

Dear Editor,

Please find the reply for the revised manuscript below.

Neurofeedback for insomnia: Current state of research

Authors: Florence Lambert-Beaudet, William-Girard Journault, Alexandre Rudziavic Provençal, Célyne H Bastien

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Reply to editorial comments

The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor;

Answer: We have prepared and sent the PowerPoint and Word files for the figure and the tables.

Please obtain permission for the use of picture(s). If an author of a submission is re-using a figure or figures published elsewhere, or that is copyrighted, the author must provide documentation that the previous publisher or copyright holder has given permission for the figure to be re-published; and correctly indicating the reference source and copyrights. For example, "Figure 1 Histopathological examination by hematoxylin-eosin staining (200 ×). A: Control group; B: Model group; C: Pioglitazone hydrochloride group; D: Chinese herbal medicine group. Citation: Yang JM, Sun Y, Wang M, Zhang XL, Zhang SJ, Gao YS, Chen L, Wu MY, Zhou L, Zhou YM, Wang Y, Zheng FJ, Li YH. Regulatory effect of a Chinese herbal medicine formula on non-alcoholic fatty liver disease.

World J Gastroenterol 2019; 25(34): 5105-5119. Copyright ©The Author(s) 2019. Published by Baishideng Publishing Group Inc[6]". And please cite the reference source in the references list. If the author fails to properly cite the published or copyrighted picture(s) or table(s) as described above, he/she will be subject to withdrawal of the article from BPG publications and may even be held liable

Answer: The figure and the tables used in this article were created only for this article and are not present in any other work. As such, there is no reference necessary.

The column should be minireviews.

Answer: We agree with this recommendation and would like to implement it. However, we do not know how to modify our manuscript type.

Reply to reviewer's comments

The paper is an exhaustive work on the issue of insomnia and neurofeedback, well written and quoting very important sources. I would come to some simple points that will help non-specialist readers to catch easier the stream: Neurofeedback is used in a panoply of medical (neurological occurrences) and yet I do not know its citizenship as an approved treatment. Is it FDA approved, for example? Do insurances cover neurofeedback use? How about cost / benefit of the procedure; let alone when comparing with other insomnia-treating interventions? Do not use terms such as "insomniacs"... better say "people suffering from insomnia". Stigma should be avoid at all levels. Even the importance of the 'sensorimotor rhythm' is still to be defined from a neurological perspective. Please add some explanations, even the history of its discovery. A simplifying view will de-mystify rhythms that otherwise, are unintelligible.

Answer: Thank you very much for taking the time to review our article and sharing the ways in which it could be improved. To make the reply easier to follow, we have separated it in 5 points. (1) Although many biofeedback devices are FDA approved, very few neurofeedback devices are currently FDA approved. There is no governing body that regulates neurofeedback. However, there are 2 organizations, the *Biofeedback Certification Institute of America* and the *International*

Society for Neurofeedback and Research, that provide training and certifications for professionals that want to add biofeedback and/or neurofeedback to their practice. This clarification was added to the article to make it easier for readers to know the status of neurofeedback. (2) Neurofeedback can be covered under insurance. However, this varies according to the insurance company and country. For example, neurofeedback is covered as a psychology treatment in Québec, Canada. (3) The cost of neurofeedback treatments varies usually around 100 to 150\$ per session, depending on the type of neurofeedback used. It is currently an expensive treatment as it requires costly equipment and software. However, this treatment can be interesting for individuals that do not benefit from either pharmacological or psychological treatment. (4) We agree with your comment and the term “insomniac” was removed from the article. (5) There was indeed a lack of information concerning the different EEG frequencies and the reason they were trained. A short section was added to the article to explain the sensorimotor rhythm and how it came about, as well as the mental states normally associated with each EEG frequencies.

Thank you for your consideration.