Comments on "Transcranial and Transcutaneous Stimulation for Pain: What Have We Learned From the COVID-19 Pandemic Shutdown?"

To the Editor:

We read with interest the article by Leung et al (1) investigating the role of Transcranial and transcutaneous stimulation for chronic pain in older adults. Chronic pain is a debilitating condition that can lead to a decrease in quality of life and premature death. Previous research has shown that restoration of transcranial magnetic stimulation (TMS) and transcutaneous magnetic stimulation (tMS) can rapidly reestablish patients' original level of pain control and improve their quality of life. It is encouraging to see more research being conducted on nonpharmacological treatments. Therefore, I would like to share some thoughts on this topic.

First, upon careful review of the article, I noticed that there is a limited discussion regarding the impact of the ongoing COVID-19 pandemic on patients' mental health. Considering the significant disruptions and challenges posed by the pandemic, it is crucial to acknowledge and address this aspect, which seems to have been overlooked (2). The COVID-19 pandemic has had a profound impact on individuals' mental well-being. Ignoring this aspect not only undermines the holistic understanding of patients' experiences, but also overlooks the positive effect of TMS or tMS therapy (3). We would recommend increasing the discussion on the impact of the pandemic on patients' mental health and providing sufficient attention to this aspect during the treatment process.

Secondly, the study's sample size is relatively small as it is a retrospective study (4). To strengthen the validity of the findings, larger clinical trials with a more extensive sample size should be conducted.

Furthermore, the article lacks information on data collection quality. It does not mention how data accuracy and completeness were ensured, nor does it discuss how missing or erroneous data were handled. This omission raises concerns about the reliability and validity of the study's results. It is crucial to provide details on the measures taken to ensure accurate and complete data collection, as well as the methods employed to address any missing or erroneous data.

Lastly, the article does not mention how treatment consistency was ensured across all patients. If patients received varied treatments, it could introduce confounding factors that may impact the reliability of the conclusions. It is important to outline the procedures implemented to maintain treatment consistency, such as standardized protocols, to enhance the study's internal validity.

We are grateful to Leung and colleagues for their significant work in summarizing the long-term sustainability of TMS and tMS therapy. However, this work would be more complete if the points we made were considered. While we eagerly await the results of this study, we are also interested in seeing how the conclusions will differ with changes in methodological issues and environment.

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