

Answering reviewers:

Thank you very much for your questions and suggestions!

Q1. How to identify the population that would benefit from these interventions.

A1: In this manuscript, we reviewed most of effective behavioral and psychological interventions that were benefit for the patients with digestive diseases. And of course, more and more further researches should be performed to observe the population that would benefit from these interventions.

Q2. FD, GERD, IBS are not generally treated with surgery

A2: The behavioral gastroenterology we described included not only FGIDs but also other digestive problems such as cancers which were generally treated with surgery. So we mentioned it in the manuscript.

Q3. Offering an alternative to drugs and surgery for treating gastrointestinal disorders but recommending the use of low-dose antidepressants as treatment for depression in order to alleviate digestive symptoms is contradictory. A side effect of antidepressants is nausea and GI symptoms.

A3: The role of traditional drugs or surgery was not denied in the manuscript. However, the old idea of treatment was just focusing on traditional drugs or surgery. Psychological factors are considered to be closely related to functional digestive diseases in clinic, and low-dose antidepressants could not only alleviate the symptoms of depression but also improve the patient's digestive symptoms. The side effects of low-dose antidepressants were very mild and well tolerated that were verified by many researches.

Q4. The criteria that are part of the "new paradigm" and the recommended interventions are unclear.

A4: We have adjusted the related parts in the manuscript.