

27 April 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 10034-edited-Resubmit).

Title: What's in a name? Compliance, adherence and concordance in chronic psychiatric disorders

Author: Subho Chakrabarti

Name of Journal: *World Journal of Psychiatry*

ESPS Manuscript NO: 10034

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewers. These are detailed below.

3 References and typesetting have been corrected.

I would be grateful if the revised manuscript is re-evaluated.

With regards,

Subho Chakrabarti

ID (02445242)

ESPS 10034

What's in a name? Compliance, adherence and concordance in chronic psychiatric disorders

REPLY TO REVIEWERS' COMMENTS

(All changes have been highlighted in bold red font)

REVIEWER 1 (02465274)

No changes suggested

REVIEWER 2 (02445209)

No changes suggested

REVIEWER 3 (02445225)

I missed two points that should be at least shortly mentioned: 1) To my knowledge there is very little empirical evidence on the effects of compliance, adherence or concordance on the effectiveness of psychiatric therapies. E.g. reduced adherence may for example not automatically negatively affect treatment outcomes but minimize side effects or be a sign of high self-efficacy

One of the foremost impacts of non-adherence is the direct impact on clinical outcomes. This includes worsening of symptoms, frequent and severe relapses of the illness, greater risks of other adverse outcomes such as aggression or suicide, more chances of re-hospitalizations and extended hospital stays. These direct clinical consequences lead to increased social and financial burden and worsening of patients' quality of lives. These consequences have been emphasized a little more clearly in the revised version (page 5).

2) Lack of compliance or adherence may be a hint that the treatment or its consequences are not experienced as a reward. Behavior is most likely to be repeated if its natural consequences are rewarding. If a treatment is not experienced as rewarding this tell us something about the nature of the treatment and this information should be included in the dialogue with the patient.

The lack of rewarding consequences of treatment leading to non-adherence forms a part of all cognitive models of adherence. In the Health Belief Model among other factors that influence adherence are lack of perceived benefit or reward as opposed to the perceived costs and barriers to treatment. A line to this effect has been added to the revised version (page 7).

Language certificate

All reviewer have graded the language of the manuscript as Grade A. Therefore, we believe that the language of your manuscript has reached Grade A. Thus we would choose not to have your manuscript edited by the above English language editing companies.