

Replies to comments:

Please resolve all issues in the manuscript based on the peer review report and make a point-by-point response to each of the issues raised in the peer review report. Note, authors must resolve all issues in the manuscript that are raised in the peer-review report(s) and provide point-by-point responses to each of the issues raised in the peer-review report(s); these are listed below for your convenience:

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (High priority)

Specific Comments to Authors: The authors have called this manuscript an editorial. It addresses an important topic e.g. the many medical and psychosocial aspects and components of COVID-19 and its aftermath, which is appropriate for an editorial. However, I think an editorial should be shorter and crisper. My recommendation would be that the authors turn this into a review paper and include a Method section (how they selected their studies, what questions they were asking) and a Table that clearly shows the various aspects they are discussing. That should not be difficult to do. The English is not perfect - it could benefit by a closed review by a native speaker.

Reply:

We thank the reviewer for these comments.

In response we have turned it into a review paper, as requested. We have changed this in the text accordingly. We now mention our search approach in the Abstract. Nevertheless, we have not conducted a systematic review here. Therefore, in the Conclusions we have added: "This **Review may serve as a call for a meta-analysis and systematic review of the literature as well as for** an international investigation of our working hypothesis."

The Editor-in-Chief wrote that we can choose between a figure or a table so we have added a figure. We trust that this figure answers adequately the suggestion of this reviewer to clearly show the aspects discussed.

We have revised the manuscript following the comments of an English language expert who then provided the attached certificate.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: The authors have constructed a compelling hypothesis for the instigation of clinical diagnoses relating to stress- and infection-related psychiatric disease associated with the COVID-19 pandemic. This is a pertinent issue and warrants an editorial - indeed, one would hope that, as time passes, "long-COVID" will be replaced by more accurate diagnoses related to the psychiatric symptomology. Overall, the editorial is clear and well written. The authors could add a further paragraph which more specifically describes how the new diagnoses serve to benefit the individual - e.g. what might the implications be for treatment in Type A vs. Type B? I understand that these diagnoses are not mutually exclusive, though a dichotomy certainly would exist for example in younger vs. older individuals.

Reply:

We thank the reviewer for these comments. Outlining treatments for Type A and Type B would be premature at this stage before validation of our hypothesis. However, in the new Figure and in the Conclusions section, we have started to outline the treatment possibilities as they emerge from the data integrated in this paper at this stage.

As requested we have added a paragraph:

“An accurate diagnosis has always been the starting point for the development of appropriate psychotherapeutic and pharmacological treatments, and for clinical trials examining their effectiveness. This developmental process within the professional field of Psychiatry is expected to reach the identification of precise therapeutic components for further benefit of the diagnosed individual. This potential accurate diagnosis may also emerge as the initial stage for the implementation of new institutional regulations for in- and out-patients with psychiatric reactions to the pandemic and with residual syndromes of the infection. It must be noted that accurate diagnosis has been only recently recognized as a professional need [43].”

Regarding the age considerations, we added to the revised manuscript a section: *“Life span considerations: There is no agreement in the literature on the neuropsychiatric impacts of the pandemic on children, adolescents, and youth and especially on the prevalence of the post-infection syndrome termed long-COVID [111–113]. According to available data, both psychiatric and neuropsychiatric effects are shown in young ages (e.g. [113–115]). Regarding the elderly, a population with greater risk for infection and severe conditions, we suggest that premorbid psychiatric and neurological problems related to older ages may be involved in the older population’s reactions to the pandemic. Some reports support our transdiagnostic CSRS understanding even in elderly (e.g. [76, 116]). Therefore, further studies are warranted to evaluate the applicability of our working hypothesis across the life spans. As an elaboration of our working hypothesis, we suggest that on the axis between Type A and Type B of the proposed diagnosis, Type A may be more prevalent in younger ages, Type B may be more prevalent in older ages, and the variability in the incidence of Type A , Type B or both together may be greater during adulthood than in younger or older ages.”*

Thank you very much for this thought-provoking comment.

4 LANGUAGE POLISHING REQUIREMENTS FOR REVISED MANUSCRIPTS SUBMITTED BY AUTHORS WHO ARE NON-NATIVE SPEAKERS OF ENGLISH

As the revision process results in changes to the content of the manuscript, language problems may exist in the revised manuscript. Thus, it is necessary to perform further language polishing that will ensure all grammatical, syntactical, formatting and other related errors be resolved, so that the revised manuscript will meet the publication requirement (Grade A).

Authors are requested to send their revised manuscript to a professional English language editing company or a native English-speaking expert to polish the manuscript further. When the authors submit the subsequent polished manuscript to us, they must provide a new language certificate along with the manuscript.

Once this step is completed, the manuscript will be quickly accepted and published online. Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>.

Reply:

We have revised the manuscript following the comments of an English language expert who then provided the attached certificate.

5 ABBREVIATIONS

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly.

The basic rules on abbreviations are provided here:

(1) Title: Abbreviations are not permitted. Please spell out any abbreviation in the title.

(2) Running title: Abbreviations are permitted. Also, please shorten the running title to no more than 6 words.

(3) Abstract: Abbreviations must be defined upon first appearance in the Abstract. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*).

(4) Key Words: Abbreviations must be defined upon first appearance in the Key Words.

(5) Core Tip: Abbreviations must be defined upon first appearance in the Core Tip. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

(6) Main Text: Abbreviations must be defined upon first appearance in the Main Text. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

(7) Article Highlights: Abbreviations must be defined upon first appearance in the Article Highlights. Example 1: Hepatocellular carcinoma (HCC).

Example 2: *Helicobacter pylori* (*H. pylori*)

(8) Figures: Abbreviations are not allowed in the Figure title. For the Figure Legend text, abbreviations are allowed but must be defined upon first appearance in the text. Example 1: A: Hepatocellular carcinoma (HCC) biopsy sample; B: HCC-adjacent tissue sample. For any abbreviation that appears in the Figure itself but is not included in the Figure Legend textual description, it will be defined (separated by semicolons) at the end of the figure legend. Example 2: BMI: Body mass index; US: Ultrasound.

(9) Tables: Abbreviations are not allowed in the Table title. For the Table itself, please verify all abbreviations used in tables are defined (separated by semicolons) directly underneath the table. Example 1: BMI: Body mass index; US: Ultrasound.

Reply:

Done

6 EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

(1) Science editor:

This manuscript integrated the published literature on COVID-19 and long-term COVID-19 on psychiatric and neuropsychiatric responses to the pandemic in the general population. It is suggested that Editorial be changed to a review, supplementing methods, explaining the criteria for inclusion in published articles; and describe more specifically how the new diagnosis could benefit individuals. And it is recommended to add tables to enrich the content of the article.

Language	Quality:	Grade	B	(Minor	language	polishing)
Scientific	Quality:	Grade	B	(Very		good)

Reply:

Thank you.

In response we have turned it into a review paper, as requested. We have changed this in the text accordingly. We now mention our search approach in the Abstract. Nevertheless, we have not conducted a systematic review here. Therefore, in the Conclusions we have added: "This **Review may serve as a call a meta-analysis and systematic review of the literature as well as for** an international investigation of our working hypothesis."

The Editor-in-Chief wrote that we can choose between a figure or a table so we have added a figure. We trust that this figure answers adequately the suggestion to clearly show the aspects discussed.

Regarding the request to describe more specifically how the new diagnosis could benefit individuals – please see our reply to the second Reviewer.

We have revised the manuscript following the comments of an English language expert who then provided the attached certificate.

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Psychiatry, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, the author(s) must add a table/figure to the manuscript. There are no restrictions on the figures (color, B/W).

Reply:

Thank you for conditionally accepting our manuscript.

We have added a figure as requested. Thank you for this comment.

We trust that we have answered all the comments of the reviewers in an appropriate manner and as requested.