

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 66643

**Title:** Major depressive disorder: validated treatments and future challenges

**Reviewer's code:** 05750805

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** Japan

**Author's Country/Territory:** Morocco

**Manuscript submission date:** 2021-03-31

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-04-02 10:58

**Reviewer performed review:** 2021-04-14 10:42

**Review time:** 11 Days and 23 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## **SPECIFIC COMMENTS TO AUTHORS**

I read with great interest the article entitled, Major depressive disorder: validated treatments and future challenges. I think that the article is very interesting but I have several questions.

1. It is difficult to understand in the first place because there is no figure.
2. I suggest you should create a chronological table in the order of drug development and itemize the advantages and disadvantages of each.
3. Paragraph In Tricyclic antidepressant (TCA), You describe that tricyclic antidepressants (amitriptyline, nortriptyline, protriptyline, imipramine, desipramine, doxepin, and trimipramine) have comparable efficacy in treating major depression to other classes of antidepressants, including SSRIs, SNRIs, and MAOIs [26,27]. However, for hospitalized patients, and compared to SSRIs, TCAs may be particularly effective [28–30]. What was the differences between hospitalized patients and outpatients?
4. You describe that this advantage can be explained by the superiority of TCAs (versus SSRIs) for patients with more severe symptoms of major depressive disorder [31–33] as well as for patients with melancholia [34–36]. Yet, there was no difference in efficacy in outpatients, considered as less severely ill [26,29]. What was the differences between the advantage and the efficacy?
5. Paragraph in Other antidepressants You describe in conclusion, there seems to be no significant differences between all classes of antidepressants in terms of efficacy. [71] even though there was moderate to low evidence of the efficacy of some drugs [72]. Concerning acceptability, citalopram, escitalopram, fluoxetine, sertraline, and vortioxetine were more tolerable than other antidepressants, whereas amitriptyline, clomipramine, duloxetine, fluvoxamine, trazodone, and venlafaxine had the highest dropout rates [72]. What was the reason of dropout? How long do you continue to use these medicines which are amitriptyline, clomipramine, duloxetine, fluvoxamine, trazodone, and venlafaxine?
6. Paragraph in Overview of psychotherapy in depression Would you make a figure how to use psychotherapy as an initial treatment.



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7. Paragraph in Electroconvulsive therapy You describe the stigma around ECT limits its use. Would you explain about stigma around ECT?