Nephro-Urology Monthly
Volume 17 · Issue 1 · e157975

OPEN PEER REVIEW

Differences in Quality of Life Among Children with End-Stage Kidney Disease Undergoing Hemodialysis and Peritoneal Dialysis

Ahmedz Widiasta, Athaya Nail Labiba, Rodman Tarigan

SUBMITTED	REVISED	ACCEPTED	DOI
13 Nov 2024	29 Dec 2024	3 Jan 2025	10.5812/numonthly-157975

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.

More about open peer review: brieflands.com/knowledgebase/opr

Contents

1 **Original submission** Associate Editor 2
2 **Revision 1** Associate Editor 3
Authors' reply to reviewers 4
Reviewer and editor comments 7

1 Original submission

1 comment · 15 Dec 2024

Associate Editor

MAJOR REVISION 15 Dec 2024

Major revision

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.

Response to the reviewer

Reviewer 1:

1-Elaborate on the background to clarify the study's novelty, particularly in the context of developing countries. Highlight why comparing these two dialysis methods in such settings is critical.

Response: 37 – 40, 96 – 99

2-Provide a justification for the small sample size (n=25). Was a power analysis conducted? Discuss whether this sample size is adequate to detect meaningful differences.

Response: We have already add this statement at line 140 – 145

3-Mention whether the Pediatric Quality of Life Inventory 4.0 was validated for use in the local language and cultural context. If not, note how validity was ensured.

Response: PedsQL 4.0 English is very simple, so after being adapted to Indonesian it is easy to understand. Bias factors are minimized by assisting the researcher in filling out the questionnaire. (Line 125)

4-Include a comparison of baseline characteristics (e.g., age, duration of dialysis, comorbidities) between the two groups to assess group comparability.

Response: The baseline characteristics between both groups was almost the same (age, duration of dialysis, comorbidities) (Line 165 – 166)

5-The results mention significant differences in mean scores but also suggest that some aspects showed no significant differences. Specify which quality-of-life domains showed significant or non-significant differences.

Response: Based on the subjects reports, physical activity and social aspects were the most different between PD and HD, whereas emotional and education were not different between both groups. This condition might be because of the background of their families were low socioeconomic and education level with good religion. Whereas from the parents reports, only education aspect was different. This might be due to the hope of the parents of their children's educational level in the future. (Line 191 – 197)

6-Expand the conclusion to discuss the practical or policy implications of the findings, especially for healthcare systems in developing countries.

Response: Line 274 – 282

7-Clarify the definition of chronic kidney disease (CKD) and its stages, especially for readers unfamiliar with pediatric nephrology.

Response: Line 78 – 79

Acronym Consistency:

8-Define acronyms (e.g., CKD) upon first use and ensure consistent usage throughout the abstract.

Response: line 38

9-Include data on the duration of therapy for each modality. Longer durations could influence quality of life and should be acknowledged.

Response: All pediatric patients undergoing CAPD first underwent HD. After being persuaded and counseled, I just switched to CAPD. This means that all CAPD patients in our study were diagnosed later as ESKD. (Line 117 – 188)

10-Use headings (e.g., Background, Objective, Methods, Results, Conclusion) for better readability and structure.

Response: Many thanks, we have already change them. (Line 35, 40, 42, 47, 52, 56, 100, 140, 191, 268)

11-The highest score related to social aspects is mentioned without specifying which group this applies to. Clarify this for better comprehension.

Response: Physics, social, and education function (line 174 – 175, 177 – 178, 262 – 263)

12-Briefly note if any cultural or regional factors influenced the quality-of-life scores, particularly for social and family aspects.

Response: The cultural and regional factors in our patients are almost the same, namely land, good land transportation but it requires quite a lot of time and funds. (116 – 117) and 305 – 306.

Reviewer Assistant Comments:

These comments were generated by AI based on your manuscript. Please review them and consider incorporating the suggestions to enhance your article.

Based on the provided text about the study comparing the quality of life of children with end-stage kidney disease undergoing hemodialysis and peritoneal dialysis, I will evaluate it using the relevant checklists for cross-sectional studies (STROBE) and any other applicable guidelines.

Review Based on STROBE Cross-Sectional Checklist

1. **Title and Abstract**
    - **Title**: The title indicates the study's design and population.
    - **Abstract**: The abstract provides a balanced summary of the study's objectives, methods, results, and conclusions.
2. **Introduction**
    - **Background/Rationale**: The background explains the significance of the study and the gap in research regarding quality of life in this population.
    - **Objectives**: The objective is clearly stated.
3. **Methods**
    - **Study Design**: The study design is described as an analytic observational method with a cross-sectional approach.
    - **Setting**: The setting and dates of data collection are specified.
    - **Eligibility Criteria**: The criteria for participant selection are implied but not explicitly detailed.
    - **Data Sources/Measurement**: The use of the Pediatric Quality of Life Inventory 4.0 questionnaire is mentioned, but details on how data were collected and assessed are limited.
    - **Bias**: There is no mention of efforts to address potential sources of bias.

    - **Statistical Methods**: The statistical method (Mann-Whitney non-parametric test) is specified, but further details on how confounding was controlled are lacking.
4. **Results**
    - **Participants**: The number of participants and their distribution between hemodialysis and peritoneal dialysis is provided.
    - **Descriptive Data**: Some descriptive statistics are included, but more demographic information would enhance understanding.
    - **Outcome Data**: The results regarding quality of life scores are presented, but more detailed statistical analysis results (e.g., confidence intervals) would be beneficial.
5. **Discussion**
    - **Key Results**: The main findings are summarized, but a deeper discussion of the implications and limitations of the study is needed.
    - **Limitations**: The limitations of the study are not discussed.
    - **Generalisability**: There is no mention of the generalisability of the findings.
6. **Funding**: There is no information regarding funding sources.

Summary of Findings

- The study provides a valuable comparison of quality of life between children undergoing different dialysis methods. However, it lacks detailed information on eligibility criteria, data collection methods, potential biases, and limitations. Including these elements would strengthen the study's validity and applicability.

Recommendations

- Include explicit eligibility criteria and detailed methods of data collection.
- Discuss potential biases and how they were addressed.
- Provide more comprehensive results, including confidence intervals and discussion of limitations.
- Mention funding sources to enhance transparency.

This review highlights areas for improvement to align with the STROBE guidelines for cross-sectional studies

2 Revision 1

1 comment · 2 Jan 2025

Associate Editor

ACCEPT 2 Jan 2025

Accept