Authors’ Response to Comments on “A Study of Magnitude and Psychological Correlates of Smartphone Use in Medical Students: A Pilot Study with a Novel Telemetric Approach”

Sir,

We thank Arya and Narasimha[1] for their interest in and comments on our article.[2] We accept their commendation and complement and express our gratitude for the same. Their critical comments do share some valid concerns regarding the study methodology.

We agree that the criteria used in selecting tracker apps should have been explicitly mentioned in the article. We searched Google Play Store with search strings “app tracker” and “usage tracker.” Apps developed by Indian developers which had a rating of 4.0 or higher and had been downloaded by more than 50,000 users were shortlisted. The authors (SP and DH) installed all the apps on their own Android smartphones for test-runs and after vetting them for their accuracy by (1) using a particular app for a fixed duration and checking usage log from the tracker app, (2) keeping one app running in the background and checking usage log from the tracker app, and (3) user-friendliness. We communicated with the app developers to seek their permission to use the apps for this project. We also verified that keeping the phone locked and screen deactivated does not log as usage. We agree that these apps are not intended for research purposes. We, however, included them as they were available without any in-app purchases, were small in size, were easy to use, and were fairly accurate. After installation, daily app notifications were disabled to avoid any deliberate change in usage pattern by students.

We partly agree that 1 week is far too small a period to comment upon the magnitude of someone’s smartphone usage. This was a pilot project where, apart from outcome measures, we also wanted to assess the plausibility of such an approach. It is also worth noting that with social media, smartphone usage shows spikes of escalated use on various functions, events, and occasions. For a college student, an impending examination, cultural festival, or even a birthday will suddenly lead to a spike in his or her smartphone usage. We, therefore, restricted our study to a 7-day period which did not include any major cultural, religious, social, professional, or recreational events, including examinations. We, however, agree with Arya and Narasimha[1] that a long-term telemetric monitoring will yield more robust data reflecting patterns of use that may not be apparent in a 7 day period.

Tracker apps can go a long way in psychiatric research. Not only do they measure the magnitude of smartphone usage but also they can offer data from the phone’s gyroscope and GPS, showing a person’s degree of mobility, independence, and activity. These data will be valuable for future research.

Andone I, Trendafilov B, et al. Recorded behavior as a valuable resource for diagnostics in mobile phone addiction: Evidence from psychoinformatics. Behav Sci 2015;5:434-42.

4. Jake-Schoffman DE, Silfie VJ, Waring ME, Boudreaux ED, Sadasivam RS, Mullen SE et al. Methods for evaluating the content, usability, and efficacy of commercial mobile health apps. JMIR Mhealth and Uhealth 2017;5:e190.

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be useful in the management of persons suffering from chronic and severe psychiatric disorders such as schizophrenia and bipolar disorder which present with numerous exacerbations and have a significant effect on socio-occupational functioning.

To summarize, the points made by Arya and Narasimha[1] must be considered before research involving telemetric measurement of smartphone usage is planned. The study in question[2] had addressed some of their concerns.

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Conflicts of interest
There are no conflicts of interest.

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REFERENCES

1. Arya S, Narasimha VL. Comments on “a study of magnitude and psychological correlates of smartphone use in medical students: A pilot study with a novel telemetric approach”. Indian J Psychol Med 2018;40:596-7.

2. Prasad S, Harshe D, Kaur N, Jangannavar S, Srivastava A, Achanta U, et al. A study of magnitude and psychological correlates of smartphone use in medical students: A pilot study with a novel telemetric approach. Indian J Psychol Med 2018;40:468-75.

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Comments on “Screening for Mental Health Disorders among Pregnant Women Availing Antenatal Care at a Government Maternity Hospital in Bengaluru City”

Sir,

Johnson et al.[1] used the Clinical Interview Schedule-Revised (CIS-R) to screen 208 pregnant women for mental disorders; 12 women screened positive. We are concerned that the authors used a version of the CIS-R that had been translated without validation and without the establishment of the psychometric properties of the translation for the selected cut-off. Validation was also necessary for the population of interest, pregnancy, because nonspecific, pregnancy-related factors could have confounded the interpretation of the responses and hence the scores. The authors cited a Malaysian study in support of their cut-off when Indian studies are available;[2] there is no assurance that the psychometric properties of the Malaysian translation apply to pregnant Indian women studied using a new, unvalidated translation.

Given that only 12 women screened positive, the authors could have attempted to establish the presence or absence of a definitive disorder through a formal psychiatric interview. This would have provided