

Reply to the Reviewers' comments

We do appreciate our Reviewers' constructive comments and criticism to improve our manuscript. We have revised the manuscript according to the Reviewers' recommendations as detailed below. All changes are indicated **in bold** in the revised manuscript for easy inspection.

Reply to Reviewer #1

Reviewer #1: Comments to the authors: This is a very interesting editorial that explains how changes in the incidence of catatonia occur over the years and the possible causes of this. I suggest make some minor corrections. You have focused on catatonia secondary to psychiatric conditions, I think it would be important if you added information on the same topic related to catatonia secondary to general medical conditions.

Authors' reply: We agree that catatonia in medical conditions is an important topic and added a sentence with references to emphasize it. However, a longer discussion of the topic is beyond the scope of this editorial; it might be the topic of another editorial or a review paper.

Reviewer #1: The evolution in the diagnostic classification of catatonia through the successive editions of the DSM and the ICD has been positive and this has played an important role in the current recognition of catatonia. Perhaps its place in the DSM-5 could be considered as semi-independent but not in the ICD-11 where it is considered as a new diagnostic grouping, I recommend clarifying this in your manuscript.

Authors' reply: The place of catatonia in ICD-11 has been corrected in the revised manuscript; it was an oversight on our part.

Reply to Reviewer #2

Reviewer #2: a. Abstract: Adequately written.

Reviewer #2: b. Core tip: It just a repetition of the abstract. The authors need to mention three to four striking points about their article, here.

Authors' reply: The Core Tip has been written as recommended in content and format.

Reviewer #2: c. Is there any possibility of publication bias (as most of the catatonia cases are seen in developing countries and limited of publications from developing countries and biases in giving importance to the research from developing countries) resulting in under reporting of catatonia?

Authors' reply: We agree that this is one of the likely reasons for the apparent decline in the prevalence of catatonia in the second half of the 20th century. We clearly indicated that catatonia was more prevalent in the developing world by referring the IPSS from the 1970s and also Chandrasena comparative study from Sri Lanka and Canada. We also added four papers from India emphasizing the contribution of psychiatry in the developing world.

Reply to Reviewer #3

Reviewer #3: “The Editorial is well-written covering many aspects of catatonia. Few minor comments 1. Who is Mahendra? Is it relevance to mention his name? Is he so much important personality for this topic? I am not aware and most readers might not know him. Please provide relevance or delete the names.”

Authors’ reply: *Mahendra wrote an influential editorial that appeared in the Psychological Medicine that called attention to the apparent, massive decline in the prevalence of catatonia. He summarized the evidence and proposed hypotheses why catatonia was apparently disappearing from psychiatric practice. For this reason, we feel that he deserves to be mentioned by name.*

Reviewer #3: “2. There is no data mentioned at all from Asian countries where there are so much research in past as well as in recent few years on catatonia prevalence, phenomenology and outcome. - please check studies from India.”

Authors’ reply: *In addition to Chandrasena’s paper from Sri Lanka-Canada and Chalasani et al.’s paper from India-Wales, four further studies from India published from 1995 to 2019 were added to the revised text as recommended.*