

Review report

Final title: Quality of life in patients with adhesive capsulitis and diabetes mellitus

Title at submission: Quality of life in diabetic patients with adhesive capsulitis of the dominant shoulder



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Responsible editor

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E: Md. Abirul Islam
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Keywords

adhesive capsulitis, quality of life, diabetes mellitus, shoulder pain, disability

Funding

None

Ethical approval

Approved by IRB of Ethical Committee of Dhaka Medical College and Hospital (No. DMC/ECC/2017/155, Dated 6 June 2017).

Trial registration number

Not applicable

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Reviewer A: Minhaj Rahim Choudhury, ORCID: [0000-0002-8695-5240](https://orcid.org/0000-0002-8695-5240)

1. Comment Title: It can be rephrased by putting adhesive capsulitis first followed by diabetes mellitus to put emphasis on the clinical condition, therefore the title may be. "Quality of life in patients with adhesive capsulitis of dominant shoulder with diabetes mellitus" **Response** We revised as advised of the reviewer.

2. Comment Methods: The investigators did not show a sample size calculation, but they mentioned this. (Page 5, lines 98–99). **Response** We addressed it in lines 104 and 105.

3. Comment Please cite references for the assessment tools used. **Response** The references:

1. Shoulder Pain and Disability Index (SPADI): Roach KE, Budiman-Mak E, Songsiridej N, Lertratanakul Y. Development of a shoulder pain and disability index. *Arthritis Care Res.* 1991 Dec;4(4):143-149.
2. Lins L, Carvalho FM. SF-36 total score as a single measure of health-related quality of life: Scoping review. *SAGE Open Med.* 2016 Oct 4;4:2050312116671725. doi: 10.1177/2050312116671725

4. Comment Add strength and limitations of the study. **Response** We have revised the strength and limitation.

Reviewer D: Shamim Farhad, ORCID: [0000-0002-3988-6430](https://orcid.org/0000-0002-3988-6430)

It is a cross-sectional observational study investigating pain, disability, and quality of life among diabetic patients with adhesive capsulitis of the dominant shoulder. The authors use established outcome measures (VAS, SPADI, DASH, SF-36) and show that quality of life is markedly reduced, especially during the frozen stage of the condition. The topic is clinically relevant, and the paper is generally well organised with appropriate assessment tools. However, the title could be clearer, and several areas need improvement—particularly the description of methods, statistical reporting, and some repetitive or inconsistent sections, including discrepancies between the text and tables. With careful revision, the study has the potential to make a useful contribution to the existing literature.

5. Comment **Appropriateness of the Title.** The title is appropriate for the study but feels grammatically awkward. A clearer and smoother option would be: "Quality of life in diabetic patients with adhesive capsulitis of the dominant shoulder." **Response** We revised as your advised (Lines 3–4).

6. Comment **Completeness and accuracy of the Abstract.** Abstract includes background, methods, results, conclusion, and keywords. Needs minor correction: Specify that the study is cross-sectional. Mention sample size. **Response** We replaced observational as cross-sectional (Line 35). Sample size mentioned in line 43.

7. Comment **Clarity of the rationale for conducting the study is given in the Introduction section.** Introduction is well written with adequate background but can be more concise. The rationale for focusing on dominant shoulder involvement should be explained more explicitly. **Response** We have revised the introduction totally and addressed the dominant shoulder issue (Lines 60–92).

8. Comment **The Methods are described in sufficient details so that the study can be reproduced.** **Whether ethical concerns have been well described.** Several important details require clarification. Sampling method stated as "purposive," whereas earlier text states "consecutive" (Lines 98–103). Resolve inconsistency.

	<p>Inclusion/exclusion criteria are appropriate but should define diagnostic criteria for AC. No justification for sample size or power calculation.</p>
Response	Sampling methods revised as "purposive" throughout the manuscript (Line 101). Mentioned criteria for AC. We revised sample size statement. The analysis was done based on the sample collected during the data collection period.
9. Comment	<p>Quality, clarity and appropriateness of the Table(s). Table 1 caption states n=80, but text earlier says 83 participants (Line 43). Add P-values and test names consistently in each table.</p>
Response	We streamline the sample throughout the document.
10. Comment	<p>Quality, clarity and appropriateness of the Figure(s), if any. No figures included. Consider adding a flow diagram or stage-wise distribution chart to enhance readability.</p>
Response	We revised the data collection process according to the order and improved readability.
11. Comment	<p>Major redundancy between text and tables/figures in the Results section. Results section repeats entire numeric values already in tables. Recommend summarising rather than repeating full data points.</p>
Response	We revised the result section.
12. Comment	<p>Pertinence of the Discussion section whether it justify the main message of the manuscript without repeating the results. Discussion is relevant and supported by literature. However, portions of lines 183–199 are repetitive and overly long.</p>
Response	We revised the discussion.
13. Comment	<p>Whether Strength(s) and Limitation(s) are well described. Limitations are not adequately addressed. No sample size justification. Single-center design. Cross-sectional nature. Lack of evaluation of glycemic control (HbA1c). Strengths (use of validated tools) should be added.</p>
Response	We have revised the strength and limitation.

Reviewer E: Md. Abirul Islam , ORCID: 0009-0004-8198-591X

This study investigates the quality of life in diabetic patients suffering from adhesive capsulitis (AC) of the dominant shoulder, using validated tools such as VAS, SPADI, DASH, and SF-36. It reports stage-wise differences in pain, disability, and QoL, concluding that the frozen stage is the most debilitating. The rationale is clinically relevant, the methodology is clear, and the findings add local evidence to a common PMR condition. Overall, the paper is well-structured, though certain areas require clarification, refinement, and improved academic presentation.

14. Comment	<p>Appropriateness of the Title. Consider: 'Quality of Life in Diabetic Patients With Adhesive Capsulitis of the Dominant Shoulder' for grammatical refinement.</p>
Response	We revised as advised of the reviewer.
15. Comment	<p>Completeness and accuracy of the Abstract. The methodology could be clearer regarding sample selection. No sample size is mentioned in abstract. Overall: Good but can be polished for precision.</p>
Response	Revised the abstract as advised (Lines 31–50).
16. Comment	<p>Clarity of the rationale for conducting the study is given in the Introduction section. Provides good background on AC, stages, and diabetes association. Clearly identifies knowledge gap in Bangladesh. Cites relevant foundational sources.</p>
Response	Revised the introduction totally as per advised (Lines 60–92).
17. Comment	<p>The Methods are described in sufficient details so that the study can be reproduced. Whether ethical concerns have been well described. Sampling technique is 'purposive' should justify why consecutive sampling was not random. No sample size calculation given. "Relevant investigations" not described should specify X-ray, HbA1c, etc.</p>
Response	We revised the methods section.
18. Comment	<p>Quality, clarity and appropriateness of the Table(s). Tables 1–3: Clear, meaningful, well-organised. Table titles should be more descriptive. Sample size inconsistent (text says 83; tables say n=80).</p>
Response	We have made sample size consistent.

19. Comment Pertinence of the Discussion section whether it justify the main message of the manuscript without repeating the results.

Some statements are lengthy and could be more concise.

Few citations are outdated; consider adding recent (Post-2018) evidence.

Should acknowledge limitations more explicitly (cross-sectional design, no control group, small sample, single center).

Response Addressed the limitations

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20. Comment • Clear focus on the title of the manuscript.

• Adequately address the limitation and the study procedure as highlighted by reviewers.

• Some grammatical correction needed specially in discussion part. Submit it by 17th December,2025.

Response We revised as advised by reviewers and submitted.