



Comment on “Depression, anxiety and spirituality in oncology patients”

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Dear Editor,

We were glad to read the paper by Turk et al.¹ and his research group. They found that spirituality can be a complementary tool in the treatment of patients with cancer. The results indicated that improving spirituality may be more important for the treatment and prevention of cancer. However, in my point, there are some problems should be further discussed in this study.

First of all, the aim of this study was to relate anxiety and depression levels to the spirituality levels of oncology patients. Obviously, it is well known that spirituality was negatively associated with anxiety and depression. Generally speaking, there are less prevalence of anxiety and depression among cancer patients with higher spirituality. Besides, their conclusion drawn from the results failed to answer the purpose of the study. It can be seen that the author's research purpose and research conclusions were not strongly correlated.

Secondly, the software used in those study should be mentioned in the statistics analysis section. Additionally, the criteria of statistical significance should also be offered, for example, $p < 0.05$ was considered as statistics significance. Do mental scores, depression scores, and anxiety scores follow normal distributions? Since the distribution type of the data has an

important basis for the selection of statistical methods, the author did not give the normality test of the above score. In Table 2, the authors analyzed the correlation between mental scores, depression scores, anxiety scores, and age and income. What statistical methods are used for these scores among patients with different levels of education: analysis of variance (ANOVA) or non-parameter testing? If ANOVA was used in their study, the average and standard deviations should have been provided to the readers.

Finally, the limitation of cross-sectional study is that causal inference cannot be made. Spirituality, depression, and anxiety are all associated with tumor development. Thus, why do the authors think that mentality is only a complementary option for tumor therapy? If the depression and anxiety of patients have been intervened, spirituality of the patient could be improved. Of course, in order to obtain the relationship between spirituality and tumor development, further follow-up studies of large samples are necessary.

AUTHORS' CONTRIBUTION

YL: Writing – original draft, Writing – review & editing. **YG:** Writing – original draft, Writing – review & editing.

REFERENCES

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