

## Format for ANSWERING REVIEWERS

February 4, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: .doc).



**Title: Inter-relationships between isotretinoin treatment and psychiatric disorders: Depression, bipolar disorder, anxiety, psychosis and suicide risks**

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We would like to submit our revised manuscript that addresses the recommendations and changes requested by the reviewers. We appreciate the suggestions made by the reviewers, and thank them for their attention and consideration.

Most of your comments were taken into account. The manuscript has been checked for structure, grammar and spelling.

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

- 1) Please revise the title, it is too short.

From "*Isotretinoin and Psychiatric disorders*" **the title** became "*Inter-relationships between isotretinoin treatment and psychiatric disorders: Depression, bipolar disorder, anxiety, psychosis and suicide risks*".

- 2) Isotretinoin may have antidepressant properties according to some studies ?

We added the following sentences **in the Abstract** :

"However, isotretinoin may have an antidepressant impact, according to some dermatological papers. They consider treating acne with this efficient treatment could improve self-image and make the patient feel better".

- 3) We modified a sentence to highlight one aim of the study **in the Abstract**:  
*« From this review, we propose guidelines for isotretinoin prescription to healthcare professionals”.*
- 4) A quick pubmed search with the words isotretinoin and depression rendered 154 papers. It would be interesting to describe how the review was performed, what key words were used and how many papers were included in this review.

We added the following sentences **in the Introduction**:

*« The first aim of this article is to list the literature (from pubmed) in order to specify links between isotretinoin and depression, anxiety, bipolar disorder, and psychosis. A lot of papers respond to the only two keys words isotretinoin and depression. Among all these papers, we chose to select those that enable to show the differences between both psychiatric and dermatological points of view. Thus, forty-one papers were included”.*

- 5) It would be also interesting to know which papers are from the dermatological literature and which from the psychiatric literature because the opposite visions that are stated in the discussion/conclusion are not clear along the text.

We modified the sentences by adding **in Isotretinoin, Anxiety and Depression** in order to specify the origin (dermatological or psychiatric) of papers:

*-“Between 1990 and 2001, pharmacologists, dermatologists and a psychiatrist (Sundström et al <sup>[12]</sup>) led an important retrospective cohort study” ...*

*-“Two recent comparative studies from dermatological papers should be mentioned” ...*

- 6) We have been asked to highlight the conclusions of Sundtröm et al about suicidal risk.

We added the following sentences **in Isotretinoin, Anxiety and Depression**:

*“Furthermore, they reported that an additional risk may be present, but can't be established with certainty, during and up to one year after treatment, and for this reason recommend a close monitoring for suicidal behavior. They add that there is no reason to refuse this treatment for patients who have attempted suicide. Indeed, they observe fewer recurrences with the patients having such a history in comparison to those having started such behaviors in connection with the treatment”.*

- 7) Psychiatrists and dermatologists may have different views about one issue, but the optimal treatment may be discussed with both the professionals and the patient in order to choose for the best option available.

The following sentence has been added **in the Discussion**:

*“The optimal treatment may be discussed with both professionals and patient in order to choose the best option available”.*

- 8) Although lithium is a first-line treatment for bipolar disorder, there are many other choices, that facilitates in dealing with the dilemma of treating a bipolar patient with acne. In the conclusion of the paper we had a word in favor of liaison psychiatry or discussion between specialists in a multidisciplinary approach of the patient.

We added the following sentence **in the Conclusion**:

*« A multidisciplinary approach of the patient (during the liaison psychiatry for example) is here particularly relevant in order to permit discussion between specialists about this treatment” .*

Thank you again for publishing our manuscript in the *World Journal of Pyschiatry*.

Sincerely yours,

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