

Jun 24th 2020

To: World Journal of Psychiatry

RE: World Journal of Psychiatry Manuscript NO: 55449 Resubmission

Thank you for your valuable feedback. We have addressed all concerns in the manuscript and detailed the changes below.

If you require any additional modifications, please let me know.

Warm regards,

Monique Aucoin

Reviewer 1 Comments and Responses

Original Article – 55449 The paper entitled “Dietary modification in the treatment of schizophrenia spectrum disorders: a systematic review” is quite interesting and well written, requiring only minor adjustments, which I describe below. In view of the fact I will give the authors the opportunity to revise some points before resubmitting to the journal.

Thank you for your comments and the opportunity to resubmit.

- Page 4, lines 5-6: Elucidate which types of vegetables (A, B or C) are important for psychosis patients. In fact, this type of specification is necessary throughout the text, including the types of lipids. It is already known that ketogenic diets (with high intake of lipids - saturated, monounsaturated and polyunsaturated) help positively in reducing epileptic attacks, and consequently in reducing the dosage of medications;

The mention of vegetables on page 4 is in relation to the study “Teasdale SB, Ward PB, Rosenbaum S, Watkins A, Curtis J, Kalucy M, et al. A nutrition intervention is effective in improving dietary components linked to cardiometabolic risk in youth with first-episode psychosis. Br J Nutr. 2016;115(11):1987-93” This study provided a diet intervention and measured changes in the participants’ diet. They assessed the total number of vegetables that people were eating before and after the intervention and found that this number increased. We mention this article in the introduction section when discussing barriers to diet interventions in this patient population. Many clinicians cite obstacles to diet modification (poverty, low motivation etc) and suggest that diet modification is not feasible; however, we are sharing this study to demonstrate that diet change in this population is possible.

We agree that significant detail about micro and macro-nutrients is lacking. This is because of overall poor reporting in the papers that we identified in our search. Many simply stated “we provided a healthy diet intervention” or a similar statement. Because the idea of a ‘healthy’ diet can be interpreted

many different ways, studies may be providing significantly different interventions and this may account for some of the variability in the results. We have acknowledged this as a limitation in the discussion section of the paper. A previous paper that this author team completed was able to identify much greater detail on individual fats, vegetables, vitamins and other specific foods and constituents. It is referenced in this article (ref #16) and a reader who is interested in this topic can find a lot of detailed information in that publication. Unfortunately, in the present paper, we reported the diet interventions in as much detail as was provided in the individual studies.

- Regarding the chosen articles, was there no cut-off point for the number of samples for each one? It is not possible to compare an article that studied 47 cases with another that studied only 10 cases;

Because of the limited amount of research on this topic, our a priori search strategy did not specify a minimum sample size. Our objective was to capture all of the studies that used diet interventions in this population.

- On the methods: Is there any relationship between race and sex with the proposed objective, or has this not been verified at the moment?

This is an interesting question. Unfortunately, none of the studies that we identified analyzed race or sex and patient response to the diet intervention. All of the studies included both men and women and subanalysis was not provided by gender. Similarly, none of the studies completed subanalysis based on race of participants.

- To organize the table in ascending or descending order of the year of publication;

Thank you for this suggestion, the table has been reorganized

- Page 19, last sentence: I would rethink the chosen population. The energy needs and type of nutrition of adolescents is completely different from that adults and elderly. Therefore, they are not comparable, and may be a result bias;

This is a good point. The article highlighted by the reviewer definitely involves a unique population. All of the other studies included individuals (adults or youth) who were already diagnosed with a SSD, this is the only study that assessed prevention of psychotic symptoms in early adulthood by providing an intervention to children. Our a priori search strategy had not set limits with respect to the age of participants because this field is poorly studied and we wanted to capture the full range of research that had been conducted. Because of the heterogeneity of the studies that we identified, meta-analysis was not attempted. We made an effort to clearly distinguish this study from the others when presenting the findings in the Outcomes subsection of the Results section. The last sentence has been modified as seen below.

“The prospective intervention trial that assessed prevention of psychotic symptoms in children reported a decrease in positive symptoms at the later outcome assessment (17); however, given that this study’s design was significantly different compared to the others in this review, these results may be considered separately from the other studies reviewed.”

- Replace calorie term by energy. Calorie is force unity.

On page 17, we have replaced the word 'calorie' with 'energy'. The chart has not been modified – the intervention column aimed to describe the interventions in the same wording as the original articles which used the term 'calories'

Editor comments

(1) 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; (2) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout; and (3) The "Article Highlights" section is missing. Please add the "Article Highlights" section at the end of the main text.

A PowerPoint document has been created which includes all figures in an editable format.