

Letter to Editor

Depression and Posttraumatic Stress Disorder among Road Traffic Accident Victims Managed in a Tertiary Hospital in Southern Nigeria: The Methodological Issue

We read with interest the paper by Asuquo *et al.* in your esteemed Journal.^[1] The authors attempted to estimate, among patients attending the trauma clinic of a tertiary hospital in Southern Nigeria, the prevalence of posttraumatic stress disorder (PTSD) and major depressive disorder (MDD). For inclusion in their study, they required in addition that participants in their case group to be involved in Road Traffic Accidents (RTAs) in more than a year in the past, and compared them with a control group who did not have such a record in their life history. The authors continue to state that, matching for age and sex was used among two groups, to increase the validity of their conclusions.

Although this study is valuable and the results are interesting, we believe important methodological issues had to be considered to maximize its application in practice and for the future research:

1. We believe the abovementioned methodology is not case-control as the authors propose. Rather, a “historical cohort” or “retrospective cohort” had to be inevitably chosen to name its methodological model and framework followed during data collection and analysis in this investigation. To us, a case-control study must begin with the selection of two matched groups: a group of cases (with an illness) and a control group (which are in effect some people considered healthy with respect to an undesirable and problematic health state). The main aim of the investigator in this model of study is to know if a specific factor could play any role as a cause or risk in the development of such an illness, and if the answer is yes, how strongly does so. In other words, the investigator here has to look for and compare the past exposures of all participants under study (in both case and control group) to one of risk factors or hypothetical causes or more.^[2] In the present study, the authors state that two groups of people (one with RTA in their history, and one without) were selected, and both groups were followed to at least a year later when they were investigated by questionnaire to reveal the ones that are in the following ill-health states: PTSD or MDD. Precisely, is this the characteristic that makes a study a historical cohort and differentiates the model from its alternative (such as case-control)?^[2]
2. If the authors insist on their use of words and believe that they did not do a retrospective cohort, then their

explanations should be replaced by a description that is more in line with a case-control model. For example, instead of writing “a selection of 46 people with a history of RTA in the orthopedic clinic”, they ought to mention that 142 people were selected from among those reporting to a psychiatric clinic, a group of 46 with a definite diagnosis of PTSD, another 46 with definite diagnosis of MDD, and the last 46 people do not suffer from any of the two noted ill-health states (i.e., are healthy with respect to PTSD or MDD). The researchers should go through the health records of all the three noted groups, and search for any history of RTA. Compared with the group affected by neither of the two noted psychiatric disorders, the possible greater prevalence of RTA among PTSD group or MDD group (or both) could imply a form causal relationship or association.

Therefore, referring to “the orthopedic clinic and selecting 46 people with a history of RTA within the past year and 46 people without a history of RTA more than one year ago,” as stated in this article, is a mistake that should be corrected. We believe that this could have been hardly the case with what authors did for this study, and even if they did so, at this point in time and after the final publication of the study report, such an option (re-writing and rectifying what was incorrectly described) seems logically impossible

3. We, therefore, recommend readers of this paper to understand and interpret the description by Asuquo *et al.* in light of the first (of the above two proposals).

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Conflicts of interest

There are no conflicts of interest.

R Ramazani, A Fayaz-Bakhsh¹, F Moradpor²,
M Khaledian³

Department of Disaster and Emergency Health,
School of Public Health, Tehran University of Medical Sciences,

¹Health Information Management Research Center, School of Allied Medical Sciences, and School of Public Health, Tehran University of Medical Sciences, ²Social Determinant of Health Research Center,

Kurdistan University of Medical Sciences, Sanandaj, ³Department of Psychology, Payame Noor University, Tehran, Iran

Address for correspondence: Dr. A Fayaz-Bakhsh,
Health Information Management Research Center,
School of Allied Medical Sciences, and School of Public Health,
Tehran University of Medical Sciences, Tehran, Iran.
E-mail: fayaz@tums.ac.ir

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