



ahmad suryawan <suryawan.ahmad@gmail.com>

Notification from Journal of Health Science and Medical Research

Pattama Malakul <malakul.pa14@gmail.com>
To: ahmad suryawan <suryawan.ahmad@gmail.com>
Cc: Kamolthip Suwanthavee <skamolth@gmail.com>

Fri, May 24, 2019 at 3:46 PM

Dear Dr. Ahmad Suryawan

With regard to your manuscript submission entitled "The Difference Score Of Quality Of Life Between Parents and Children with Lupus Nephritis" which was submitted to Journal of Health Science and Medical Research (JHSMR).

We are pleased to inform you that We already completed the process of reviewing. Therefore please find the comment from reviewer and journal manager in the attachment for making your revision

The JHSMR request 2 documents in revision process as follow

1. Your revision manuscript with the change highlighting
2. Your responds to reviewer

If you have any problems do not hesitate to let us know via at e-mail: manager@jhsr.org, malakul.pa14@gmail.com, we will help you as soon as possible.

The revision process is going to due on 14 June 2019

Please let us know If you have already receive this email

Thank you for your cooperation

Yours sincerely

Pattama M

Assistant Manager
Journal of Health Science and Medical Research (JHSMR)
Faculty of Medicine, Prince of Songkla University,
Hat Yai, Songkhla 90110, Thailand
Tel.074-451159

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Journal of Health Science and Medical Research (JHSMR)

คณะแพทยศาสตร์ มหาวิทยาลัยสงขลานครินทร์

074-451159

ในวันที่ พ. 27 ก.พ. 2019 เวลา 14:15 ahmad suryawan <suryawan.ahmad@gmail.com> เขียนว่า:
Dear Pattama Malakul,

So much thank you for your prompt response.
I've already check the updating data of the authors. Very appreciated it ..!!
We are looking forward for the next step.

Thank you very much,

Best regards,
Ahmad Suryawan, MD, PhD

On Wed, Feb 27, 2019 at 2:06 PM Pattama Malakul <malakul.pa14@gmail.com> wrote:
Dear Dr. Ahmad Suryawan

Thank you for your prompt sending additional documents

I would like to inform you that don't worry about that matter.

Your 3rd author (Dr. Ninik Asmaningsih Soemyarso) was already entered to the online data.

You can check your updating data via at <https://tci-thaijo.org/index.php/jhsmr/workflow/index/174689/1>

If you have any things for I help. Do not hesitate to let me know

Yours sincerely
Pattama Malakul
Assistant Manager, JHSMR
Faculty of Medicine, Prince of Songkla University,
Hat Yai, Songkhla 90110, Thailand
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ในวันที่ พ. 27 ก.พ. 2019 เวลา 13:22 ahmad suryawan <suryawan.ahmad@gmail.com> เขียนว่า:
Dear Pattama Malakul,

Thank you very much for your quick response.

There are a number of things that I want to inform you about my manuscript that I sent online yesterday, as below:

1. Along with this email I attached the consent form of the authors with my name and signature of me as corresponding author.

2. Regarding 3 peer-review who I suggest are:

a. Name: IGA Trisna Windiani, MD, PhD

Affiliation: Department of Child Health, Faculty of Medicine, Udayana University, Denpasar, Bali, Indonesia

Email: trisanawindianidr@yahoo.co.id

b. Name: Retno Sutomo, MD, PhD

Affiliation: Department of Child Health, Faculty of Medicine, Gajah Mada University, Yogyakarta, Indonesia

Email: rsutomo.id@gmail.com

c. Name: Hesti Lestari, MD, PhD

Affiliation: Department of Child Health, Faculty of Medicine, Sam Ratulangi University, Manado, Indonesia

Email: hesti_26@yahoo.com

3. After I looked again, it turned out that when I filled in the online data there were still (1) one Author that I hadn't entered. Can you help me enter it ?? If so, the third Author is:

Author Name: Ninik Asmaningsih Soemyarso

Affiliation: Department of Child Health, Faculty of Medicine, Airlangga University, Surabaya, Indonesia

Email: ninikas@hotmail.com

I am very grateful to you if you can help me in this matter.

I am looking forward for your response

Thank you for your cooperation.

Best Regards,

Ahmad Suryawan. MD., PhD

On Wed, Feb 27, 2019 at 11:16 AM Pattama Malakul <malakul.pa14@gmail.com> wrote:

Dear Dr. Ahmad Suryawan

JHSMR have already received your manuscript entitle "The Difference Score Of Quality Of Life Between Parents and Children with Lupus Nephritis" .

We are really thank you for your submission. The next step, we will send your manuscript to the peer review process. Therefore could you please send us the additional documents as follows

1. Consent form (could you please find the consent form in the attachment and sign your name.)

2. The list of 3 peer review suggestion reviewer (include their name and affiliation) *Please note that the suggestion reviewer must be from your external institution.

We are look forward to receiving documents from you before 5 March 2019

Thank you for your cooperation. If you have any problem do not hesitate to let us know, we will help you as soon as possible

your sincerely

Pattama Malakul

Assistant Manager, JHSMR
Faculty of Medicine, Prince of Songkla University,
Hat Yai, Songkhla 90110, Thailand
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ในวันที่ อ. 26 ก.พ. 2019 เวลา 13:18 ahmad suryawan <suryawan.ahmad@gmail.com> เขียนว่า:

Dear Pattama Malakul,

Today, 26 Feb 2019 I've just submit one article to JHSMR, with the title "The Difference Score Of Quality Of Life Between Parents and Children with Lupus Nephritis" in order to continuing our partnership between JHSMT and FMI (Folia Medica Indonesiana).

Please kindly to check it out.

Can you help me to sent an Letter of Acceptance from JHSMR with the "fast track facilities" because I need to report to Prof Joko Santoso that our partnership is well going so far.

Best Regards,
Ahmad Suryawan, MD, PhD (Paediatrician, Consultant)

Managing Editor
Folia Medica Indonesiana

On Tue, Jan 29, 2019 at 11:10 AM Pattama Malakul <malakul.pa14@gmail.com> wrote:

Dear Dr. Ahmad Suryawan

The Editorial Team of Folia Medica Indonesiana

Kindly refer to the agreement between Journal of Health Science and Medical Research (JHSMR) and Folia Medica Indonesiana which was agreed on 21 September 2018 by Assoc.Prof. Jitti Hanprasertpong (Editor-in-chief of JHSMR) and Prof. Djoko Santoso (Vice Rector for Academic and student affairs of Airlangga University). The agreement says that "JHSMR and Folia Medica Indonesiana will exchange 4 manuscripts per years each other.

In 2018, two colleagues of JHSMR (Asst. Prof. Anucha Thatrimontrichai and Dr. Nungrutai Saeai) submitted their manuscripts to Folia Medica Indonesiana . Those manuscripts entitled "Neonatal sepsis in Thailand" and "Disease Free Survival of Stage I Endometrial Cancer after Surgery Without or With Adjuvant Treatment"

Whereas the JHSMR didn't receive the manuscript from Folia Medica Indonesiana's colleague, thus the JHSMR is concerned about that. It would be nice if you please update your manuscript which is expected to submit to JHSMR or inform us if you have any problem or something went wrong. Please be comfort to let us know. We pleasure to help you and respect with your decision.

Thank you for your cooperation, we are look forward to hearing from you

Sincerely yours,

Pattama Malakul

Assistant Manager, JHSMR

Faculty of Medicine, Prince of Songkla University,

Hat Yai, Songkhla 90110, Thailand

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3 attachments



174689_Ahmad_manuscript_for_author_revise.docx

52K



174689_Journal_manager_edited.pdf

3467K



174689_total_comment.docx

1704K



ahmad suryawan <suryawan.ahmad@gmail.com>

Notification from Journal of Health Science and Medical Research

ahmad suryawan <suryawan.ahmad@gmail.com>
To: Pattama Malakul <malakul.pa14@gmail.com>
Cc: Kamolthip Suwanthavee <skamolth@gmail.com>

Fri, Jun 14, 2019 at 2:25 PM

Dear Pattama Malakul,

Herewith I attached two files that you requested:

1. My response to the reviewers
2. Revised manuscript

Please advice for the next step

Kind Regards,
Ahmad Suryawan

[Quoted text hidden]

2 attachments

 **[Respons to reviewer] 174689_total_comment (1).docx**
1701K

 **[JHSMR] Ahmad Suryawan_Revised Manuscript.docx**
47K



ahmad suryawan <suryawan.ahmad@gmail.com>

Notification from Journal of Health Science and Medical Research

Pattama Malakul <malakul.pa14@gmail.com>
To: ahmad suryawan <suryawan.ahmad@gmail.com>

Tue, Jun 18, 2019 at 8:29 AM

Dear Dr. Ahmad Suryawan

I have already received your documents, and I will take your manuscript to the next step.
Thank you for your cooperation

Yours sincerely

Pattama M
Assistant Manager
Journal of Health Science and Medical Research (JHSMR)
Faculty of Medicine, Prince of Songkla University,
Hat Yai, Songkhla 90110, Thailand
Tel.074-451159

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ในวันที่ ศ. 14 มิ.ย. 2019 เวลา 13:45 ahmad suryawan <suryawan.ahmad@gmail.com> เขียนว่า:

[Quoted text hidden]

[JHSMR] Editor Decision on ID:174689, "The Difference Score Of Quality Of Life Between Parents and Children with Lupus Nephritis"

Pattama Malakul via Thai Journals Online (ThaiJO) <admin@tci-thaijo.org>

2 Juli 2019 13.28

Balas Ke: Pattama Malakul <support@jhsmr.org>

Kepada: AHMAD SURYAWAN <ahmad.suryawan@fk.unair.ac.id>, Lasmauli Situmorang <lasma1ys@gmail.com>, Ninik Asmaningsih Soemyarso <ninikas@hotmail.com>

Manuscript number: 174689

"The Difference Score Of Quality Of Life Between Parents and Children with Lupus Nephritis"

Dear AHMAD SURYAWAN, Lasmauli Situmorang, Ninik Asmaningsih Soemyarso:

Thank you for submitting a revised version of your manuscript to Journal of Health Science and Medical Research. We are pleased to inform you that it has now been accepted for publication and will appear in one of the next issues of the journal.

On behalf of the Editors of Journal of Health Science and Medical Research, we look forward to your continued contributions to the Journal.

Sincerely,

Assoc. Prof. Jitti Hanprasertpong
Editor-in-chief of Journal of Health Science and Medical Research

[JHSMR] Editor Decision

Pattama Malakul via Thai Journals Online (ThaiJO) <admin@tci-thaijo.org>

30 Agustus 2019 11.16

Balas Ke: Pattama Malakul <support@jhsmr.org>

Kepada: AHMAD SURYAWAN <ahmad.suryawan@fk.unair.ac.id>, Lasmauli Situmorang <lasma1ys@gmail.com>, Ninik Asmaningsih Soemyarso <ninikas@hotmail.com>

AHMAD SURYAWAN, Lasmauli Situmorang, Ninik Asmaningsih Soemyarso:

The editing of your submission, "The Difference Score Of Quality Of Life Between Parents and Children with Lupus Nephritis," is complete. We are now sending it to production.

Submission URL: <https://www.tci-thaijo.org/index.php/jhsmr/authorDashboard/submission/174689>

Pattama Malakul
support@jhsmr.org

The Difference^{nt} Score Of Quality Of Life Between Parents and Children with Lupus Nephritis

Lasmauli Situmorang¹, Ahmad Suryawan¹, Ninik Asmaningsih Soemyarso¹
Please insert each author's qualification after their name e.g. Ahmad Suryawan, M.D., Ph.D.

¹Department of Child Health, Faculty of Medicine, Universitas Airlangga, Surabaya, Indonesia.

ABSTRACT

Background: Children with lupus nephritis have physical limitations due to consequences of chronic disease and long term medications and can affect quality of life. Quality of life is personal perception and can be different between children and their parents.

Objective: To identify the difference score of quality of life between parents and children with lupus nephritis.

Methods: A cross-sectional study was conducted from February to March 2017 in children with lupus nephritis aged 5-18 years old treated at Department of Child Health Dr. Soetomo Hospital. The quality of life were assessed from parents and children by using PedsQL GC 4.0 questionnaires. Higher score show better quality of life. Statistical analysis of wilcoxon signed rank test and pair t test were used with $P < 0.05$ being significant.

Results : A total of 30 children were included during the study period. Sixteen children were female with mean age of 11.5 (SD 2.71) years. The differences on score between parents and children as follows: physical functioning (82.8 vs 87.5) $p=0.140$, emotional functioning (65.0 vs 72.5) $p=0.173$, social functioning (80.0 vs 95.0) $p=0.016$ and school functioning (67.5 vs 70.0) $p=0.116$. There were no differences founded according to onset of diagnosis and differences only found in social functioning based on induction treatment phase. Children with complication showed significantly differences in physical, emotional and social functioning ($p=0,041$, $p=0,023$, $p=0,038$ respectively)

Conclusion: Parents and children with lupus nephritis showed different score of quality of life in social functioning, and it is important to consider in children daily life activities.

Key words: Lupus nephritis, quality of life, children, PedsQL GC 4.0. Please order from A-Z

Correspondence

Ahmad Suryawan, MD, PhD.

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Introduction

Lupus nephritis is a common and often severe manifestation of the chronic autoimmune vasculitis that occurs in systemic lupus erythematosus (SLE).¹ Overall, 60-80% of children with SLE have urinary or renal function abnormalities in the early disease. In 90%

of patients, renal disease occurs within two years from the onset.² The prevalence of lupus nephritis was 3.64 per 100,000 children and the annual incidence was 0.72 cases per 100,000 per year.³ There were 116 cases of hospitalized children with lupus nephritis in pediatric ward of Dr Soetomo Hospital reported from 2012 to 2015.⁴

Children with lupus nephritis usually occurs in adolescent age; it is uncommon before the age of 10 years and very rare before five years. Children have a long life expectation and therefore any effort should be made to optimize the treatment and prevent morbidity.² Lupus nephritis interferes many aspects of normal life. Unlike in adults, patients with pediatric lupus have to face the consequences of this chronic disease during childhood and adolescence—vulnerable periods of their intellectual and emotional development and it can affect quality of life.⁵

The quality of life is the subjective personal perception of living with the disease. It can be different between children and their parents.⁵ PedsQL GC 4.0 is one of the instruments to measure the quality of life were specifically designed to measure the core health dimensions that can be used with healthy children and those with acute and chronic health conditions.^{6,7} Quality of life should be influenced by onset of disease, treatment and complication of disease.

The aim of this study is to identify the difference score of quality of life between parents and children with lupus nephritis.

Method *Material and Methods*

A cross-sectional study was conducted from February to March 2017. Lupus nephritis children aged 5 - 18 years old who treated at Nephrology Division, Department of Child Health of Dr. Soetomo Hospital was included. Children with unstable condition were excluded. The quality of life were assessed from parents and children by using generic scale

(PedsQL 4.0) questionnaires. The PedsQL GC 4.0 is a multidimensional instrument that is reliable and valid in healthy populations and in children with acute and chronic condition. Quality of life score between children and parents was compared according to onset of disease, treatment phase and complication of disease. Higher score shows a better quality of life. Statistical analysis of wilcoxon signed rank test and pair t test were used with $P < 0.05$ being significant. ^{p-value} _{t-test}

Result

A total of 30 children were included during the study period. Female was superior than male with the mean age of 11.5 (SD 2.71) years. Table 1 shows the characteristic of subjects. The mean age of parents was 36.8 ± 6.88 years, and 86.7% questionnaire were fulfilled by mother. Elementary school was the most educational level of the parents and most of them was a housewife worker.

Table 1. Baseline characteristic (Bold)

Characteristic	n=30 (Bold)
Age (years), mean (\pm)	11.5 (\pm 2.71)
Age (years), n (%)	
5-7	3 (10.0)
8-11	15 (50.0)
12-18	12 (40.0)
Sex, n (%)	
Girl	16 (53.3)
Boys	14 (46.7)
Onset diagnosis, n (%)	
\leq 10 years	12 (40.0)
> 10 years	18 (60.0)
Treatment phase, n (%)	
Induction	19 (63,3)
Maintenance	11 (36,7)
Complication, n (%)	

Yes	13 (43,3)
No	17 (56,7)
Resident, n (%)	
Surabaya	9 (30)
Outer Surabaya	21(70)

The most common clinical manifestation was edema (73.3%), followed by pale/weak (63.0, 3.0%) and hematuria (36.0, 7.0%). Acute kidney injury founded as the most complication (26.0, 7.0%) followed by hypertensive crisis (16,7%).

In this study, the different score between children and parents as follows: physical functioning (82.8 vs 87.5) ^{p-value} p=0.140, emotional functioning (65.0 vs 72.5) p=0.173, social functioning (80.0 vs 95.0) =0.016 and school functioning (67.5 vs 70.0) p=0.116 (Figure 1). There was no significant different founded between parents and children according to the onset of disease (≤ 10 years and >10 years). There was a significant different only on social functioning based on the induction treatment phase, whereas in maintenance treatment phase there was no significant different founded.

Table 2. Comparison of the quality of life between children and parents

Domain	Children report mean (SD)	Parent report mean (SD)	P value p-value
Physical Functioning	76.7 (20.29)	82.2 (18.49)	0,140*
Emotional Functioning	67.0 (19.41)	71.5 (21.17)	0.173**
Social Functioning	80.3 (14.90)	86.5 (16.82)	0.016*
School Functioning	65.8 (17.42)	70.0 (16.86)	0.116**

*wilcoxon signed rank test, ** paired t-test, $p < 0.05$
^{p-value} ^{S.D. = 7}

There was difference on physical, emotional dan social functioning in lupus nephritis children with complication whereas no different score quality of life was founded in lupus nephritis children without complication.

Table 3. Comparison of the quality of life between children and parent based on onset diagnosis, treatment phase, complication.

Domain	Children report mean (SD)	Parent report mean (SD)	p-value
Onset diagnosis ≤ 10years			
Physical Functioning	75.7 (22.22)	83.0 (12.17)	0.326**
Emotional Functioning	68.7 (19.32)	73.7 (15.68)	0.383**
Social Functioning	80.8 (12.93)	86.6 (16.69)	0.447**
School Functioning	64.5 (17.38)	67.0 (16.98)	0.080*
Onset diagnosis > 10 years			
Physical Functioning	77.4 (19.54)	81.6 (22.06)	0.219*
Emotional Functioning	65.8 (19.94)	70.0 (24.49)	0.318**
Social Functioning	80.0 (16,44)	86.3 (17.38)	0.080*
School Functioning	66.6 (17.90)	71.9 (16.98)	0.181**
Induction Phase			
Physical Functioning	76.6 (19.69)	82.2 (18.92)	0.297*
Emotional Functioning	67.3 (18.05)	72.3 (19.81)	0.248**
Social Functioning	81.5 (11.18)	89.4 (14.03)	0.024*
School Functioning	68.1 (16.34)	72.3 (17.42)	0.287*
Maintenance Phase			
Physical Functioning	76.9 (22.28)	82.1 (18.65)	0.258*
Emotional Functioning	66.3 (22.48)	70.0 (24.28)	0.502**
Social Functioning	78.1 (20.28)	81.3 (20.50)	0.334*
School Functioning	61.8 (19.27)	65.9 (15.78)	0.292**
Lupus Nephritis with complication			
Physical Functioning	77.1 (21.88)	87.5 (12.91)	0.041*
Emotional Functioning	60.7 (20.49)	71.5 (22.20)	0.023*
Social Functioning	75.3 (15.20)	83.4 (20.14)	0.038*
School Functioning	68.8 (17.69)	75.7 (13.82)	0.122*
Lupus Nephritis without complication			
Physical Functioning	76.4 (19.67)	78.1 (21.30)	0.777*

Emotional Functioning	71.7 (17.67)	71.4 (21.04)	0.948**
Social Functioning	84.1 (13.94)	88.8 (13.97)	0.205*
School Functioning	63.5 (17.38)	65.5 (18.01)	0.554**

*wilcoxon signed rank test, ** paired t test, $p < 0.05$
 ↓
 p-value S.D. = 7

Discussion

There were lots of studies explained about lupus nephritis/systemic lupus erythematosus, but most of them were mainly focused in adults,^{8,9,10} not in children. The mean age of children with lupus nephritis in our study was 11.5 (SD 2.71) and female was superior than male (16/30). This finding incordance with the study by Hiraki et al, that the average age of children was 13.1 (SD3.20),¹¹ but in contrast it was different from the previous study which found a younger age of 6.4 (SD3.20)¹² even though the female sex was most prevalent in both of these studies.

Quality of life is a personal perception and it is subjective,¹³ therefore perceptions between each individual can be different even in children and parents. Although subjective, quality of life can be measured. PedsQL GC 4.0 is one of the instruments used to measure the quality of life in healthy and unhealthy children as lupus nephritis.¹⁴ PedsQL GC 4.0 consists of questions that can be filled by both children and parents.⁷ Children with chronic illness can affect the quality of life of their family including parents, and it can make different perception between them.¹⁵

In this study, according to the children's report the highest score is physical functioning while the lowest score is the emotional score. This result different from the previous studies that show physical¹⁶ and psychosocial¹⁷ was the function that disrupt quality of life of children with lupus nephritis /chronic diseases. High physical functioning scores in children in this study can caused by a good response to the treatment and they feel that they can still carry out

daily activities like healthy children. Children with chronic diseases that interfere with physical activity can have an influence on emotional and behavioral problems,^{18,19} so in this study emotional scores were indeed low. Emotional disorders also can occur due to medical care trauma.²⁰

Children with lupus nephritis need a regular care and routine check up, and it show significantly higher school absence than the general population, however children with lupus nephritis have higher cognitive function than children with other kidney disorders.²¹ In this study, the significant differences founded only in social functioning that could be happened because parents felt their children did not have a social problems while children actually felt they had problems with peers both at home and school.

The younger age when diagnosed with lupus nephritis, the more severe the clinical manifestations shown. Children with lupus nephritis show more severe symptoms than adults,^{22,23} nevertheless difference in quality of life based on the onset of diagnosis were not found.

Treatment of lupus nephritis is given in two phases, induction and maintenance. In the induction phase corticosteroid administration is given in 6 months with high doses every month, whereas in the maintenance phase corticosteroid administration begins to tapering off.²⁴ Differences in the quality of life scores on social functioning in the induction phase are related to differences in quality of life between parents and children in general. Children with chronic diseases have psychosocial problems, besides getting corticosteroids children also get immunosuppression treatment. In this study the type of immunosuppression treatment was not studied, however the administration of sitostatics can cause differences in quality of life.^{25,26}

The assessment of quality of life compared to the complications of the disease in this study found that there were significant differences between children and their parents on physical, emotional and social functioning, which parents show high scores. Complications that occur in this study were acute kidney injury and chronic kidney disease and hypertension crisis. Previous research has suggested that lupus nephritis is associated with end-stage renal failure,²⁷ and the quality of life in children with CKD shows lower physical, emotional, social and school scores.²⁸

Study by Gannoni show that despite dealing with serious and potentially life-threatening situations, parents and children take positive steps to cope with their challenges, and also perceive positive aspects of living with a childhood chronic illness. Individual or family interventions may also be considered more appropriate given the strong emotion described (and often expressed) by participants. It seems important to provide both parents and children with opportunities to discuss and practise their emotional expressiveness and regulation, and an individual or family setting may be considered more appropriate for privacy reasons.¹⁵

Conclusion

Lupus nephritis was a chronic diseases that can affect all aspects of patient's life. The quality of life in patients with lupus nephritis is lower than in general population eventhough it was personal perception that could be different each people. Parents and children with lupus nephritis showed different score of quality of life in social functioning, and it is important to consider in children daily life activities. Knowing perception of their children can help parents to support treatment and recovery of children with lupus nephritis.

Conflict of interest:

Please insert a part of Acknowledgement after the part of conclusion
If you don't have a person for acknowledgement, you can use funding of supporting

None declared

References

1. Zubair A, Frieri M. Lupus nephritis: review of the literature. *Curr allergy asthma rep* 2013;13(6):580-6. A = R
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Title: The Difference Score Of Quality Of Life Between Parents and Children with Lupus Nephritis

Reviewer 1

The personal perceptions of quality of life are compared between children and parents in 30 children from "Country?" with SLE diagnosis. The perception of social function in daily in children was significant lower than in parents.

Major comments

Introduction

1. The sentence: "Overall, 60–80% of children with SLE have urinary or renal function abnormalities in the early disease." Needs a reference.
2. "Quality of life should be influenced by onset of disease, treatment and complication of disease." A reference for this statement is required. If there is no reference given, then replace "should be" with "may be".

Methods

1. Please specify the methods of patient selection
2. "The quality of life were assessed from parents and children by using generic scale (PedsQL 4.0) questionnaires". Was this questionnaire used in children only or both children and parents?

Results

1. One decimal is enough for age including SD (all tables and text).
2. Table 1 should provide the header that explains the content in the table e.g. "The characteristics and status of 30 SLE children"
3. Induction and maintenance phases may reflect the duration of disease which more directly affects the quality of life, so the study should compare the duration of illness rather than phase of therapy or otherwise active vs. inactive disease status (SLE Disease Activity Index (SLEDAI) may be more relevant).
4. Please specify the definite type of complication.

Discussion

1. "Quality of life is a personal perception and it is subjective,¹³ therefore perceptions between each individual can be different even in children and parents." This is very important; please provide the reason.
2. "This result different from the previous studies that show physical¹⁶" It may be more beneficial to discuss the different methods that were used.
3. "High physical functioning scores in children in this study can caused by a good response to the treatment and they feel that they can still carry out daily activities like healthy children." Which variable indicates a good response? It seems that a majority of patients were in the active phase (19/30 were in Induction therapy).

4. Perceptions of individuals are affected by multiple rather than single factors and situations. Please consider this point as well.

Minor comments

1. Suggest revising the title to: "Comparison of perceived of quality of life between children with lupus nephritis and their parents"

Reviewer 2

Comment from reviewer 2

Journal of Health Science and Medical Research

Sheet 2: Comments for the authors

Paper No.

1. Title: This should be "The different score of..." . "Difference" is noun, not adjective.
2. ABSTRACT

Background: Children with lupus nephritis have physical limitations due to consequences of chronic disease and long term medications and can affect quality of life. Quality of life is personal perception and can be different between children and their parents.

Objective: To identify the difference score of quality of life between parents and children with lupus nephritis.

Methods: A cross-sectional study was conducted from February to March 2017 in children with lupus nephritis aged 5-18 years old treated at Department of Child Health Dr. Soetomo Hospital. The quality of life were assessed from parents and children by using PedsQL GC 4.0 questionnaires. Higher score show better quality of life. Statistical analysis of wilcoxon signed rank test and pair t test were used with $P < 0.05$ being significant.

Results : A total of 30 children were included during the study period. Sixteen children were female with mean age of 11.5 (SD 2.71) years. The differences on score between parents and children as follows: physical functioning (82.8 vs 87.5) $p=0.140$, emotional functioning (65.0 vs 72.5) $p=0.173$, social functioning (80.0 vs 95.0) $p=0.016$ and school functioning (67.5 vs 70.0) $p=0.116$. There were no differences founded according to onset of diagnosis and differences only found in social functioning based on induction treatment phase. Children with complication showed significantly differences in physical, emotional and social functioning ($p=0.041$, $p=0.023$, $p=0.038$ respectively)

Conclusion: Parents and children with lupus nephritis showed different score of quality of life in social functioning, and it is important to consider in children daily life activities.

Key words: Lupus nephritis, quality of life, children, PedsQL GC 4.0.

Pleas add " $p=$ "

3. Introduction

Introduction

Lupus nephritis is a common and often severe manifestation of the chronic autoimmune vasculitis that occurs in systemic lupus erythematosus (SLE).¹ Overall, 60–80% of children with SLE have urinary or renal function abnormalities in the early disease. In 90% of patients, renal disease occurs within two years from the onset.² The prevalence of lupus nephritis was 3.64 per 100,000 children and the **annually** incidence was 0.72 cases per 100,000 per year.³ There were 116 cases of hospitalized children with lupus nephritis in pediatric ward of **Dr Soetomo** Hospital reported from 2012 to 2015.⁴

Children with lupus nephritis usually **occurs** in adolescent age; it is uncommon before the age of 10 years and very rare before five years. Children have a long life expectation and therefore any effort should be made to optimize the treatment and prevent morbidity.² Lupus nephritis interferes many aspects of normal life. **Unlike in adults, patients with pediatric lupus** have to face the consequences of this chronic disease during childhood and adolescence—vulnerable periods of their intellectual and emotional development and it can affect quality of life.⁵

The quality of life is the subjective personal perception of living with the disease. It can be different between children and their parents.⁵ **PedsQL GC 4.0** is one of the instruments to measure the quality of life **were** specifically designed to measure the core health dimensions that can be used with healthy children and those with acute and chronic health conditions.^{6,7} Quality of life should be influenced by onset of disease, treatment and complication of disease.

The aim of this study is to identify the **difference** score of quality of life between parents and children with lupus nephritis.

3.1 This should be “annual incidence”

3.2 Please add “. ” behind Dr

3.3 This should be “occur”

3.4 This sentence should be “Unlike adults, children with lupus nephritis ...”

3.5 Please add the full word of PedsQL GC 4.0 in front of its abbreviation

3.6 This sentence should be “...to measure the quality of life, specifically...”

3.7 : This should be “The different score of...”

4. Method

- 4.1 You should describe how to determine the population and sample size.
- 4.2 There was no information on ethics committee approval and informed consent.
- 4.3 You should describe more about the instrument, PedsQL 4.0, that divided into 4 functions: physical, emotional, social and school functioning.
- 4.4 Please use the capital letter "Wilcoxon signed rank test"

5. Results:

Result

A total of 30 children were included during the study period. Female was superior than male with the mean age of 11.5 (SD 2.71) years. Table 1 shows the characteristic of subjects. The mean age of parents was 36.8 ± 6.88 years, and 86.7% questionnaire were fulfilled by mother. Elementary school was the most educational level of the parents and most of them was a housewife worker.

Table 1. Baseline characteristic

Characteristic	n=30
Age (years), mean (\pm)	11.5 (\pm 2.71)
Age (years), n (%)	
5-7	3 (10.0)
8-11	15 (50.0)
12-18	12 (40.0)
Sex, n (%)	
Girl	16 (53.3)
Boys	14 (46.7)
Onset diagnosis, n (%)	
\leq 10 years	12 (40.0)
>10 years	18 (60.0)
Treatment phase, n (%)	
Induction	19 (63.3)
Maintenance	11 (36.7)
Complication, n (%)	
Yes	13 (43.3)
No	17 (56.7)
Resident, n (%)	
Surabaya	9 (30)
Outer Surabaya	21 (70)

- 5.1 This should be " Most of them were female..."
- 5.2 This should be " 6.88 "
- 5.3 This should be "mothers"
Please add "s" after "mother"
- 5.4 This sentence should be " The highest educational level of the parents were elementary schools and most of the parents were the housewives."
- 5.5 Please add ">" 10 years

The most common clinical manifestation was edema (73.3%), followed by pale/weak (63,3%) and hematuria (36,7%). Acute kidney injury founded as the most complication (26,7%) followed by hypertensive crisis (16,7%).

In this study, the different score between children and parents as follows: physical functioning (82.8 vs 87.5) $p=0.140$, emotional functioning (65.0 vs 72.5) $p=0.173$, social functioning (80.0 vs 95.0) $p=0.016$ and school functioning (67.5 vs 70.0) $p=0.116$ (Figure 1). There was no significant different founded between parents and children according to the onset of disease (≤ 10 years and >10 years). There was a significant different only on social functioning based on the induction treatment phase, whereas in maintenance treatment phase there was no significant different founded.

Table 2. Comparison of the quality of life between children and parents

Domain	Children report mean (SD)	Parent report mean (SD)	P value
Physical Functioning	76.7 (20.29)	82.2 (18.49)	0,140*
Emotional Functioning	67.0 (19.41)	71.5 (21.17)	0.173**
Social Functioning	80.3 (14.90)	86.5 (16.82)	0.016*
School Functioning	65.8 (17.42)	70.0 (16.86)	0.116**

*wilcoxon signed rank test, **paired t test, $p < 0.05$

There was difference on physical, emotional dan social functioning in lupus nephritis children with complication whereas no different score quality of life was founded in lupus nephritis children without complication.

5.6 Please add "p" $p=0.016$

5.7 no figure 1 in your manuscript

5.8 Please review your mean score results in this paragraph.

Neither the scores in table 2 nor 3 were not the same as the results in this paragraph.

5.9 This should be "significant difference"

5.10 Please use the capital letter "Wilcoxon signed rank test"

5.11 This sentence should be "The scores of quality of life in physical, emotional and social functioning of lupus nephritis children with complication were significant difference, whereas no significant difference in the non-complication group."

5.12 Below table 3, please use the capital letter "Wilcoxon signed rank test"

6. discussion

Discussion

There were lots of studies explained about lupus nephritis/systemic lupus erythematosus, but most of them were mainly focused in adults,^{8,9,10} not in children. The mean age of children with lupus nephritis in our study was 11.5 (SD 2.71) and female was superior than male (16/30). This finding in accordance with the study by Hiraki et al, that the average age of children was 13.1 (SD3.20),¹¹ but in contrast it was different from the previous study which found a younger age of 6.4 (SD3.20)¹² even though the female sex was most prevalent in both of these studies.

Quality of life is a personal perception and it is subjective,¹³ therefore perceptions between each individual can be different even in children and parents. Although subjective, quality of life can be measured. PedsQL GC 4.0 is one of the instruments used to measure the quality of life in healthy and unhealthy children as lupus nephritis.¹⁴ PedsQL GC 4.0 consists of questions that can be filled by both children and parents.⁷ Children with chronic illness can affect the quality of life of their family including parents, and it can make different perception between them.¹⁵

In this study, according to the children's report the highest score is physical functioning while the lowest score is the emotional score. This result different from the previous studies that show physical¹⁶ and psychosocial¹⁷ was the function that disrupt quality of life of children with lupus nephritis /chronic diseases. High physical functioning scores in children in this study can be caused by a good response to the treatment and they feel that they can still carry out daily activities like healthy children. Children with chronic diseases that interfere with physical activity can have an influence on emotional and behavioral problems,^{18,19} so in this study emotional scores were indeed low. Emotional disorders also can occur due to medical care trauma.

6.1 This should be " were "

6.2 This should be " most of them were female"

6.3 This should be " a difference "

6.4 This should be " reports..."

6.5 This should be " in physical functioning"

6.6 Please add " ," behind " functioning..."

6.7 This should be "...is in the emotional functioning"

6.8 Please add " is " after " result"

6.9 This sentence should be "...psychosocial functioning were disrupted the quality of life ... "

6.10 This should be "...disorders can also occur..." or

"...disorders also occur..."

Treatment of lupus nephritis is given in two phases, induction and maintenance. In the induction phase corticosteroid administration is given in 6 months with high doses every month, whereas in the maintenance phase corticosteroid administration begins to tapering off.²⁴ Differences in the quality of life scores on social functioning in the induction phase are related to differences in quality of life between parents and children in general. Children with chronic diseases have psychosocial problems, besides getting corticosteroids children also get immunosuppression treatment. In this study the type of immunosuppression treatment was not studied, however the administration of sitostatics can cause differences in quality of life.^{25,26}

The assessment of quality of life compared to the complications of the disease in this study found that there were significant differences between children and their parents on physical, emotional and social functioning, which parents show high scores. Complications that occur in this study were acute kidney injury and chronic kidney disease and hypertension crisis. Previous research has suggested that lupus nephritis is associated with end-stage renal failure,²⁷ and the quality of life in children with CKD shows lower physical, emotional, social and school scores.²⁸

Conclusion

Lupus nephritis was a chronic diseases that can affect all aspects of patient's life. The quality of life in patients with lupus nephritis is lower than in general population eventhough it was personal perception that could be different each people. Parents and children with lupus nephritis showed different score of quality of life in social functioning, and it is important to consider in children daily life activities. Knowing perception of their children can help parents to support treatment and recovery of children with lupus nephritis.

- 6.11 This should be "suppression"
- 6.12 This sentence should be "...of life in the complication groups in this study were significantly different between ...parents in physical,...show higher scores."
- 6.13 please put " ," instead of "and"
- 6.14 This should be "hypertensive crisis"

- 7.1 please delete " s "
- 7.2 please add " s " behind "affect" ("affects")
- 7.3 please add " for " and use "person" instead of "people" ("for each person")
- 7.4 This sentence should be "Understanding their children's perceptions were significantly for parents to help their children recovery from lupus nephritis"

Editorial Team

Discussion should focus more on difference in QOL perception between the patients and their parents. Also discuss more what a care giver should do by using this knowledge.

Journal Manager

There are some points which don't follow the formatting of JHSMR. Could you please follow the attachment entitle "Journal manager edited" for making your revision.

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→ has been revised

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→ all has been revised and added

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→ has been accomodated, revised and added

Minor comments

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→ has been changed according to your suggestion

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→ all sugestions above has been accomodated, revised and added



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No. 6801.0601(21)/62-00113

July 2, 2019

Subject: Article acceptance in the Journal of Health Science and Medical Research

Dear Dr. Ahmad Suryawan,

I am writing to you regarding your manuscript: **Comparison of Perceived of Quality of Life Between Children with Lupus Nephritis and Their Parents**, which you submitted to the Journal of Health Science and Medical Research (JHSMR) on February 26, 2019.

We are pleased to inform you that the article has been approved by the reviewers and will be published in the next issue of the JHSMR. The article will also be available on our website at the time of its publication. Thus, you can read your article online at <http://www.jhsmr.org/index.php/jhsmr>

Thank you for considering the JHSMR for the publication of your research. We look forward to the submission of your future manuscripts.

Yours sincerely,

Associate Professor Jitti Hanprasertpong,

Editor-in-Chief, Journal of Health Science and Medical Research (JHSMR)