


The Relationship Between Social Capital and Hypertension Among Type 2 Diabetes Mellitus Patients: The Moderating Effect of Depressive Symptoms [Letter]

Iwan Iwan*, Selvi A Mangundap *, Udin Udin*

Department of Nursing, Poltekkes Kemenkes Palu, Palu, Indonesia

*These authors contributed equally to this work

Correspondence: Selvi A Mangundap, Faculty of Nursing, Poltekkes Kemenkes Palu, Thalua Konchi Street Number 09, North Palu, Palu, Center Sulawesi, Indonesia, Email selvi.541.am@gmail.com

Dear editor

We have read the paper by Ning Yan et al on The Relationship Between Social Capital and Hypertension Among Type 2 Diabetes Mellitus Patients: The Moderating Effect of Depressive Symptoms. A Qualitative Study.¹ We congratulate the authors for the results of their research which saw a very valuable relationship in the world of health which provides information on how Social Capital influences Type 2 Diabetes Mellitus (T2DM) patients and its impact on early symptoms of depression. This research is the latest breakthrough that combines two disciplines, namely internal medicine and psychology. We would like to share our views about this study which can build upon and develop this research if we wish to be continued in the future by other researchers who also wish to conduct the same study.

The study conducted by Ning Yan et al aims to evaluate the relationship between Social Capital (SC) and hypertension in Type 2 Diabetes Mellitus patients, taking into account the moderating effect of depressive symptoms. Ning Yan et al in their research found an inverse relationship between Social Capital and depressive symptoms, Social Capital and hypertension, and a positive relationship between depressive symptoms and hypertension.¹ Researchers also provide evidence that depressive symptoms moderate the relationship between Social Capital and hypertension. However, we need to know that income, diabetes duration, sleep duration, pain pressure, health self-assessment, and glycemic control directly affect depression in Type 2 Diabetes Mellitus patients, while age, frequency of blood glucose monitoring, and glycemic control awareness exercises have a direct effect indirect.²

The study conducted by Ning Yan et al used the Social Capital measurement scale method and the capital epidemiological survey depression scale (CES-D), both of which were used to test the moderation model. Meanwhile, to determine the subject of research using probability proportionate to size (PPS) sampling method. We agree that researchers use both of these methods. We would like to provide input regarding parameters that can be used to assess depressive symptoms in diabetic patients who will be sampled using the Center for Epidemiologic Studies Depression Scale (CES-D10). This will help to measure depressive symptoms in patients with Type 2 Diabetes Mellitus.³

In conclusion, we agree that research has provided new facts showing that depressive symptoms moderate the relationship between Social Capital and hypertension and also provide new strategies to improve the management of hypertension so that it can directly improve mental health in patients with Type 2 Diabetes Mellitus.¹ We recommend this research to be able to proceed to further research that wants to explore further about other factors that can directly contribute to the mental health of patients suffering from other degenerative diseases because Social Capital produces a certain capability or capability in improving the quality of life of patients both directly or indirectly.⁴

Disclosure

All authors report no conflict of interest in this communication.

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