

Reviewer Responses

I greatly appreciate the thorough review and further insights and perspectives recommended. I have tried to restrict the scope of the review to the commonest (preferably included within ICD-10 or DSM-5) EBD that a busy clinician is likely to encounter daily in an average practice caseload. I have not expounded on their co-morbidities and detailed screening/assessment or therapies, which will be in the realm a more specialist review.

I provide answers to all the specific questions of the reviewers below:

Reviewer 1

1. I have added three references to reflect the recommended addition of a sentence about the role of emotional problems co-occurring with chronic disorders.
2. I have not added the point about the internet addiction in ADHD, as further discussion involving possible co-morbidities associated with ADHD and any of the other DBDs will be outside the scope of this brief review.
3. I have taken a similar view with respect to the recommendation to add another paragraph on Internet addiction (IA). As IA is not yet included in the latest DSM-5 or ICD-10, it will be stretching the scope of the review too far. A similar argument could be made for the need to include Gambling addiction, which is already in DSM-5, but that will only make the review too unwieldy and difficult for a busy clinician to follow and assimilate easily.
4. I already included a reference to the role of chronic disorders causing or exacerbating anxiety in the "Introduction" and I'm trying very hard to limit occurrences of repetitions in the whole article.
5. I appreciate the reviewer's suggestion about the inclusion of obesity as a risk factor for emotional problems in children. I have added one of the references to the earlier mention of this problem in the "Introduction".
6. It was helpful for the reviewer to draw attention to the potential usefulness of Naltrexone. I have added a short sentence and the latest reference on it to the Pharmacotherapy section.

Reviewer 2

1. I have tried hard to summarise and express in the briefest possible way a rather complex and inter-related group of mental health disorders. I am sorry a few occurrences of inadvertent repetitions is difficult to completely eliminate. I appreciate the reviewer's comment about the paragraph on PDD. I have revised the text and improved the clarity and flow of the sentences.
2. I appreciate that I am unable to add any great details into specific aspects of pharmacotherapy for each category of clinical conditions reviewed, to be able to keep myself within a reasonable scope and length of the manuscript. I have tried to include further details about each group of pharmacotherapy in a table (8), to save space and ensure brevity of the script.
3. I have gone over the script again several times and tried to take out any obvious unnecessary repetitions.

Reviewer 3

1. I have read through the manuscript again several times and tried to ensure each first use of any abbreviation is fully explained. I have also listed and defined at the beginning of the script a number of common abbreviations that the readers might encounter.
2. Same as above.
3. Thanks very much for pointing this out. I have now cited the table in the text.