Authors’ responses to the comments on “Attitude, practice, behavior, and mental health impact of COVID-19 on doctors”

Sir,

We would like to thank the authors for their valuable comments and queries on the article by us, Chatterjee et al.,[1] titled “Attitude, practice, behavior, and mental health impact of COVID-19 on doctors.”

Though not in specific, comprehensively knowledge and attitude were assessed with the questions such as – “when you heard about COVID-19,” inquiring “whether doing duty,” “the duty hours,” “whether involved in high-risk procedures,” “feeling proud to be a doctor,” and “being ostracized by the society.” We collected data using Google Form and then transferred them to excel and subsequently to SPSS version 25 (IBM Corp., Armonk, NY, USA).[2]

The higher standard deviation in depression and anxiety subscale points that it is spread out over a large range of values around mean, depending on responses. Here, running a normality test would have been better. However, more than the between-group difference, the goal was to find out the predictive factors of depression, anxiety, and stress. There were typographical errors in Table 1 (corrigendum attached) and another in the reference number 6,[3] both of which are corrected in this reply. We found that 87 doctors had no comorbid illness and 9 doctors have all the major three comorbidities (diabetes mellitus, hypertension, and chronic obstructive pulmonary disease).

The study has been approved by the institutional ethics committee. The repetitiveness of the table was done for better comprehensibility.
Letters to Editor

Table 1: Corrigendum

| Comorbidities               | Total sample (n=152), n (%) | No depression (n=99), n (%) | Depression patient (n=53), n (%) | χ²/t  | P       |
|-----------------------------|-----------------------------|-----------------------------|----------------------------------|-------|---------|
| Diabetes only (T2DM)        | 2 (1.3)                     | 0 (0.0)                     | 2 (3.8)                          | 15.218| 0.03*   |
| HTN only                    | 16 (10.5)                   | 14 (14.1)                   | 2 (3.8)                          |       |         |
| COPD only                   | 19 (12.5)                   | 13 (13.1)                   | 6 (11.3)                         |       |         |
| None                        | 87 (57.2)                   | 58 (58.6)                   | 29 (54.7)                        |       |         |
| Diabetes + HTN + COPD       | 9 (5.9)                     | 3 (3.0)                     | 6 (11.3)                         |       |         |
| Diabetes + HTN              | 9 (5.9)                     | 6 (6.1)                     | 3 (5.7)                          |       |         |
| Diabetes + COPD             | 8 (5.4)                     | 5 (5.1)                     | 3 (5.7)                          |       |         |
| HTN + COPD                  | 2 (1.3)                     | 0 (0.0)                     | 2 (3.8)                          |       |         |

*P<.5 was considered significant. COPD – Chronic obstructive pulmonary disease; HTN – Hypertension; T2DM – Type 2 diabetes mellitus

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Conflicts of interest
There are no conflicts of interest.

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