

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Psychiatry*

**Manuscript NO:** 85432

**Title:** Not one thing at a time: When concomitant multiple stressors produce a transdiagnostic clinical picture

**Provenance and peer review:** Invited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 02445242

**Position:** Editorial Board

**Academic degree:** MAMS, MBBS, MD

**Professional title:** Professor

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

**Author's Country/Territory:** United States

**Manuscript submission date:** 2023-04-27

**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2023-05-14 15:12

**Reviewer performed review:** 2023-05-17 05:08

**Review time:** 2 Days and 13 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

In this editorial and in an earlier article in the World Journal of Psychiatry (reference no. 22), the authors propose “a new category within the conventional classification systems: the Complex Stress Reaction Syndrome, for a condition of multiplicity of stressors, which showed a mixed clinical picture for daily life in the post COVID-19 era, in the general population.” They base their findings on their literature review and a population-based study they had conducted in Israel & Italy. However, I think that several issues must be considered before accepting the authors’ proposal of a new mental health category that has become more evident after the COVID-19 pandemic. The mental health consequences of the COVID-19 pandemic including the diversity of psychiatric symptoms reported by people does not appear to be qualitatively different from reports of past epidemics and natural disasters (Esterwood et al. Psychiatr Q. 2020; WHO 2022-Mental health in emergencies). What was probably different about the COVID-19 pandemic was its scale and the fact that it was covered extensively by the social, electronic, and print media. That this coverage itself could have contributed to the psychological consequences was apparent to all who have been exposed to the barrage

of information or disinformation about the pandemic. I am not sure whether this has been examined properly. There has been an explosion of reviews and surveys about the mental health consequences of the COVID-19 pandemic in the past 2 years. Although, there is enough evidence to suggest that the mental health of the population deteriorated following the lockdown (e.g., Pierce et al. 2020 Lancet Psychiatry), there is some suggestion that the extent of deterioration was less than anticipated (Witteveen et al. 2023 PLoS Med; Sun et al. 2023 BMJ; Hjorthøj & Madsen 2023 BMJ). The consequences were mainly limited to depression and disproportionately affected women and younger people. Although these contrary findings may be controversial, there is greater consensus about the poor methodologically quality of the studies introduces a significant element of bias. This has been acknowledged by the authors. Therefore, a great deal of caution is needed before drawing any conclusions from this evidence-base. Most of these surveys were conducted the general population and involved what was essentially sub-threshold symptoms. Epidemiological studies have shown that anxiety, depression, functional somatic, and even obsessional symptoms can coexist at the population or the community level (Simon et al. 1999; Goodwin 2015 Dialogues Clin Neurosci). This is based on Watson's two-dimensional model of positive and negative affect. Negative affectivity forms the basis of a universal dimension of distress. Strictly speaking, this cannot be called comorbidity because that requires the co-occurrence of two independent threshold disorders. Nevertheless, this coexistence of multiple symptoms is already included in categories such as mixed anxiety depressive disorder. It is expected that stress-related symptoms will form a part of the mix in patients exposed to the pandemic. Many individuals will have had exacerbations of pre-existing disorders during the pandemic. In other vulnerable individuals, the pandemic would have unmasked latent psychiatric pathology. This would explain the presence of symptoms of eating disorders, obsessions and compulsions, substance abuse and other symptoms.



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)  
**https://**[www.wjgnet.com](http://www.wjgnet.com)

However, much like the category of mixed anxiety depressive disorder (Moller et al. 2016), there will be doubts about the validity of any category with a mix of diverse psychiatric symptoms. Lastly, adding the symptoms of long COVID to this category will create the same psychological versus physical dispute that we have witnessed with chronic fatigue syndrome or myalgic encephalomyelitis. Studies have already started appearing, which suggest that the long COVID syndrome is more likely to associated with psychosocial factors rather than COVID infection (Selvakumar et al. 2023 JAMA Netw Open). Although the authors' proposal is a worthwhile one, I think they will have to find a way to resolve these issues about the existence of a new transdiagnostic category in the aftermath of the COVID-19 pandemic.

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Psychiatry*

**Manuscript NO:** 85432

**Title:** Not one thing at a time: When concomitant multiple stressors produce a transdiagnostic clinical picture

**Provenance and peer review:** Invited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05270700

**Position:** Editorial Board

**Academic degree:** DSc, MD, PhD

**Professional title:** Professor

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

**Author's Country/Territory:** United States

**Manuscript submission date:** 2023-04-27

**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2023-05-20 09:14

**Reviewer performed review:** 2023-05-20 09:34

**Review time:** 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<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 checked="" type="checkbox"/> Minor revision <input 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 checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

This is an opinion article manuscript, which critically reflects conventional psychiatric classifications and taxonomy. It offers innovative approach to construction of a novel trans-diagnostic entity named "complex stress reaction syndrome". It is clear from this paper that the authors, in line with the literature, are not confident in the categorical approaches for psychiatric diagnosis. As far as the opinion of authors goes beyond conventional approaches for constructing of psychiatric taxonomy, they need extended discussion on the alternative concepts of psychiatric validity, more specifically the controversies between validation of nosological structures (typical for medicine) as compared to prototype, cluster and dimensional diagnosis of mental disorders. In other terms it is critical to highlight the difference between diagnostic and nosological validity ([https://doi.org/10.1007/978-3-030-55140-7\\_3](https://doi.org/10.1007/978-3-030-55140-7_3)) and to make explicit stand which of the two is adopted in the definition of the novel CSRS.