LETTER

Prevalence of Depression and Its Associated Factors Among Hemodialysis Patients in Hodeida City, Yemen [Letter]

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Dear editor

We have perused the original article titled "Prevalence of Depression and Its Associated Factors Among Hemodialysis Patients in Hodeida City, Yemen" by Alkubati SA et al.¹ It is a valuable and interesting research. The strengths of this study are as follows: (1) This study is the first to identify the prevalence of depression and its associated factors among Yemeni hemodialysis (HD) patients who are facing multiple war-related crises or ongoing political conflict and have been overlooked, remain undiagnosed and receive limited care. Paying more attention to the mental health of HD patients in developing countries or regions (eg, Yemen) and providing tailored psychological support and nursing care are the mission of healthcare professionals; (2) The study employed the OpenEpi website formula to calculate the sample size, which provided a new insight into the sample size estimation methods;² (3) The authors conducted in-depth discussion, fully compared their research findings with previous studies performed in other countries (eg, China, Jordan, Saudi Arabia, Lebanon, Malaysia, Palestine, etc), and analyzed the specific reasons for these differences.

Nevertheless, this study encountered certain constraints and some areas for improvement: (1) The authors may consider using G*Power version 3.1.9.7 software³ to calculate the sample size, a very quick and convenient software; (2) There are two areas in the text that need to be corrected: (a) Page 694, the Sex variable in Table 2 has incorrect *N* value for female. After correction, as shown in Table 1 of this letter. (b) Page 693, the description of "The results showed that only female (odds ratio (OR)=0.298; 95% confidence interval (CI)=0.132-0.674; p=0.004)" is inconsistent with the results in Table 3 of page 695, it should be described as "The results showed that only female (odds ratio (OR)=3.352; 95% confidence interval (CI) = 1.484-7.570; p=0.004)"; (3) The variables included for binary logistic regression analysis in this study are relatively limited. Some professionally significant factors related to depression were not included in

Variable	N	PHQ-9 Depression Score n (%)		Chi-square	P-value
		<10	≥ 10		
Sex					
Male Female	149 51	65 (43.6) 9 (17.6)	84 (56.4) 42 (82.4)	10.99	<0.001*

Table I Factors Associated with Depression Among HD Patients (n = 200)

Note: Star sign (*) and bold text indicate significant result.

Abbreviation: PHQ-9, 9-item Patient Health Questionnaire.

© 2024 Wang et al. This work is published and licensed by Dove Medical Press Limited. The full terms of this license are available at https://www.dovepress.com/terms. by and incorporate the Creative Commons Attribution — Non Commercial (unported, v3.0) [License (http://reativecommons.org/licenses/by-nc/3.0)]. By accessing the work you hereby accept the Terms. Non-commercial uses of the work are permitted without any further permission from Dove Medical Press Limited, provided the work is properly attributed. For permission for commercial use of this work, joint and S of our Terms (http://www.dovepress.com/terms.php). multivariate binary logistic regression to identify independent predictors of depression, eg, marital status, economic income, living status, suffering from chronic diseases, war-related factors, etc. In future research, when conducting logistic regression analysis, on the one hand, the authors should not only include statistically significant factors in the chi-square test but also consider including professionally significant factors in the analysis. On the other hand, the authors may also consider incorporating factors with P-values less than 0.1 or 0.2 in univariate analysis into multivariate regression.⁴

This study recommends several additional areas for further research directions: (1) Future larger-scale and multicenter study at HD centers in Yemen are needed to draw convincing conclusions; (2) Qualitative research can be conducted to explore the subjective experiences of HD patients with depressive symptoms during war conflicts in Yemen; (3) In future research, a control group can be established to compare the depression situation (eg, prevalence, severity, associated factors) of Yemeni HD patients and the general population; (4) Understanding the modifiable or controllable psychosocial factors of depression among Yemeni HD patients and identifying the specific pathways or mechanisms by which these psychosocial factors impact depression through structural equation modeling or mediating effects model can inform the development of targeted interventions and improve the quality of life and health outcomes of HD patients.

Acknowledgments

We thank all the authors of the paper titled "Prevalence of Depression and Its Associated Factors Among Hemodialysis Patients in Hodeida City, Yemen" for conducting a valuable and interesting study in Yemen, a developing Arab country in the Middle East.

Disclosure

The authors reported no conflicts of interest in this communication.

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