

## ANSWERING REVIEWERS

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: This is a well conducted, well reported study of intentional and non-intentional non-adherence to antipsychotic medication in schizophrenia and related disorders. In my experience, there is another category of "non-adherence," which could be called 'experimental.' These are individuals who are well attuned to their subjective feelings and experiment with adjusting their doses to their stresses and symptoms -e.g. they do not take their medication exactly as prescribed but more exactly to their day to day needs. Certainly individuals taking other kinds of medications do this successfully all the time. Do they not exist amongst the schizophrenia population? Addressing this question would strengthen the manuscript.

Dear Reviewer,

Thank you for your comments. Self-medication hypothesis is a very interesting field. We believe that this phenomenon occurs in patients with schizophrenia or schizoaffective disorders. This form of self-medication, i.e. the control that individuals exercise over conventionally prescribed medication (Mitchell, 2007) may be more common than we think. Nevertheless, we consider that this form of self-medication falls into the category of intentional nonadherence. The feature of intentionality in regard to self-medication has been previously pointed out: "The self-medication hypothesis states that patients decide to start, adjust or stop prescribed medication according to perceived health needs" (Mitchell, 2007). We consider that this form of behaviour has been addressed in our study, since several characteristics of self-medication were present in several items of our set of reasons for nonadherence: 3. To minimize or avoid possible adverse effects; 6. To make the regimen more acceptable to fit in with patients' daily schedule; and 9. To see what happens without treatment. All of them were categorized as intentional nonadherence.

### Reference

Mitchell AJ. Adherence behaviour with psychotropic medication is a form of self-medication. *Med Hypotheses*. 2007;68(1):12-21. doi: 10.1016/j.mehy.2006.07.005. PMID: 16996228.

## ANSWERING EDITORIAL OFFICE

**Editorial office's comments:** Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

**(1) Science editor:** 1 Scientific quality: The manuscript describes an observational study of the subtypes of nonadherence in schizophrenia. The topic is within the scope of the WJP. (1) Classification: Grade B; (2) Summary of the Peer-Review Report: This is a well conducted, well reported study of intentional and non-intentional non-adherence to antipsychotic medication in schizophrenia and related disorders. However, there are some issues should be addressed. The questions raised by the reviewers should be answered; and (3) Format: There are 3 tables. A total of 60 references are cited, including 3 references published in the last 3 years. There are 2 self-citations. 2 Language evaluation: Classification: Grade A. 3 Academic norms and rules: The authors provided the Biostatistics Review Certificate, the signed Conflict-of-Interest

Disclosure Form and Copyright License Agreement, the Institutional Review Board Approval Form, and informed consent. The authors need to fill out the STROBE checklist with page numbers. No academic misconduct was found in the CrossCheck detection and Bing search. 4 Supplementary comments: This is an unsolicited manuscript. The topic has not previously been published in the WJP. The corresponding author has not published articles in the BPG. 5 Issues raised: I found the authors did not write the “article highlight” section. Please write the “article highlights” section at the end of the main text. 6 Re-Review: Required. 7 Recommendation: Conditionally accepted.

(2) **Editorial office director:** I have checked the comments written by the science editor.

(3) **Company editor-in-chief:** I have reviewed the Peer-Review Report, the full text of the manuscript and the relevant ethics documents, all of which have met the basic publishing requirements, and the manuscript is conditionally accepted with major revisions. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report and the Criteria for Manuscript Revision by Authors. Before final acceptance, authors need to correct the issues raised by the editor to meet the publishing requirements.

Dear Editorial Office

Thank you for your comments and remarks. Regarding them, we clarify the following points:

1. The Highlights have been provided in the manuscript.
2. References have been revised accordingly.
3. Requirements for tables have been fulfilled.
4. The STROBE checklist with page numbers has been provided.
5. Self-citations. We had read the “Guidelines for Manuscript Preparation and Submission: Observational Study”, in which it was stated that “authors should not cite their own *unrelated* published articles”. We included two self-citations because we considered that they were clearly related to the subject, appropriate and necessary. One of the articles has been a reference in this field, since it included a large sample assessed through MEMS device (117 citations up to date), and the other is a highly cited review published at WJP (130 citations up to date). If self-citations must be omitted irrespectively of their appropriateness, please let us know and we will remove them accordingly.