



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Psychiatry

ESPS manuscript NO: 29067

Title: Cognitive-behavioural therapy for obsessive-compulsive disorder co-occurring with psychosis: Systematic review of evidence

Reviewer’s code: 02445261

Reviewer’s country: Italy

Science editor: Jin-Xin Kong

Date sent for review: 2016-07-29 16:33

Date reviewed: 2016-08-22 18:28

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This is, in summary, a detailed review aimed to review available evidence on the use of cognitive-behavioural therapy (CBT) for treating obsessive-compulsive disorder (OCD) co-occurring with both schizophrenia or schizoaffective disorder (SCH/SA). The manuscript is interesting and well-written as presented; thus, only minor changes are needed in its current version. The authors may find as follows my main comments/suggestions. First, when throughout the Methods section, the authors reported that this is a systematic review of papers focusing on CBT treatment of OCD co-occurring with SCH/SA. I suggest to revise this statement (as well as the title of the paper) and report that this is a detailed and comprehensive review of the current literature upon the proposed main topic. Conersely, systematic reviews generally include specific selection criteria and quality assessment (e.g., PRISMA statement for reporting systematic reviews, a literature search in various existing databases such as Excerpta Medica, Scopus, ScienceDirect, PsycLit, PsycInfo, and Index Medicus search search, an initial examination of all the citations of the obtained studies by at least two reviewers independently, a detailed discussion with the senior author who also independently



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assessed all the articles and categorized them according to the major areas of interest identified by the reviewers occurred in the case of any disagreement, etc.). Furthermore, the authors indicated that they found a total of 9 studies; however, how many articles were screened, selected, and finally included in the present manuscript may be specified. Also, while the authors stated that they found a total of 9 studies, Table 1 included only 8 studies. Here, more details/information may be added for the general readership. Importantly, the Discussion section could further stress the main implications related to the frequent co-occurrence of both obsessive-compulsive symptoms or OCD in clinical practice for patients with SCH/SA as well as the importance of using CBT including ERP for treating obsessive-compulsive symptoms/OCD. Finally, among the main limitations/shortcomings of the present paper i would also report that since all the included studies were case-reports, thus, the information regarding the efficacy and tolerability of the use of CBT for treating OCD co-occurring with SCH/SA included in these articles are limited due to their main nature.



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<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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
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		<input type="checkbox"/> Plagiarism	
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COMMENTS TO AUTHORS

Excellent systematic review of CBT for OCD with psychosis.

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<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This is a generally well-written, timely and successful qualitative overview on CBT treatment experiences of OCS/OCD in schizophrenia. In my view, some points need clarification and revision: Major points: 1. The description of CBT (how? how long? modifications in patients with psychosis? etc.) and treatment effects (neuropsychological and psychological/psychopathological domains, more details on Y-BOCS etc. score changes if available, rather than "global functioning") is a bit superficial. 2. Is there a reason to distinguish between "ritual" and "response" prevention? If so, please clarify; if not, "CBT/ERP" should be used throughout the paper (if appropriate). 3. Similarly: OCD (as a clearly diagnosed disorder according to DSM or ICD) is rarely diagnosed properly in patients with schizophrenia; OCS are probably much more prevalent in clinical and research settings. I recommend to use OCS/OCD throughout (incl. title). 4. INTRO: other available non-pharmacological and psychotherapeutic treatment options for OCS/SCH should be briefly summarized (ECT; rTMS, DBS, ..., Psychodynamic Therapy...) 5. The interpretation of the influence of antipsychotics on OCD/OCS in SCH/SAD should be more cautious throughout; only for clozapine (and probably for

olanzapine) there is some evidence that OCS occur at a higher frequency compared to the natural illness course. OCS can occur or get worse also under no treatment or treatment with a FGA or other SGAs (which could be not primarily 5HT₂-R-antagonistic) (see, e.g. Scheltema Beduin et al. 2012, J Clin Psychiatry); maybe a model assuming an interaction between genetic/biological predispositions, life-time conditioning, and treatments, is most appropriate. 6. The interpretation of potential effects, effect sizes, and predictors of CBT in patients with SCH+OCS should be more cautious because the really low number of published treatment cases, the low methodological quality of reports, and - most important - the obvious lack of control groups or control treatments (TAU...). All effects could finally be due to the natural course of disorders or non-specific therapeutic factors. Minor points: 7. recent references should be included and discussed; e.g., Leung & Palmer 2016; Rosli et al., 2015; Grover et al. 2015; Schirmbeck et al. 2015; Fonseka et al., 2014; Gahr et al. 2014; Zink et al. 2014; Doyle et al. 2014. 8. p.4. This paragraph should be improved: ... pharmacokinetic drug interactions: a) e.g. "some antidepressants (fluox, fluvox, parox, venlaf, ...) may increase the plasma concentration of particular antipsychotics (e.g., cloz, ola, ris) by inhibition of hepatic cytochrome P450 isoenzymes (e.g., 1A2, 2D6), and ... 9. p.5. Methods, end: the 9 studies should be briefly characterized (type, n, ...) 10. p.6. 2nd/3rd para: it is unclear, which patients were included in the "LOCF" analysis (last paragraph): all 21?, please, clarify. 11. p.7, 3.2. 2nd para, ... and it is consistent ... this sentence needs rephrasing. 12. p.9. 1st para: ... could be an adverse effect of serotonergic antagonist ... should be stated more cautiously 13. p.9. last paragraph: the lack of any control group should be mentioned (not only lack of randomization). 14. typing errors/style e.g. p.3 a so-called schizo-obsessive disorder...; p.4. interactions: b) ... limit its use in elderly patients and in those treated... p.4. dosage of the antipsychotic; ... p.5 ritual/response prevention (ERP) p.5. Material and Methods ... OCD or OCS... p.8, line 2 (0% vs. 68%, respectively) p.8. The authors... Kind regards!



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Name of journal: World Journal of Psychiatry

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<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

this is a nicely written review of a very limited literature. The data are adequately described but I would like to see: 1) something about the role of medications and how these might play a part in management (albeit I accept this is not the focus of the paper) 2) something for clinicians to guide how CBT might be adapted for use in this group of patients, and the potential barriers and risks of a CBT approach (eg. cognitive barriers and use of CRT) 3) a clearer exposition of the limitations of current research in the area 3) directions for future research