

PEER-REVIEW REPORT

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Title: Classification of subtypes of patients with eating disorders by correspondence analysis

Reviewer's code: 00792374

Position: Editorial Board

Academic degree: MD, MPhil, MSc, PhD

Professional title: Full Professor, Professor

Reviewer's Country/Territory: France

Author's Country/Territory: Spain

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

This is an interesting article for its contribution but some clarifications has to be made. The limitations are indicated. 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 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) 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 (dendogram of figure 2 follows directly and is the major point of the article). 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? 4 table 2: the type and subtype of ED are based on DSM, not on your study?