

VOLUME 40, NUMBER 2  
February 2023

ISSN 0189 - 160X

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# WAJM

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**WEST AFRICAN JOURNAL OF MEDICINE**

ORIGINALITY AND EXCELLENCE IN MEDICINE AND SURGERY



**OFFICIAL PUBLICATION OF**  
THE WEST AFRICAN COLLEGE OF PHYSICIANS *AND*  
WEST AFRICAN COLLEGE OF SURGEONS



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## EDITORIAL

### A Synopsis of “Scoping Review”

I welcome you with much delight to the February 2023 edition of the West African Journal of Medicine. As usual we have a wide spectrum of stimulating and highly engaging research articles ranging from studies on the implementation of COVID-19 protocols, to prevalence of visual impairment and blindness in persons with HIV, to willingness to accept vasectomy as a method of family planning among married male workers. We welcome the editorial on ‘Social disruptions from global humanitarian crises, use of technology and resilience in a digital age’ by Prof Morenike Ukpung, a professor of Paediatric Dentistry and Dean of the Faculty of Dentistry, Obafemi Awolowo University, Ile-Ife, Nigeria. Among the many interesting articles in this edition, I found the article by Ibekwe *et al* on ‘Scoping review of predisposing factors associated with sensorineural hearing loss in sickle cell disease’ quite fascinating. As part of my editorial, I would elaborate more on ‘Scoping Review’ which is becoming increasingly popular.

Scoping Review (SR) is a relatively new exploratory research approach that synthesizes research evidence in a given field from existing literature.

The first framework and method for conducting SR were developed and published by Askey and O’Malley in 2005.<sup>1</sup> Hence the duo is recognized as the inventors of this method of literature assessment. Subsequently, publications started sprouting deploying this method. In the efforts to learn more about scoping reviews, Armstrong *et al*<sup>2</sup> and Pham *et al*<sup>3</sup> reviewed all published scoping reviews on the Cochrane data base and General literature from 2005 to 2011 and 2014

respectively. In spite of these efforts, SR is still a relatively new concept evolving fast in the literature.

SR is described as an approach for mapping broad topics or subjects which aims at assessing the extent, character, and range of activities in a subject or topic of interest. SR summarizes research findings, identifies research gaps, and highlights areas that have been studied and that, which should be focused upon for future research. Scoping review also postulates on the suitability of undertaking a systematic review on a subject given the current state and quality of available literature.

It involves a six-stage process including identification of the research question, identification of relevant studies, study selection, charting the data, collating, summarizing, and reporting the results, and an optional consultation exercise.<sup>1</sup> The evolution in this subject has led to the development of a standardized checklist in a commissioned work by Tricco *et al* in 2018 called PRISMA-ScR (Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews).<sup>4</sup>

SR is different from systematic reviews despite sharing some similarities. The scoping and systematic reviews deploy transparent unbiased and rigorous methods in identifying and selecting studies to be used. Both reviews require a minimum of two experienced authors who are to assess the identified articles independently before comparing notes for qualification into inclusion. In contradistinction, SR aims at mapping the body of the study area whereas systematic review sums up the best of the literature available in a subject area. Furthermore, SR presents an overview of the strengths and

weaknesses of available literature while a systematic review elucidates the empirical evidence on the best literature available on a subject SR accommodates several papers with ranges of methodologies, unlike systematic review which is more discriminatory with a bias toward randomized trials. SR is suitable for the assessment of rare diseases with scanty information in the literature such as sensorineural hearing loss in sickle cell disease and sickle cell traits.

Sickle cell disease and sickle cell traits are predominantly genetic disorders of the black race especially Africans. Information on the sequelae especially sensorineural hearing loss is fluid and quite scanty in the literature. Whereas, there is some information related to sickle cell disease, the ones on sickle cell trait are almost non-existing. For ethical reasons, some desirable randomized studies on HbSS and HbAS are not readily available, and therefore a review method that could accommodate varieties of methodologies employed in different studies/articles is necessary. This justifies the deployment of SR in the review of available works of literature on sensorineural hearing loss resulting from sickle cell disease and sickle cell traits.

In conclusion, scientists are called upon to embrace scoping review, a relatively new review method with a clear focus and contribution to an area of knowledge.

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## Social Disruptions from Global Humanitarian Crises, Use of Technology and Resilience in a Digital Age

We live in a different time. Innovative use of technology has resulted in irreversible changes that have socially disrupted individuals, groups and societal norms. New norms also arise from energy transitions, health epidemics, migrations/displacement, adverse climate and extreme events, shifting identities and urbanisation. In addition, the dwindling capacities of governments around the world are altering the way individuals, groups, communities relate between and among themselves across time and space.<sup>1</sup> Social disruptions change the notion of communities, transforming the way they were previously defined in spatial terms such as coastal, ethnic or border communities into new forms of 'communities'- youth, women, internally-displaced and refugees, persons with disabilities and sexual minority populations among others.

These disruptions impact on health in more ways than one. These include introduction of nanotechnology that has reduced the practice of invasive medicine and dentistry; gene therapy and gene editing that has transformed disease management; phage therapy as an alternative for antimicrobial resistance; Algae biotechnology for nutritional and pharmaceutical applications; use of novel technologies to develop vaccines and drug delivery; precision medicine, ehealth and health systems response through the use of biotechnology.<sup>2</sup> The increasing digitization of medical practice reduces human contact despite the increase in health workforce mobility. It is important that health research pays attention to the needs of 'virtual' communities and population and responds efficiently to the fast-changing demographics of traditional physical communities resulting from the influx and efflux of people.

We also live in difficult times. Differences in opinion around how to

solve global problems of population explosions, dwindling resources and climate change have led to increased reasons for conflicts and wars. The United Nations Sustainable Development Goal 16 is about promoting peaceful and inclusive societies, providing access to justice for all and building effective, accountable and inclusive institutions at all levels. It aims to make people everywhere free from all forms of violence and safe as they go about their lives regardless of ethnicity, faith or sexual orientation.<sup>3</sup> If there was any of the Sustainable Development Goals that seemed aspirational, this is definitely one. Conflict, wars, violence and the resulting mobility of people and humanitarian crises require that traditional medical practices shift from siloed understanding of biomedical aetiology of diseases to more nuanced studies of socioecological impact on health.

Research into geographies of people and institutions is fast evolving into big data science of global health that is inter-connected and multidisciplinary to address the 'wholeness' of individuals rather than deal with humans as a complex of multiple parts. The transiting generation of children, youths, adults and elderlies will experience a lot of mental health challenges at this time. Building resilience to enable people and societies to cope with these challenges will become more and more important. The study of resilience will likely evolve into a science of its own as we move into the next decade.

This current edition of the West Africa Journal of Medicine suggests a slow shift in the current medical research. The publications by Adekoya *et al*, Adio, Uhumwangho *et al*, Aba *et al*, Omoniyi-Esan *et al*, Afolabi *et al*, Omotoso *et al*, Jimoh *et al*, Umeobieri *et al* and Olasehinde *et al* describe studies that are conducted among traditional geolocated populations, many of whom have virtually migrated to become part of a different

global society through engaging with social media. The edition also features publications by Ogundipe *et al* and Fomete *et al*, about the impact of COVID-19, and from Ugwu *et al*, Ibiribigbe *et al* and Udo and Nwafor that are clinical focused.

I anticipate the evolution of socio-medical research and practice in the next one or two decades based on training that looks nothing like that of my generation. I anticipate a world where more 'lay persons' practice the art of medical care through new forms of knowledge and skills acquisitions that grow their proficiency. Researchers need to anticipate this new world and use the artistry of medical writing to support a healthy social disruption with positive impact of the health of the community we serve. Welcome to the new world caused by healthy and unhealthy social disruptions. Welcome to globalisation. Welcome to the science of resilience. Welcome to the dawn of a new world of medical and dental research and practice. Welcome to the world of transformative healthcare research.

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