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## ESPS Peer-review Report

**Name of Journal:** World Journal of Clinical Cases

**ESPS Manuscript NO:** 10687

**Title:** Association between Resting Energy Expenditure, Psychopathology and HPA-Axis in Eating Disorders.

**Reviewer code:** 00000663

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2014-04-15 13:28

**Date reviewed:** 2014-04-22 00:25

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

Castellini et al evaluated the relationship between resting energy expenditure (REE), psychopathology and the HPA-axis in a series of female subjects with eating disorders (both anorexia and bulimia nervosa). In their series, anorexia is associated with higher-than-predicted REE, and the relation of REE and shape concern was mediated by high cortisol levels. A specific analysis was devoted to prove that the relation of shape concern on REE might be mediated by cortisol. If I understand their assumption, shape concern might increase cortisol, which in turn would be responsible for higher REE. 1. This assumption is supported by statistics, but I wonder whether shape concern is the correct value to start from; I would have preferred to see an analysis of total EDE values, which unfortunately were not associated with REE. The authors should explain why they believe that the focus should be given to shape concern, not to e.g. weight concern, which similarly differed between anorexia and bulimia. 2. The activation of HPA axis and increased REE might also stem from more severe metabolic abnormalities present in anorexia, not specifically due to psychopathology. According to this hypothesis, HPA axis and shape concern would not be linked by a causal relationship. 3. In Table 2, the association between SCL-90 and EDE-Q in anorexia would be marked as significant.



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## ESPS Peer-review Report

**Name of Journal:** World Journal of Clinical Cases

**ESPS Manuscript NO:** 10687

**Title:** Association between Resting Energy Expenditure, Psychopathology and HPA-Axis in Eating Disorders.

**Reviewer code:** 00058344

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2014-04-15 13:28

**Date reviewed:** 2014-04-25 16:11

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

The authors demonstrated the association of REE, psychopathology and HPA axis in eating disorder patients. As stated in the discussion, there is the inconsistency reported on the BMS and REE in AN patients. The authors need to make clear (1) that the adaption for 45 min is enough to measure "REE" and (2) whether the patients are in the recovery phase. The data in the admitted patients are valuable to evaluate the real "REE" in AN patients.



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## ESPS Peer-review Report

**Name of Journal:** World Journal of Clinical Cases

**ESPS Manuscript NO:** 10687

**Title:** Association between Resting Energy Expenditure, Psychopathology and HPA-Axis in Eating Disorders.

**Reviewer code:** 00742104

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2014-04-15 13:28

**Date reviewed:** 2014-04-25 21:59

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

The authors demonstrated the association between eating disorders REE, ED psychopathology and the HPA axis. Although the paper is very well written there are some points that need to be revised. Firstly, the status of the patients have not been explained in sufficient detail. Was this a first time diagnosis? Were the patients in remission? Since when had they been diagnosed with an ED? Patients were included in the study if they reported at least 1 year of a stable Eating Disorder diagnosis, were none of the 43 patients included using psychoactive medications (which was an exclusion criteria) and if not why not? The authors argue that there is a relationship between severe AN and a higher REE due to the association between shape concern and cortisol, but what the study failed to show was an association between weight concern and cortisol and the total EDE-Q score. No explanation is given as to why they believe an association with shape but not weight concern occurs. Studies have shown that in underweight anorexics, the pituitary responds to corticotropin-releasing hormone, being restrained in its response by the elevated levels of cortisol. I believe it is difficult to explain this increase due psychological causes rather than metabolic.



**ESPS Peer-review Report**

**Name of Journal:** World Journal of Clinical Cases

**ESPS Manuscript NO:** 10687

**Title:** Association between Resting Energy Expenditure, Psychopathology and HPA-Axis in Eating Disorders.

**Reviewer code:** 02445261

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2014-04-15 13:28

**Date reviewed:** 2014-04-28 19:33

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

**COMMENTS TO AUTHORS**

This is, in summary, an interesting cross-sectional survey aimed to investigate the relationship between resting energy expenditure, eating psychopathology, and hypothalamus pituitary adrenal-axis functioning in twenty-two patients with eating disorders. The manuscript is interesting and well-written; i believe that the most important limitation of this study is the small sample size that did not allow the generalization of the main findings. Nevertheless, the authors may find as follows my comments/suggestions: First, throughout the abstract, the authors could avoid to describe the main characteristics of the EDE-Q and SCL 90-R which were used within the main text. Also, Results section within the same section should be reduced in length as too long as presented. Throughout the Introduction section, the authors could provide more details about the main mechanisms of action underlying the increased hypothalamus adrenal axis (HPA) arousal in the sample of 43 subjects with eating disorders. What is the main HPA dysfunctions (hyperactivity/lower post-dexamethasone cortisol plasma levels/elevated levels of androgen precursors) in subjects with eating disorders? Could life stressors and hormonal dysregulation in the HPA axis be considered as common factors playing a role in eating disorders? Throughout the Methods section, the main socio-demographic characteristics of participants could be better summarized in a specific Table. Also, the authors stated that the exclusion criteria were comorbid schizophrenia or bipolar disorder, illiteracy, mental retardation, severe medical conditions, and current use of psychoactive medications. Did the authors consider as inclusion criteria comorbid anxiety (Axis-I) or personality (Axis-II) disorders? If so, this should be specified. The authors reported that 43 female participants



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(22 with AN restricting type, and 21 with BN binge/purging type) have been recruited as the final sample. Did they use the structured clinical interview for DSM-IV axis to confirm psychiatric diagnoses? Figure 1 is difficult to distinguish for the general readership and should be improved regarding resolution.