



**Baishideng
Publishing
Group**

7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

Manuscript No: 69645

Title: Factors Affecting Anxiety, Depression and Self-Care Ability in Patients Underwent Liver Transplantation

Editor in Chief

Comment

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastroenterology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.

Reviewer ID: 04015916

Comment

Scientific Quality	Grade B (Very good)
Language Quality	Grade A (Priority publishing)
Conclusion	Accept (General priority)

The article uses three evaluation scales to evaluate the mental state of patients after liver transplantation. It should be said to be objective and helpful to the clinic. If the time after transplantation is treated as a stratification, it seems more perfect.

Response

We would like to thank you for your positive remarks regarding our article. We have dichotomized the postoperative follow-up period into within 12 months versus over 12 months. Our analysis showed that there were no significant difference in terms of SCAS Scores ($p=0.397$), BDS Scores ($p=0.786$), STAI-I (State) Scores ($p=0.134$), and STAI-II (Trait) Scores ($p=0.728$).

Reviewer ID: 05022758

Comment

Scientific Quality Grade B (Very good)
Language Quality Grade B (Minor language polishing)
Conclusion Minor revision

Akbulut et al. present the result of a single center, retrospective, cross-sectional study evaluating quality of life parameters after liver transplantation . They found that the presence of biliary complications and hepatocellular carcinoma, low income level and monthly visits to the outpatient clinic are factors that are found to affect self-care capability, depression and anxiety. • The hypothesis of the study is not clearly explained. Overall the study is more descriptive. The authors should state the clear hypothesis and goal of their study towards the end of the introduction. • There is no clear description on the time point of analysis. It is stated that the patients that are compliant with regular out-patient follow-up were selected for evaluation however no information is given as of how long after LT did it happen. • Interquartile range (IQR) should be shown as a difference between 75th and 25th percentile. The values of both percentiles should be shown instead of a single value. • Comparison tables (4-8) should include a number of patients analyzed in both groups to improve readability. • Minor comments: the use of phrase “mental retardation” should be avoided and “intellectual disability” should be used instead. • I believe that, overall, the manuscript would benefit from minor English revisions to improve readability.

Response

We would like to thank the reviewer for the critiques and contributions.

- We have added the following statement to the “Introduction” section for our aim and hypothesis:

The aim of the present study is to analyze the relationship between independent variables such as sociodemographic characteristics, presence of biliary complications, liver cancer, preference of recommendation of liver transplantation to others and

frequency of out-patient clinic and post-transplant depression, anxiety and self-care ability of the recipients.

- We have corrected the IQR values (Q1-Q3) in accordance with the recommendations of the reviewer.
- We have added the patient numbers (n) in the colons in Tables 4 to 8.
- We have used the “intellectual disability” instead of “mental retardation”
- In the present study, we have included the liver transplant recipients who were compliant to regular out-patient clinic follow-up following liver transplantation. In our institution, we require patients to come to out-patient visits every week for the first month following discharge. If the blood tests are normal and the patient is well; monthly visits are planned thereafter. After the first post-transplant first year, patients are required to come to out-patient visits every three-months. Patients with HBV and HBV related HCC are exceptions. These patients require frequent surveillance (i.e., monthly) for monitorization of anti-HBs titers and if the titers are low immune globulins are administered. In the present study, we have included patients with a minimum of 1 month posttransplant follow-up that is documented to be uneventful.

Reviewer ID: 05770406

Comment

Scientific Quality	Grade B (Very good)
Language Quality	Grade A (Priority publishing)
Conclusion	Accept (General priority)

It was observed that the type of immunosuppressive treatment did not have a significant effect on the quality of life, but it was observed that those who received tacrolimus had lower self-care and higher depression scores. Therefore, considering tacrolimus in terms of depression and self-care can be considered as an important result. It is also important to evaluate the relationship between biliary complications and quality of life. It is important that the presence of hcc before LT and the prolonging processes and procedures before finding a living donor in these patients negatively affect the quality of life. The importance of increasing the quality of



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https://www.wjgnet.com

life should be taken into account, since recommending such an important operation to other patients who underwent LT will significantly reduce the anxiety and depression of new patients. The situations mentioned above can be considered as the scientific contributions and new perspectives that the article offers us.

Response

We appreciate your valuable critiques and contributions. The results of the present study suggest that low income, presence of biliary complications and pretransplant diagnosis of hepatocellular carcinoma had a direct or indirect effect on the quality of life indices of the patients.

Sincerely Yours

Sami Akbulut, Md, PhD, Prof, FACS
Department of Surgery and
Liver Transplant Institute,
Inonu University Faculty of Medicine,
Elazig Yolu 10. Km
Malatya 44280, Turkey.
Telephone: +90-422-3410660
Fax: +90-422-3410036
Email: akbulutsami@gmail.com