## Responses to reviewer:

1. The authors could consider to add a notion that a portion of ASD patients may be also affiliated with some other illness such as anti-NMDAR encephalitis, which may make the clinical manifestations more complex. <a href="https://pubmed.ncbi.nlm.nih.gov/31293459/">https://pubmed.ncbi.nlm.nih.gov/31293459/</a>

Reply: This suggestion is added to the text at the third paragraph (before Conclusion) of page 26.

2. The authors mention that ADHD may also suffer from oppositional defiant disorder. They can also address that, currently, its treatment has been a challenge for physicians. <a href="https://pubmed.ncbi.nlm.nih.gov/27443598/">https://pubmed.ncbi.nlm.nih.gov/27443598/</a>

Reply: This suggested is addressed at the third paragraph of page 25.

3. While both psychostimulant pharmacotherapy and parental behavioral therapy have been widely used for ADHD treatment, combination of both cannot be better than either one, implying that we need better pharmacotherapy or psychosocial intervention in the future. <a href="https://pubmed.ncbi.nlm.nih.gov/34086891/">https://pubmed.ncbi.nlm.nih.gov/34086891/</a>

Reply: This suggestion is discussed at the end of the first paragraph (before Critiques and Future Directions) of page 24.