

Dear editors and Reviewer,

Thanks a lot for having reviewed our manuscript. Now we have revised the manuscript according to the reviewers' comments. Most of the revisions are in the manuscript. Some explanations regarding the revisions of our manuscript are as follows.

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade C (A great deal of language polishing)

Conclusion: Major revision

Specific Comments to Authors: This is an interesting case of a patient with schizophrenia ant TD after using SGA. The case is very familiar to psychiatrist, however it is of interest because: TD was caused by medium dose of risperidone, it was refractory, authors introduced many therapies (older and newer) in order to come to a beneficial outcome. So, it is informative for the reader that may confront the challenge of treating TD. There are some remarks to be addressed:

1. Abbreviations should be at first explained (DRBA, dopamine receptor blocking agents, second paragraph)

Answer: Thank you for the comment. We have now added the expansion of DRBA.

2. Was it a case of late-onset schizophrenia? Or the diagnosis was dramatically delayed? If it is late-onset, then it is interesting to focus on this special population and the authors could provide details and maybe hypothesis about TD in late onset schizophrenia

Answer: The psychotic symptoms first appeared at the age of 53 in this case. Thus, it was a case of late-onset schizophrenia. In the discussion, we have discussed the higher probability of patients with late-onset schizophrenia to develop TD and the possible underlying mechanisms. The text added to the Discussion section is highlighted in yellow color.

3. It should be stressed that only 4 mg of risperidone for 6 months were adequate for causing severe symptomatology

Answer: We have addressed this issue in the Discussion section. Pharmacokinetic and pharmacodynamics are different in older patients with schizophrenia. These patients are more sensitive to risperidone than younger individuals. In this case, it is possible that 4 mg of risperidone for 6 months may have been enough to cause severe TD.

4. Why was she initiated with ROS? Did she have problem swallowing in the first place or it was a result of TD followed by worn tongue?

Answer: The patient reported no problem in swallowing at the time when she started taking risperidone. However, because of patient's poor insight and often refusal to taking the medication, so ROS was given.

We appreciate for Editors/Reviewers' warm work earnestly, and hope that the correction will meet with approval. We look forward to hearing from you regarding our submission, and we would be glad to respond to any further questions and comments that you may have.

Once again, thank you very much for your comments and suggestions.

With kindest regards,

Yours Sincerely

Shikai Wang and Huanxin Chen