

## PEER-REVIEW REPORT

Name of journal: World Journal of Psychiatry

Manuscript NO: 90575

**Title:** Catatonia: A deep dive into its unfathomable depths

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06215370 Position: Peer Reviewer Academic degree: MD

Professional title: Chief Doctor, Professor

Reviewer's Country/Territory: China

Author's Country/Territory: United Kingdom

Manuscript submission date: 2023-12-07

**Reviewer chosen by:** AI Technique

Reviewer accepted review: 2023-12-09 04:09

Reviewer performed review: 2023-12-11 15:59

**Review time:** 2 Days and 11 Hours

	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C:
Scientific quality	Good
	[ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [ Y] Grade C: Fair [ ] Grade D: No creativity or innovation



Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ]Yes [Y]No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous  Conflicts-of-Interest: [ ] Yes [Y] No

## SPECIFIC COMMENTS TO AUTHORS

This editorial provides a comprehensive overview of catatonia, highlighting its clinical significance and the need for further research. The integration of recent findings from global studies and diagnostic advancements helps to clarify the ambiguous aspects of catatonia while also emphasizing the importance of early intervention and practical treatment approaches. Overall, this editorial is an essential resource for clinicians and researchers in mental health care.



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Reviewer's code: 05236189 Position: Peer Reviewer Academic degree: MD

Professional title: Academic Research, Adjunct Associate Professor, Research Associate

Reviewer's Country/Territory: United States

Author's Country/Territory: United Kingdom

Manuscript submission date: 2023-12-07

**Reviewer chosen by:** AI Technique

Reviewer accepted review: 2023-12-12 02:46

Reviewer performed review: 2023-12-12 03:06

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C:  Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation



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#### SPECIFIC COMMENTS TO AUTHORS

The Reviewer would like to recommend two facts not discussed in the manuscript. First, drug-induced catatonia. In the literature, there is a significant number of medications associated with catatonic symptoms. One of the reported drugs related to catatonia is baclofen. The reports with baclofen are interesting because they further support the idea of a GABAergic mechanism associated with the development of catatonic symptoms. For further understanding, read 10.11604/pamj.2022.43.198.38403 Second, catatonia is secondary to systemic conditions. One uncommon cause of catatonia is systemic diseases and one of the systemic diseases that remarkably improves after adequate management is autoimmune thyroiditis. Ali et al., after a thorough review of the literature, found only 13 cases related to this condition. The presentation of catatonia associated with autoimmune thyroiditis may be underdiagnosed in clinical practice. Also, the prompt diagnosis of this condition can lead to significant changes in outcomes. Almost all the individuals had a full recovery after steroids. For further understanding, read 10.1097/PRA.000000000000000751