

Science Editor,
Editorial Office,
World Journal of Clinical Cases,
April 10, 2021

Dear Dr Yan,

Please find attached a revised version of our manuscript (Manuscript reference No. 63911), which we would like to resubmit for publication in World Journal of Psychiatry.

Your comments and those of the reviewer were enabled us to improve the quality of our manuscript. In the following pages are our point-by-point responses to each of the comments of the reviewer as well as your own comments. So we have resubmit our revised paper and all necessary documents.

Kind regards,

Josune.

Dear Dr. Martin,

We are pleased to inform you that, after preview by the Editorial Office and peer review, as well as CrossCheck and Google plagiarism detection, we believe that the academic quality, language quality, and ethics of your manuscript (Manuscript NO.: 63911, Prospective Study) basically meet the publishing requirements of the World Journal of Psychiatry. As such, we have made the preliminary decision that it is acceptable for publication after your appropriate revision. Upon our receipt of your revised manuscript, we will send it for re-review. We will then make a final decision on whether to accept the manuscript or not, based on the reviewers' comments, the quality of the revised manuscript, and the relevant documents. Please follow the steps outlined below to revise your manuscript to meet the requirements for final acceptance and publication.

Author response: Thanks for your comment.

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Please resolve all issues in the manuscript based on the peer review report and make a point-by-point response to the issues raised in the peer review report. Authors must resolve all issues in the manuscript that are raised in the peer-review report(s) and make point-by-point responses to the issues raised in the peer-review report(s), which are listed below:

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: This is an interesting article for its contribution but some clarifications has to be made. The limitations are indicated.

Author response: Thanks for your comment.

**It seems to me that the title is probably not quite suitable. I would suggest:
Classification of subtypes of patients with ED by correspondence analysis**

Author response: Following the reviewers' suggestion, we have changed the title.

Some remarks:

1. Confusion in the text in the versions of the DSM used. We are now in 2021 and we must therefore use the DSM V (released in 2013). Only modifications from DSM IV (1994) or IV-R (2000) are indicated. Eligibility (in 2010) in relation to the DSM IV does not seem to me admissible (see Methods, 2.1)

Author response: The reviewer is right regarding the confusion in the text about the versions of the DSM. Our sample was recruited during 2010, and at that time, the psychiatrists of our hospital used the 4.th ed. Text revision. We have corrected the error, and we have changed the bibliography section:

“Outpatients recruited between January 2010 and January 2011 were eligible for the study if they had been diagnosed with anorexia nervosa (AN), bulimia nervosa (BN), or an eating disorder not otherwise specified (EDNOS) by a psychiatrist, based on criteria established in the Diagnostic and Statistical Manual of Mental Disorders, 4th edition Text revision (American Psychiatric Association, 2010)”.

Reference

American Psychiatric Association (2010) *Diagnostic and Statistical Manual of Mental Disorders (4.th ed. Text revision [DSM-IV-TR])*. Washington, D.C: American Psychiatric Association.

As the reviewer points out, we must use the DSM-5, and that is why the DSM 5 is the one we use in the Discussion section. We agree with the reviewer, and we have included this comment as limitation in the Discussion section:

“Another limitation is that this research was conducted prior to the publication of the DSM-5, and thus used DSM-IV-TR criteria for Eating Disorders. An examination of patient subtypes across a range of ED patients using the new DSM-5 criteria, will be important”.

2. The interest of the combination of MCA and CA (correspondence analysis I suppose) is not clear in the introduction and methods. Please specify because the most important result (dendrogram of figure 2 follows directly and is the major point of the article).

Author response: Certainly, as the reviewer suggests, the interest of the combination of MCA and CA is not clear. We have included the following text in the Introduction section:

“It transforms the information on the categorical active variables into continuous factors. The relative positions of the categories given by the MCA factors are used to perform the cluster analysis (CA) which classifies information into relatively homogenous groups”.

And we have included the following text in the Statistical section, supported by the reference:

“Various multivariate techniques are used in order to synthesize the information contained in a large set of explanatory variables into a few components, also called factors. One of them is the technique selected for this analysis, MCA, which is designed for categorical explanatory variables, while others, as principal component analysis, are designed for continuous variables. Based on the categories of the original variables, MCA provides descriptive patterns by factors. Thus, each category of variables is represented in the continuous factors by a numeric and a positive/negative sign, which are used for interpretation. Graphical displays of these factors are very helpful for interpretation, since the relative position of the categories in the graph indicates the association between the categories. Thus the closer the categories are, the stronger the association”.

“Cluster analysis has classification purposes, organizes information into relatively homogeneous groups based on their values in different variables, in this case, based on the factors derived from the MCA. In other words, the objective of the CA is to assign individuals into different groups, in the way that individuals from the same group are similar to each other, but dissimilar from individuals of other groups. The number of groups derived from the CA is selected using the minimum inertia lost method (Ward, 1963)”.

Reference:

27 Ward, JH. Hierarchical grouping to optimize an objective function. *J Am Stat Assoc* 1963; **58**: 236–44.

**3. In the discussion better specify the potential interest in relation to the DSM (V).
Is it, in particular, for clinical practice? research in terms of support/treatment etc?**

Author response: Following the reviewer suggestion we have better specify the potential interest and we have included the following text in the Discussion section:

“The data of this study may have important implications for ED patient care. The development of compensating behaviour-oriented treatments may prove useful for management of ED patients. But before these findings can be used to justify adjusting therapeutic interventions, they will need to be replicated using the DSM 5 criteria to examine whether similar, or different clusters are present in different populations. Furthermore, future studies are needed to evaluate our ability to use this cluster analysis in a prospective manner to classify disease severity and improve ED control by personalizing ED management. It would be interesting to evidence if the cluster groups have a differential response to one or more specific ED treatments. The potential

interest in clinical practice is the usefulness that this method can have for clinicians, detecting typologies that may be useful for decision-making in these types of patients”.

4. Table 2: the type and subtype of ED are based on DSM, not on your study?

Author response: The type and subtype of ED are based on DSM-IV TR, and in order to avoid confusion, we have included this sentence for a better understanding:

“Note in Table 2: Type and subtype of ED are based on DMS-IV-TR”.

(1) Science editor: 1 Scientific quality: The manuscript describes a prospective study of the comparison of subtypes of patients with eating disorders. The topic is within the scope of the WJP. (1) Classification: Grade C; (2) Summary of the Peer-Review Report: The authors reported an interesting article.

Author response: Thanks for your comment.

However, some clarifications has to be made. The questions raised by the reviewer should be answered;

Author response: All the questions raised by the reviewer have been answered.

and (3) Format: There are 3 tables and 3 figures.

(4) References: A total of 42 references are cited, including no references published in the last 3 years;

Author response: Following the Science editor' suggestion we have included more current references:

Sendín-Hernández, M.P., Ávila-Zarza, C., Sanz, C., García-Sánchez, A., Marcos-Vadillo, E., Muñoz-Bellido, F.J., et al. (2018). Cluster Analysis Identifies 3 Phenotypes within Allergic Asthma. *The Journal of Allergy and Clinical Immunology: In Practice*, 6, 955-961. <https://doi.org/10.1016/j.jaip.2017.10.006>

Altobelli, E., Rapacchietta, L., Marziliano, C., Campagna, G., Profeta, V.F., & Fagnano, R. (2019). Differences in colorectal cancer surveillance epidemiology and screening in the WHO European Region. *Oncology Letters*, 17, 2531-2542. <https://doi.org/10.3892/ol.2018.9851>

(5) Self-cited references: There are 10 self-cited references. The self-referencing rates is 23.8% (10/42). 2 Recommendation: Rejection.

Author response: I have reduced the number of self-cited references to 4, and I justify the ones that remain in the manuscript as essential.

One manuscripts about Multiple Correspondence Analysis:

- Arostegui, I., Esteban, C., García-Gutiérrez, S., Bare, M., Fernández-de-Larrea, N., Briones, E., et al. (2014). Subtypes of patients experiencing exacerbations of COPD and associations with outcomes. *PLoS ONE* 9(6): e98580. doi:10.1371/journal.pone.0098580

Three manuscripts about adaptation and validation of the Spanish questionnaires that we have used in our study, then they are the only references available on those questionnaires validated and adapted into Spanish:

- Las Hayas, C., Quintana, J.M., Padierna, J.A., Bilbao, A., & Munoz, P. (2010). Use of rasch methodology to develop a short version of the Health Related Quality of Life for Eating Disorders questionnaire: a prospective study. *Health Quality of Life Outcomes*, 8, 29.
- Martín, J., Padierna, A., Unzurrunzaga, A., González, N., Berjano, B., & Quintana, J.M. (2015) Adaptation and validation of the Spanish version of the Clinical Impairment Assessment Questionnaire. *Appetite*, 91, 20-27. DOI: 10.1016/j.appet.2015.03.031.
- Martín, J., Padierna, A., Unzurrunzaga, A., González, N., Berjano, B., & Quintana, J.M. (2014). Adaptation and validation of the Metacognition Questionnaire (MCQ-30) in Spanish clinical and nonclinical samples. *Journal of Affective Disorders*, 167, 228-234. DOI: 10.1016/j.jad.2014.06.00.

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Author response: Done.

(b) Format for Manuscript Revision: Please update the format of your manuscript according to the guidelines and requirements for manuscript revision and the format for manuscript revision. Please visit <https://www.wjgnet.com/bpg/GerInfo/291> for the article type-specific guidelines and formatting examples.

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Author response: [Done](#).

Best regards,

Lian-Sheng Ma, Science Editor, Company Editor-in-Chief, Editorial Office

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1 Scientific quality: The manuscript describes a prospective study of the comparison of subtypes of patients with eating disorders. The topic is within the scope of the WJP. (1) Classification: Grade C; (2) Summary of the Peer-Review Report: The authors found an interesting article for its contribution. However, some clarifications has to be made. The questions raised by the reviewer should be answered; and (3) Format: There are 3 tables and 3 figures. (4) References: A total of 42 references are cited, including no references published in the last 3 years; (5) Self-cited references: There are 8 self-cited references. The self-referencing rates should be less than 10%. Please keep the reasonable self-citations that are closely related to the topic of the manuscript, and remove other improper self-citations. If the authors fail to address the critical issue of self-citation, the editing process of this manuscript will be terminated; and

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5 Issues raised:

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Author response: Done

6 Recommendation: Conditional acceptance.