

Response to “Vision-Related Quality of Life Among Diabetic Retinopathy Patients” [Letter]

Heru Santoso Wahito Nugroho¹, Nimsi Melati², Vivi Retno Intening²

¹Center of Excellence of Community Empowerment in Health, Poltekkes Kemenkes Surabaya, Surabaya, Indonesia; ²Nursing Department, STIKes Bethesda Yakkum, Yogyakarta, Indonesia

Correspondence: Nimsi Melati; Vivi Retno Intening, Nursing Department, STIKes Bethesda Yakkum, Jl. Johar Nurhadi 6, Yogyakarta, DIY, 55224, Indonesia, Email nimsi@stikesbethesda.ac.id; vivi@stikesbethesda.ac.id

Dear editor

We have carefully read the article published under the title “Vision-Related Quality of Life Among Diabetic Retinopathy Patients in a Hospital-Based Population in the Sultanate of Oman”. The findings of this study have provided very valuable information that diabetic retinopathy has a significant impact on quality of life both overall and specifically according to various aspects. Researchers have proven that the stage of diabetic retinopathy not only affects overall quality of life, but also each of the twelve quality aspects studied, namely general health, general vision, ocular pain, near vision, distant vision, peripheral vision, social functioning, color vision, driving, role difficulties, mental health and independence.¹ These findings suggest that the care of patients with diabetic retinopathy should not only focus on the medical problem, but also maintain the patient’s quality of life.

However, we believe that before analyzing the influence of diabetic retinopathy stage on a patient’s quality of life, ideally an analysis should first be carried out aimed at confirming whether the twelve aspects mentioned above are appropriate indicators for quality of life in general. This can be done using confirmatory factor analysis (CFA).² Because researchers use numerical data, one statistical program that is suitable as an analysis tool is AMOS, but other programs can also be used.³ After confirming that these twelve aspects were appropriate indicators of the patient’s quality of life, the researchers continued with an analysis of the influence of the stage of diabetic retinopathy on overall quality of life and each specific aspect.

Therefore, we respectfully request that the editor give researchers the opportunity to carry out confirmatory factor analysis to ensure the accuracy of these twelve aspects as indicators of overall quality of life, then the results can be published in this journal as a response to our letter.

Disclosure

The authors report no conflicts of interest in this communication.

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