

Peer Review

Review of: "Music Therapy for Alleviating Pain and Enhancing Quality of Life During Endodontic Treatment in Lagos, Nigeria"

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Introduction

The introduction did not exactly state if other behavioral management techniques, like the use of sedatives, anxiolytics, and nitrous oxide, have been used for endodontics, or if it is simply a general comparison and application for dental treatments. What exactly are the issues that affect the oral health-related quality of life during and after endodontic therapy? Is it pain, swelling, paresthesia, bleeding? It is important not to obscure these important aspects because of their clinical relevance. I would advise that the authors bring the introduction into focus. Without clear pre-determined outcomes of interest, the term OHRQoL becomes too generic.

Methods

For the purpose of scientific publication, it is enough to just mention the site of the study without going into details. The "Description of Study Area" is unnecessary unless there is something about the study center that is of scientific relevance to the study.

Kindly clarify what you meant by "quasi-experimental study" and the repeated measures analysis. The authors explained an attempt at randomization. This creates confusion about what the authors are trying to achieve.

Different people have different music preferences that allay anxiety, and perhaps pain. For some, music may even worsen their anxiety level. How did the authors control for this? Why the selection of soft jazz and not blues, pop, or other genres? This introduces a major systematic bias into the study. How was the amplitude, volume, and texture customized to patient need? How did the authors arrive

at the name “soft” jazz? The authors appear to assume a few things, like optimal comfort and a consistent room temperature, that could not be quantified based on the described method. In doing the RCT, did the authors use a mobile X-ray unit to establish preoperative, working length, master cone, and postoperative radiographs? If the patient had to move from the dental chair to do X-rays, were there interruptions in the music administration?

Results

Do the authors think that religion and ethnicity may affect music preferences, considering that the intervention and control groups were majorly of different religious and ethnic groups? If these factors do not really have a significant effect on the outcomes, I suggest that they should be removed from the results.

Was there a statistically significant difference between the music and control groups for pain, anxiety, and QoL? While the study set out to achieve important information about a critical aspect of dental treatment, I believe that the analyses need to be revisited. There is a need to compare the difference in pain levels, anxiety states, and OHIP before and after the treatment between groups.

It is also important to state a very critical limitation of this study, which is the selection of music that may not be generally effective in reducing patient anxiety for all participants. The question of how musical parameters and quality are addressed also needs to be explained, as well as how the authors managed to do X-rays during standard endodontic therapy without music interruption.

Declarations

Potential competing interests: No potential competing interests to declare.