The scoring method of the questionnaires should be clearly explained. 11- Who did the data collection, how and when?	8-the place of residence of the participants is already determined (Please See results section) 9-We didn't do sampling, we took all the patients recruited at the level of public centers in the Souss Morocco region, with inclusion and exclusion criteria. 10- Please See the manuscript

12- According to the findings, it is necessary to clearly define anemia in these patients. 13- In the statistical analysis, determine for what purpose each statistical test was performed. 14- Why in the univariate analysis ‘P value less than 0.25’ was considered.	11- Please See the manuscript 12- Please See the manuscript 13- Please See the manuscript 14- this threshold of 0.25, allows for the consideration of variables that could be potential confounders or interactors. These are known as "forced" variables.[1]
Results: 15- The results are not presented properly.	
Discussion : The discussion was not done properly. Much of the discussion has focused on comparing results rather than on possible causes.	Please See the manuscript
References Use newer references and modify references according to the format of the journal.	Please See the manuscript

[1] M. El Sanharawi et F. Naudet, « Comprendre la régression logistique », *Journal Français d’Ophtalmologie*, vol. 36, nº 8, p. 710-715, oct. 2013, doi: 10.1016/j.jfo.2013.05.008.

2 Revision 1

0 comments

No public comments in this round.

3

Revision 2

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.

Reviewer 1

Comments Reviewer 1	**Answer**
1. Please rewrite these sentences : "End-stage renal disease (ESRD) is the progressive end stage of CKD. It is the end stage of CKD, where hemodialysis (HD) becomes a necessity as part of 63 renal replacement therapy". 2. In the middle of sentence "quality of life" instead of "Quality of life".	1.Please See the manuscript 2. Please See the manuscript
3. Please follow the punctuation principles in all of the manuscript. 4. In line 114 page 5 "Dialysis centers" instead of "dilayse centers" 5. Please rewrite and clarify this sentence "Dialysis patients face a heavy burden of disease: reduced life expectancy and poor health related quality of life"	3. Please See the manuscript 4. Please See the manuscript 5. Please See the manuscript. :
6. KDQol instead of KDQOL in all of the manuscript. 7. Add the definition and criteria for diagnosing anemia in the methods of study.	6. Please See the manuscript 7. Please See the manuscript
8. Table 5 is not presented properly and clearly.	8- I have added another table for clarity
9. Anemia as a factor affecting quality of life is related to the frequency of hemodialysis and the amount of heparin received by patients and is not necessarily related to the progression of the disease in ESRD patients. Some of hemodialysis patients receive erythropoietin or venofer, which affects their hemoglobine. It is necessary to mention the amount of hemoglobin and the treatments received by the patients in the findings section. 10. Some of references are very old. References should be modified according to the style of the journal.	9-For the univariate and multivariate logistic regression model, anemia as an explanatory or independent variable, we converted the hemoglobin scores to a dichotomous variable (anemic patient : Hgb < 11.0 g/dl or non anemic patient : Hgb ≥ 11.0 g/dl). Your comment about the effect of erythropoitin on the correction of hemoglobin levels is very relevant. Practically in our context, the majority of patients with hemoglobin deficits receive systematically doses of eretropoitin, in an individualized manner and according to the extent of the hemoglobin decrease. And given that our population is made up of 92% of unfavorable conditions on the socio-economical level, sometimes patients are confronted with stock shortages preventing them from benefiting from this famous treatment , which forces patients to cohabit with this deficit in hemoglobin.

	10. For these two references: Hays 1997 and Hays 1994 . I can not remove them,,Hays et al is the founder of the tool KDQOL SF.

Reviewer 1

Dear Reviewer :I would like to thank you very much for taking the time to review my manuscript.

Reviewer 2 :

Dear Reviewer

I would like to thank you very much for taking the time to review my manuscript.

Comments Reviewer 2	**Answer**
1- If you were going to assess the HRQoL first, remove the 'poor' in these phrases, since it seems you knew the situation and your study would go under criticism on why you did something that you have already known its answer. 2- Do not start with numbers, please write with letters 3- Please replace this sentence with something like : The participants were at or above 18 years old, received at or above three months of hemodialysis, did not have serious changes in their lifestyle, and signed the cosnent form. Clients who were unable to response or did not sign the consent form were excluded. 4- You had two aims : This study tried to assesses HRQoL and kidney disease quality of life (KDQoL) and attempted to determine factors associated … Then your results firstly should say how the HRQoL and KDOoL were (I think you must report figures and numbers here); then you should talk about the factors that had possible influences on your results	1- Please See the manuscript 2- Please See the manuscript 3- Please See the manuscript 4-Please See the manuscript 5- Please See the manuscript

5- In disciussion please interpret what you found for your two aims. When you found for example, these patients scored below cut-off points in these questionnaire and your reported them in your result section, here in conclusion you need to say : based on the results of the present study, hemodialysis ptients had poor QoL. Factors that had significnat relationship included ..... and furture directions for these patients should try to overcome these factors. 6- Methods should be written in past tense, since you have finished your study.	6- Please See the manuscript
7- How did you assess the validity ? what kind of validity did you assess ? 8- What is the benchmark of this questionnaire to interpet your data ? what score is good ? what score is bad ? ... In next paragraph that I highlighted with blue, you provided a general benchmark which is not informative. 9- Do not start with numbers, please write with letters 10- Start with letter 11- Change the style of Endnote from 'numbered' to 'vancouver'	7- This questionnaire is only a form to collect socio-demographic data. 8- In fact, to classify the level of quality of life, we followed the guidelines of the complete KDQol manual, we first calculate the mean and standard deviation of each score either HRQol or KDQoL, then we use the mean and standard deviation to divide the level of QOL into: Poor QOL, Moderate QOL, and Good QOL,For Poor QOL, the level was below the mean-1 standard deviation; for Moderate QOL, the level was equal to the mean +/- standard deviation; and for Good QOL, the level was above the mean + 1 standard deviation. 9-Please the manuscrit 10-Please the manuscrit 11-Please the manuscrit

Reviewer 3

Comments Reviewer 3	**Answer**
1. Please rewrite these sentences: "End-stage renal disease (ESRD) is the progressive end stage of CKD. It is the end stage of CKD, where hemodialysis (HD) becomes a necessity as part of 63 renal replacement therapy". 2. Your title should be an index of what you have done : 1) assessing QoL in hemodialysis patients in Morocco & 2) the factors that might have effects on their QoL	1.Please See the manuscript 2. The primary objective of this study was to determine the

	factors associated with HRQoL and KDQoL
3 Since you addressed a well-studied subject, you should bring reasons why this subject MUST be studied again in Morocco. One would be the prevalence of disease, the other should be the level of your country according to SES, another reason might lay in the Moroccan culture (nutrition, drinks, medicine, ….), even mention studies of QoL in other diseases taken place in Morocco (magnify the gaps they found regarding their patients compared with the world) & …. 4. Remember in introduction you need to have a review of available research regarding QoL in your targeted population nationally and internationally. Since you are going to get back to these studies in discussion. 5. Please revise the Method section.	3. Please See the manuscript 4. Please See the manuscript 5. Please See the manuscript. :
6. In Result section, if you think the table 2 is just for reader to know the demographic information, please provide it as an index; I found it very difficult to follow and understand 7. Start your discussion with interpretation of your main findings based on your two aims. Compare your results with findings from national and international studies. Then start other paragraphs with those significant or insignificant or even odd findings such as the association between Anemia and QoL. Try to keep your discussion shorter and more concise.	6. Please See the manuscript 7. Please See the manuscript Indeed, the primary objective of this study was to determine the factors associated with HRQoL and KDQoL.
8.The conclusion is “take-home” message. The main message or piece of information that you found from your research. It should be clear, simple and understandable and should follow your aims.	8- Please See the manuscript
9. Introduce a heading as “Limitation”: talk about those problems that affected the quality of your research. 10. In limitation: “the first is that the study was conducted in a single geographic region, and concerns a single population of hemodialysis patients, which does not allow generalization to other hemodialysis populations.” You need to clarify why these data from one area of your country could not be generalized to the other sections? What make your area an exception? This even can be a good reason that you have done this study, and you can speak about it as a reason in your introduction. 11/12/13. Limitations 14. Your references must be in ‘Vancouver’ style.	9-Please See the manuscript 10- Please See the manuscript 11 -Please See the manuscript 12 -Please See the manuscript 13 -14 Please See the manuscript

Dear Reviewer

I would like to thank you very much for taking the time to review my manuscrip

3 Revision 2

2 comments · 20 Apr 2022 – 26 Apr 2022

Referee 2 Reviewer

ACCEPT 20 Apr 2022

Dear author/s
Thank you very much for resubmitting the revised manuscript entitled "Associations of Socio-Demographic, Clinical and Biochemical Parameters with quality of life among hemodialysis patients in Morocco" to the MEJRH.
There are considerable corrections in your manuscript; however, the final call rests with the Associate Editor and Editor-in-Chief.
Best of luck

Editor-in-Chief

MINOR REVISION 26 Apr 2022

Dear Authors
Thank you for improving the quality of the article. According to the associate editor's comments, your article still needs minor revision. When revising your manuscript, please consider all issues mentioned in the reviewers' comments carefully: please outline every change made in response to their comments and submit the required files.

4

Revision 3

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.

Associate Editor 1 :

Dear Associate Editor : I would like to thank you very much for taking the time to review my manuscript.

Associate Editor's Comments:	**Answer**
1. In the abstract ; replace "professional status" in the result section with "occupational status" 2. in the Introduction, In line 6 ; you have started a sentence with "CKD", please add "the" before this abbreviation.	1.Please See the manuscript 2. Please See the manuscript
3. In the introduction ; please reorganize the paragraphs. some of your paragraphs are too long. 4. Please remove all means and standard deviation in "Discussion". you can talk about these numbers in the introduction, but not in the discussion. 5. Read the whole manuscript a few times, to ensure that you do not have any repetition.	3. Please See the manuscript 4. If you allow me, I can remove the standard deviation, but for the means, I cannot remove them, it is from these means that I can make the confrontation and the comparison with the results of other studies 5. Please See the manuscript. :
6. Finally, check out your references, references numbered 44, 42, 34, 35, 5, 7, 9, 11, 12, 24, 30, 32 do not have proper page numbers, references numbered 28, 33 are ambiguous (are they book ? they need publisher, place of publish …), and finally references numbered as ???? should be checked completely.	6. Please See the manuscript

4 Revision 3

1 comment · 7 May 2022

Editor-in-Chief

ACCEPT 7 May 2022

Dear Authors
We are pleased to inform you that your article is accepted for publication in the MEJRHS. We hope to receive other qualified articles from your group.