

Review Form 1.7

	International STD Research & Reviews
Manuscript Number:	Ms_I-SRR_119775
Title of the Manuscript:	SOCIODEMOGRAPHIC PROFILE AND SEXUAL QUALITY OF LIFE IN PATIENTS WITH DHAT SYNDROME
Type of the Article	Original Research Article

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<p>Compulsory REVISION comments</p> <ol style="list-style-type: none"> 1. Is the manuscript important for scientific community? (Please write few sentences on this manuscript) 2. Is the title of the article suitable? (If not please suggest an alternative title) 3. Is the abstract of the article comprehensive? 4. Are subsections and structure of the manuscript appropriate? 5. Do you think the manuscript is scientifically correct? 6. Are the references sufficient and recent? If you have suggestion of additional references, please mention in the review form. <p><u>(Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)</u></p>	<p>[1] This manuscript is highly important for the scientific community because</p> <p>[i] Dhat Syndrome is described as a culture bound syndrome (CBS) and the explicit assumption that “culture-bound syndromes are generally limited to specific societies or culture areas and localized folk” have resulted in CBS being viewed as an alien entity to the western world, thereby limiting global interest in understanding these conditions and bringing them meaningfully under the general classificatory system.</p> <p>[ii] Being a CBS, Dhat Syndrome as well as the other CBS are conditions which are truly of concern to clinicians and researchers indigenous to the geographical area because they often face double difficulty of diagnosing and treating these syndromes without established diagnostic criteria and communicating their findings to peers in absence of established terminology.</p> <p>[iii] As Dhat Syndrome is described as a CBS, and the Diagnostic and Statistical Manual (DSM) IV defines and lists CBS only as “Recurrent locality specific patterns of aberrant behavior and troubling experience that may or may not be linked to particular DSM IV category”. Currently, there is still an ongoing debate on nosological status of CBS, which means that the classification of CBS has not yet been clearly defined.</p> <p>[2] Title of the article is not suitable because it does not indicate its study design and it does not specify that this study is only examining male Dhat syndrome patients. So, the title should be amended to “Evaluation of socio-demographic characteristics of male Dhat syndrome patients with their sexual quality of life: A cross-sectional study in Bareilly, India”.</p> <p>[3] The abstract is not comprehensive because it does not describe the results according to mean scores of SQOL-M questionnaire based on age [table 2], marital status [table 3] and education level [table 4]. In addition, it does not describe the results as shown in table 5, which provides a measure of the frequency of occurrence of feelings and thoughts that can occur in a patient with Dhat syndrome (such as frustrated, depressed, feeling less of a man, lost confidence as a sexual partner, anxious, angry, worry, embarrassed, guilty, partner feels hurt or rejected, feeling lost something).</p> <p>[4] No, the subsections and structure of the manuscript are not appropriate because the results should be divided into two subsections, namely [3.1.1] Socio-demographic profile of respondents and [3.1.2] Evaluation of sexual quality of life by [a] mean scores of SQOL-M according to age, marital status and socio-economic status, and by [b] frequency of occurrence of feelings and thoughts that can occur in a patient with Dhat syndrome. Moreover, the discussion should also be divided into three subsections, namely: [3.2.1] Socio-demographic profile of respondents, [3.2.2] Signs and symptoms reported by patients with Dhat syndrome and [3.2.3] Sexual quality of life of patients as determined by mean scores of SQOL-M.</p> <p>[5] The study design of this manuscript may not be scientifically correct because it is recruiting all the 153 Dhat syndrome patients over the course of one year in a time-based fashion. This means that not all the 153 Dhat syndrome patients (who were participating in this study) had actually filled in the SQOL-M questionnaire at the same time. This is because over the course of one year, the investigator had gradually recruited a total of 153 Dhat syndrome patients who would be filling in the SQOL-M questionnaire as soon as</p>	

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	<p>they had been recruited into this study. This means that each of the 153 respondents for this study would be filling in the SQOL-M at a different time (i.e. some of them who were recruited earlier would fill in the SQOL-M earlier, while the others who were recruited later would fill in the SQOL-M later).</p> <p>Since a cross-sectional study will necessitate the measurement of exposures and outcomes at the same time, hence this study is not a true cross-sectional study.</p> <p>Besides, this study does not perform statistical tests to compare between the independent variables and their corresponding dependent variables for the purpose of deciding whether such differences are statistically significant or not. For Tables 2, 3 and 4, the independent variables are all categorical (with more than two categories) and the dependent variables are continuous. Therefore, the analysis of variance (ANOVA) is a suitable statistical test to perform for the purpose of determining whether the differences in the dependent variables for the various categories of independent variables are statistically significant or not.</p> <p>Hence, it is not accurate to say that “The mean score of the SQOL-M felled under the good class category. While there was no significant variation among the age, marital status and education of the patients.” in the 3.2: Discussion section.</p> <p>[6] The following is a list of more recent references that are available in the contemporary literature. [i] Strong, Y. N., Li, A., White, M. E., Razzak, A. N., Anderson, D. J., Kaye, A. D., ... & Urits, I. (2022). Dhat syndrome: epidemiology, risk factors, comorbidities, diagnosis, treatment, and management. <i>Health Psychology Research</i>, 10(4). [ii] Prakash, O., & Kar, S. K. (2019). Dhat syndrome: a review and update. <i>Journal of Psychosexual Health</i>, 1(3-4), 241-245. [iii] Shahi, M. K., Tripathi, A., Singh, A., Kar, S. K., Nischal, A., Singh, S., & Dalal, P. K. (2022). Quality of life and disability in patients with Dhat syndrome: a cross-sectional study. <i>Indian Journal of Psychological Medicine</i>, 44(5), 459-465. [iv] Kar, S. K., Menon, V., Arafat, S. Y., Singh, A., Das, A., Shankar, A., ... & Perera, S. (2021). Dhat syndrome: Systematic review of epidemiology, nosology, clinical features, and management strategies. <i>Asian Journal of Psychiatry</i>, 65, 102863. [v] Kar, S. K., Arafat, S. Y., & Menon, V. (2021). A bibliometric analysis of Dhat syndrome. <i>Psychiatry International</i>, 2(4), 379-385.</p> <p>[7] Additional suggestions/comments Another important area of further investigation is the presence of other psychiatric comorbidities. Since it is clearly stated in the 3.2: Discussion section that “relationship to other psychiatric comorbidities was not investigated”, hence it might be interesting for this study to examine further in the 153 respondents of this study for the presence of any other psychiatric comorbidities. This is because Dhat syndrome is a culture-bound syndrome, which is also closely associated with small number of psychiatric disorders yet are not fully subsumed by them. The conditional statement in the DSM-IV-TR glossary that these syndromes “may or may not” be linked to a psychiatric diagnosis makes it clear that the relationship between the culture-bound syndromes and psychiatric disorders is complex and still needs considerable research.</p>	
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<p>Minor REVISION comments</p> <p>1. Is language/English quality of the article suitable for scholarly communications?</p>	<p>The level of written language proficiency/English quality of the article is not adequate for scholarly communications because the following is a list of three examples of the sentences in this article which will require editing.</p> <p>These are:</p> <p>[i] According to Khan [14] study on DHAT syndrome patients in Pakistan, the age range was vast, ranging from 12 to 65 years old, with an average age of 24 years. The word "vast" should be replaced by "wide".</p> <p>[ii] Higher social class respondents to a Malhotra and Wig study [22] were more open to discussing sex and were less worried about the harmful impacts of semen loss on their health. The sentence should be rephrased to "Malhotra and Wig Study [22] reported that higher social class respondents were more open to discussing sex and were less worried about the harmful impacts of semen loss on their health."</p> <p>[iii] Despite the fact that semen's overestimated importance as a component of the human body played a significant influence in the development of this ailment, increased sexual awareness and literacy rates haven't been able to persuade the general public of its inorganic origins. The sentence should be rephrased to "Although the seemingly overestimation in the importance of semen as a component of the human body does contribute towards the development of Dhat syndrome as an ailment, it is disheartening that both an increased awareness of sexual health and overall health literacy levels are still not able to convince the general public of the inorganic origins for the clinical manifestations of Dhat syndrome."</p>	
<p>Optional/General comments</p>	<p>Overall, the methods section should describe how the data will be analysed by using statistical means. In addition, it is necessary to describe which statistical software will be used for performing statistical tests (if any).</p> <p>Both the results and discussions sections should also link together all the findings obtained from this study with the other findings reported by previous studies.</p>	

PART 2:

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<p>Are there ethical issues in this manuscript?</p>	<p><i>(If yes, Kindly please write down the ethical issues here in details)</i></p>	

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