

Prevalence, Activity Limitations and Quality of Life in Patients with Non-Specific Neck Pain in Burundi: A Cross-Sectional Study [Response to Letter]

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Dear editor

We are warmly thankful to Chee and Dong¹ for their interest in and their rich and constructive comments on our study untitled “Prevalence, Activity Limitations, and Quality of Life in Patients with Non-Specific Neck Pain in Burundi: A Cross-Sectional Study”.² We truly appreciate their critical analysis and suggestions, which aim to enhance the relevance of our research.

First, we strongly acknowledge that our study has several limitations, particularly regarding the establishment of causal relationships between non-specific neck pain (NSNP) and anxiety. As stated in our discussion, while previous studies have demonstrated an association between chronic pain and anxiety disorders,^{3,4} we emphasized that our study only identifies a correlation rather a causal relationship. We agree that longitudinal studies are essential to further investigate this link, particularly in low-resource settings like Burundi. Such studies will be crucial for implementing appropriate measures in the holistic management of NSNP patients. In addition, we take into account the suggestion to expand comparisons to other Sub-Saharan African countries to better contextualize our findings and mitigate biases associated with socio-economic and cultural differences between low- and high-income countries.⁵

Moreover, in terms of representativeness of our sample, we recognize that our study presents a selection bias due to urban-based recruitment and the socio-economic profile of participants. Limited access to healthcare in rural areas likely contributed to the underrepresentation of this population in our sample.⁶ Future studies incorporating stratified random sampling could help achieve a more representative depiction of the Burundian population, as suggested by Chee and Dong.¹

Finally, we welcome their suggestions to include qualitative approaches to enrich the understanding of the burden of NSNP. The integration of semi-structured interviews and focus group discussions could indeed provide complementary insights into the psychosocial and cultural factors influencing the quality of life of NSNP patients. We plan to incorporate these methods in future research to better contextualize our quantitative findings.

In conclusion, we sincerely thank Chee and Dong¹ for their valuable remarks and suggestions, which will contribute to improving future studies on NSNP in Sub-Saharan Africa and Burundi in particular. We hope that this exchange fosters further research collaborations to deepen the understanding of NSNP in low-resource settings.

Disclosure

The authors declare no conflicts of interest regarding this communication.

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