

Correspondence: Medication Adherence and its Association with Treatment Satisfaction and Diabetes-Related Psychological Distress among Type 2 Diabetes Mellitus Patients: A Cross-Sectional Study from Rural Thiruvallur District, India

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This is the letter in response to the issue highlighted in the above article published in Volume 19, Issue 8, pp. LC08-LC13.

Dear Editor,

I am writing as the corresponding author of the manuscript titled "Medication Adherence and its Association with Treatment Satisfaction and Diabetes-Related Psychological Distress among Type 2 Diabetes Mellitus Patients: A Cross-Sectional Study from Rural Thiruvallur District, India" (DOI: <https://doi.org/10.7860/JCDR/2025/80272.21316>), published in the Journal of Clinical and Diagnostic Research. I would like to submit a corrigendum related to the above-mentioned publication.

We regret that the English language Diabetes Treatment Satisfaction Questionnaire (DTSQ) used in our study was an unlicensed and unverified version. We acknowledge that had we contacted Health Psychology Research (HPR; www.healthpsychologyresearch.com), in advance of our study, we would have received, free of charge, a Tamil version that had been linguistically validated to the highest standard using a tried and tested methodology. We now recognise the importance of obtaining the appropriate licence for validated questionnaires and understand that using an unverified version can compromise the integrity of the data. We would like to apologise for this oversight and for the misleading statement that 'Permission for DTSQ usage obtained from HPR Ltd.': no permission was obtained in advance of this study.

Additionally, we would like to correct the following inaccuracies in the published manuscript:

Where we describe the scoring of the DTSQ, the manuscript states: "The total score ranges from 0 to 36, with scores of 0–12 indicating low satisfaction, 13–24 indicating moderate satisfaction, and 25–36 showing high satisfaction with treatment." Categorisation of DTSQ scores in this way is not part of the standard DTSQ scoring methodology. The DTSQ yields a summary score (ranging from 0–36), which is calculated by summing responses to six items that ask about different aspects of treatment satisfaction (Items 1, 4, 5, 6, 7 and 8). The summary score indicates overall treatment satisfaction, with higher scores reflecting greater satisfaction. Items 2 and 3 are stand-alone items that assess the perceived frequency of hyperglycaemia and hypoglycaemia, respectively.

In the Discussion section, we incorrectly referred to the DDS 17 instead of the DTSQ: "The present study showed that 278 (79.4%) of the study subjects were moderately satisfied, 57 (16.2%) were less satisfied, and only 15 (4.2%) were highly satisfied according to DDS 17 Scale." These results were derived from the unauthorised version of the DTSQ, not the DDS 17.

We omitted to mention in the manuscript that a licence to use the DTSQ can be obtained by contacting Health Psychology Research (HPR; www.healthpsychologyresearch.com).

We would like to apologise to all concerned for these errors in the published manuscript. We appreciate the opportunity to submit this corrigendum for correction and clarification.

Thank you for your understanding and consideration.

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