



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Psychiatry*

**Manuscript NO:** 83406

**Title:** Catatonia: “fluctuat nec mergitur”

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer’s code:** 03815487

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer’s Country/Territory:** India

**Author’s Country/Territory:** Hungary

**Manuscript submission date:** 2023-01-21

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-01-21 15:19

**Reviewer performed review:** 2023-01-21 16:01

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Novelty of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
<b>Creativity or innovation of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



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7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
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<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

The Editorial is well-written covering many aspects of catatonia. Few minor comments

1. Who is Mahendra? Is it relevance to mention his name? Is he so much important personality for this topic? I am not aware and most readers might not know him. Please provide relevance or delete the names
2. There is no data mentioned at all from Asian countries where there are so much research in past as well as in recent few years on catatonia prevalence, phenomenology and outcome. - please check studies from India



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**Reviewer’s code:** 04009683

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Associate Professor

**Reviewer’s Country/Territory:** India

**Author’s Country/Territory:** Hungary

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**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-01-23 04:56

**Reviewer performed review:** 2023-01-23 09:30

**Review time:** 4 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Novelty of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
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<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

a. Abstract: Adequately written. b. Core tip: It just a repetition of the abstract. The authors need to mention three to four striking points about their article, here. c. Is there any possibility of publication bias (as most of the catatonia cases are seen in developing countries and limited of publications from developing countries and biases in giving importance to the research from developing countries) resulting in under reporting of catatonia?



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**Reviewer’s code:** 05700099

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer’s Country/Territory:** Spain

**Author’s Country/Territory:** Hungary

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**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-01-23 09:01

**Reviewer performed review:** 2023-01-26 08:53

**Review time:** 2 Days and 23 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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<b>Peer-reviewer statements</b>	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous
	Conflicts-of-Interest: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

Comments to the authors: This is a very interesting editorial that explains how changes in the incidence of catatonia occur over the years and the possible causes of this. I suggest make some minor corrections. You have focused on catatonia secondary to psychiatric conditions, I think it would be important if you added information on the same topic related to catatonia secondary to a general medical conditions. The evolution in the diagnostic classification of catatonia through the successive editions of the DSM and the ICD has been positive and this has played an important role in the current recognition of catatonia. Perhaps its place in the DSM-5 could be considered as semi-independent but not in the ICD-11 where it is considered as a new diagnostic grouping, I recommend clarifying this in your manuscript.