

Dear Editors and Reviewer,

Thank you for the revisions and comments on our manuscript. We have greatly appreciated the constructive suggestions of referees to help us improving, we hope, our manuscript. We followed the Reviewers' recommendations to revise our work.

In particular:

- Reviewer #1:

- “The authors discussed about the early intervention in OCD, before the conclusion. But, it is not clear, whether they want to discuss about the initiation of treatment in OCD early in order to reduce the duration of untreated illness or they want to discuss about early initiation of anti-glutamatergic agents in the management of OCD.”

**Author's response:**

We thank the Reviewer for this suggestion. The Reviewer perfectly got the aim of the review and he is right in suggesting that the aim sounds clumsy. This is because of we prompt the reduction of DUI in order to achieve fundamental time, due to the supposed toxic damages, and subsequently use, if necessary, antiglutamatergic agents earlier.

We added a more accurate description of the topic in the text, as follows: “The first aim of this mini review is an overview of the role of glutamate in CSTC models of OCD and the use of antiglutamatergic agents. Moreover we propose an intervention on the DUI in order to optimize fundamental time, due to the supposed toxic damages, and subsequently an early use of antiglutamatergic agents. Therefore, an early intervention could be both reduce the toxic effect of an extended DUI and, if necessary, encourage early use of antiglutamatergic agents.”

- “The authors may also discuss the role of neuromodulation techniques, that also modulate the glutamateric system.”

**Author's response:**

We thank the Reviewer for this suggestion. As suggested by Reviewer, we discuss the role of neuromodulation techniques adding some references. We added a description of the topic in the text, as follows: “Moreover, several studies suggested that also neuromodulation techniques either noninvasive devices, as transcranial magnetic stimulation (TMS), or invasive procedures, as deep brain stimulation (DBS), could offer additional support for the CSTC model of OCD. Based on the results of a recent RCT, the Food and Drug Administration (FDA) approved deep TMS (dTMS), for the treatment of OCD[40,41]. Also DBS, involves implantation of electrodes that modulate specific brain function, is approved for treatment of refractory OCD[42]. The first trials on DBS for OCD was conducted in the 2003 by Gabriele and colleagues[43] showed that DBS targeted at striatal areas is efficacy and safty for patients with refractory OCD.

- Science editor:

“The title is too long, and it should be no more than 18 words”

**Author's response:**

- We have changed the title as follows:  
“Antiglutamatergic agents for obsessive-compulsive disorder: Where are we now and what are possible future prospects?”

- “The Author Contributions section is missing”

**Author’s response:**

We provided the author contributions

- Company editor-in-chief:

- “Before final acceptance, the author(s) must add a table/figure to the manuscript”

**Author’s response:**

We added a table in a single Word file “65128-Table.doc”

- We have incorporated the abovementioned points and comments into the revised version of the manuscript.

- All references and abbreviations were revised.

Many thanks to the referee for their very helpful suggestions.

Kind regards