

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Psychiatry

ESPS manuscript NO: 12115

Title: Polydipsia, hyponatremia and rhabdomyolysis in schizophrenia: A case report

Reviewer code: 02445242

Science editor: Ling-Ling Wen

Date sent for review: 2014-06-23 13:53

Date reviewed: 2014-07-08 23:52

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 type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input checked="" 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"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This case report aims to highlight the complication of rhabdomyolysis with polydipsia-induced hyponatremia. However, there appear to be quite a few problems in the way this patient's case has been presented. These include: 1. The assertion that "there were (sic) no articles as detailed as our article" in the Core tip appears to be misplaced and should be changed. 2. This 40-year-old single man was diagnosed with schizophrenia with the presentation of auditory hallucination, persecutory delusions and bizarre behavior when he was 21 years old. Authors have to explain what they mean by "bizarre behaviour." 3. Polydipsia is usually accompanied by polyuria. No mention of polyuria has been made in this case report. 4. Approximately how much water/fluids was the patient drinking daily? 5. Several issues regarding the diagnosis of the patient's renal problems are not clear: ? Was a diagnosis of psychogenic polydipsia (and polyuria) made? ? Was diabetes insipidus of central or nephrogenic origin ruled out? ? Were other medical causes of polydipsia and hyponatremia ruled out? ? Was the patient evaluated by a nephrologist for this purpose? 6. This patient appears to have developed water intoxication. Some mention of the fact that only about a quarter to half of the patients with psychogenic polydipsia develop such serious complications has been made in the abstract, but not in the discussion section of the paper. 7. The management of chronic polydipsia usually requires intensive behaviour therapy. It is not clear from this report whether this was attempted in this patient. 8. There are several grammatical mistakes in the text, which need to be corrected.

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Psychiatry

ESPS manuscript NO: 12115

Title: Polydipsia, hyponatremia and rhabdomyolysis in schizophrenia: A case report

Reviewer code: 02445298

Science editor: Ling-Ling Wen

Date sent for review: 2014-06-23 13:53

Date reviewed: 2014-06-27 16:43

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"/> Existing	<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	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Major revision

COMMENTS TO AUTHORS

Dear dr. Lian-Sheng Ma, President and Company Editor-in-Chief, The article "Polydipsia, hyponatremia and rhabdomyolysis in schizophrenia: A case report" has an original accession to the well known topic. I can recommend it for a publication after the major revision. The authors should explain the comments in the article. What was the reason for 15mg of paliperidone, as is the maximally dose 9mg/day? What was the reason for 1200mg of quetiapine, as is the maximally dose 800mg/day? Which antipsychotics did he become in earlier episodes? What kind of polydipsia (approximately how much water drunk the patient per day) occurred at the dose of 12 and at the dose of 15mg of paliperidone? The authors should use the internationally accepted SI units for laboratory findings. Norm - perhaps normally. The typical antipsychotics can cause the polydipsia as well as risperidone. If the patient was treated with typical antipsychotics in the past what were the doses? Did he have a polydipsia too?

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Psychiatry

ESPS manuscript NO: 12115

Title: Polydipsia, hyponatremia and rhabdomyolysis in schizophrenia: A case report

Reviewer code: 02445219

Science editor: Ling-Ling Wen

Date sent for review: 2014-06-23 13:53

Date reviewed: 2014-06-24 14:51

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 checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<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 type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

The case report is interesting and I like especially the discussion I have two questions: 1. How was the CK level during the time on the emergency ward? 2. Did the patient receive paliperidone during the time on the emergency room? How was his psychopathology in these and the following days?

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Psychiatry

ESPS manuscript NO: 12115

Title: Polydipsia, hyponatremia and rhabdomyolysis in schizophrenia: A case report

Reviewer code: 02445222

Science editor: Ling-Ling Wen

Date sent for review: 2014-06-23 13:53

Date reviewed: 2014-06-24 18:13

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 checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<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 type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

In my view, the case report: "Polydipsia, hyponatremia and rhabdomyolysis in schizophrenia: A case Report" is well-written, interesting and timely. There are only minor points as recommendation for a revision: 1. Abstract and MS: CK values are not always clearly expressed: e.g., line 8 Abstract, should read 30505 IU/l or 30505 U/l etc. 2. Format should be checked, e.g. "[3-7]." or "[9-11] 3. Discussion, after "[12-14]" there is in my view something missing, should read e.g. "Delayed CK Level" elevations 4. It should be added that CK elevation is not necessarily associated with rhabdomyolysis and that (free) myoglobin in serum (and urine) are most likely more sensitive (first sign) and specific (muscle cell damage) than CK levels. 5. It could be mentioned that massive CK elevations have been reported with quetiapine (Klein et al. 2006), Risperidone (Holtmann et al. 2003), olanzapine (BMJ 2008) and other typical and atypical antipsychotics without diagnosis of rhabdomyolysis. Thank you, best wishes!