Reviewer's code: 00989192

SPECIFIC COMMENTS TO AUTHORS

The major drawback of this paper is the statistical analysis of data. This study is based on two windows of data collection: the first during the spring 2020 and the second during January 2022. The aim should be to compare the scores at baseline (hospitalization) of patients diagnosed with COVID-19 on a rating scale measuring anxiety and depression with their scores at the follow-up.   Such comparison should be conducted by using statistical tests for paired measures (for example ANOVA for repeated measures) but there is no mention of these statistical procedures in the text.

Reply: Thank you for your critique. We noticed that we wrote the statistical methods part insufficiently. While evaluating the associated factors with HADS scores, we used the One-Way ANOVA test for those whose independent variable was divided into more than 2 categorical groups, while the Paired t-Test for those with less than 2.

When HADS scores were analyzed with Repeated Measures ANOVA at different time points, we found an increase in HADS-D scores which was statistically significant, while the increase in HADS-A scores was not significant.(added in "Results")

In addition, to define the predictors of long-term anxiety and/or depression, the dependent variable in the multiple regression analysis should be the delta score (HADS scores at T1 minus HADS scores at T0).

The first data of the study, which started with 272 people, were analyzed and published cross-sectionally (Şahan E, Ünal SM and Kırpınar İ. Can we predict who will be more anxious and depressed in the COVID-19 ward? Journal of Psychosomatic Research 2021; 140: 110302). In this study, we focused on HADS scores and related factors at the end of the follow-up. In line with your suggestions, we examined associated factors with delta HADS score with multivariate regression analysis. We discussed the results by presenting them in the tables we just created (table 5 and 6)

1

Again, the authors did not seem to adopt such a statistical procedure. Scores reported in Table 2 are those obtained at the follow-up but the authors do not give the reader the option to inspect what were the scores at baseline.

Reply: Initial mean HADS-A score was 8.73 ± 5.422; while HADS-D score was 7.12 ± 5.508 during hospitalization for covid-19 infection.

The initial data of this study was evaluated cross-sectionally and published as a preliminary study (Şahan E, Ünal SM and Kırpınar İ. Can we predict who will be more anxious and depressed in the COVID-19 ward? Journal of Psychosomatic Research 2021; 140: 110302).

Some statements are difficult to understand. For example, the authors say that their study is "a retrospective cohort study". Yet, this is in fact a prospective longitudinal study.

Reply: Among the options offered by the journal, the "retrospective cohort study" seemed the most appropriate for our study. Actually, our study design is a prospective follow-up study. We will request this change from the journal.

We removed "retrospective cohort" from keywords.

In the Introduction, the authors mention "psychotic attack". Do they mean psychotic episode?

Reply: Yes, we meant the period with psychotic symptoms. We changed as "psychotic episode".

In the Discussion, the authors mention "habilitation with repeated exposure". Do they mean habituation? In general, the quality of English writing is poor.

It was "habituation with repeated exposure" and corrected.

Reviewer's code: 05198640

SPECIFIC COMMENTS TO AUTHORS

This is a comprehensive advanced study of the manifestations of depression and anxiety in discharged from active hospital treatment post-COVID-19 patients. It delivers clear evidence that scores of anxiety and depression remain increased during follow up. The study is conducted by means of telepsychiatry assessment. The methods selected are appropriate given the purpose of the study. Conclusions are supported with data and most limitations are outlined accordingly. This study can aid public health decisions under the conditions of pandemic. Authors may consider to also discuss briefly the impact of national identity on the COVID-19 response as potential confound (see: https://www.nature.com/articles/s41467-021-27668-9?utm_campaign=related_content &utm_source=SOCIAL&utm_medium=communities)

Reply: Thank you for your critique and article suggestion that will contribute to the discussion. We benefited from the article and cited it.

Reviewer's code: 06149620

SPECIFIC COMMENTS TO AUTHORS

This is a fine longitudinal study. As there are reports about many other highly correlated symptoms in the covid literature, the focus on anxiety and depression in this era should be further justified. I miss the full name of the statistical analysis used.

We realized that we wrote the statistical methods part insufficiently and we detailed it.

Reply: *(Statistical analysis*

All statistical analyses were performed using the IBM Statistical Package for the Social Sciences (SPSS) for Windows version 20.0 (SPSS Inc., Chicago, IL, United States).

In descriptive statistics, categorical variables were reported as numbers and percentages. Continuous data were presented as mean $\pm$ SD. Variables were checked for normal distribution assumption using histogram, skewness, and kurtosis in addition to the Kolmogorov-Smirnov test. HADS scores were analyzed with Repeated Measures ANOVA for different time points (at baseline and after 20-22 months). Either Student's t-test or One Way ANOVA (for independent variablesin more than 2 categorical groups) tests were used to explore HADS-A, HADS-D scores, and related factors.

We did not adjust significance for multiple comparisons because the study is exploratory in nature. Two dependent variables (HADS-A and HADS-D) were included in each group comparison, thus the significance level was adjusted to 0.025. In order to test the association between significant predictors (sex, age, day of hospitalization, medical history, *etc.*) and each of the psychological outcomes above the cut-off scores univariate logistic regressions were used. Variables that showed a statistical significance at a p-value of less than 0.05 in the univariate analysis were included in the multivariate regression. Multivariate regression analysis was performed to identify the contribution of each factor associated with anxiety and depression separately. Post-hoc Tukey and Games-Howell tests were applied when there was a statistically significant difference in the Kruskal-Wallis test to determine which groups form the difference. A *P* value < 0.05 was

considered significant.)

I miss cutoff points in the abstract and intro.

We mentioned it in methods section: in the Turkish version of HADS, the cut-off score for the anxiety subscale is 10 and for the depression subscale it is 7 [7].

I find that the issue of early identification and early diagnosis as the message to take home should be further elaborated.

Reply: In line with your suggestion, we highlighted it in the discussion section.

"The course of long-term psychiatric symptoms related to COVID-19 is still uncertain. Contrary to what we expected in our study, we observed that anxiety and depression scores increased even more in long-term follow-up. As it is the longest follow-up study in the literature, we would like to emphasize the importance of our result in clinical practice. To prevent the deterioration of mental health, psychiatrists should play an active role in identifying the emerging mental problems as soon as possible, and psychological support should be offered for discharged patients, especially for more vulnerable groups. For this purpose, we need stronger data with larger samples to properly identify the consequences of the COVID-19 pandemic on mental health and detect patients who might be more in need of further support and care.

I fail to check references as its not clearly numerical or APA.

Reply: We used the reference style requested by the journal, and corrected it as numbered.

I think a literature review should need to include studies on the symptoms investigated in this study in many other parts of the world , including a figure or a table.

Reply: We cited this comprehensive review. (https://www.nature.com/articles/s41467-021-27668-9?utm_campaign=related_content

&utm_source=SOCIAL&utm_medium=communities).

There are parts in the discussion which belong to the intro. It need reediting.

Citations on gender differences in anxiety and depression prior to the covid are missing.

Reply: We added some citations:

(V.M. Simonds, V.E. Whiffen, Are gender differences in depression explained by gender differences in co-morbid anxiety?, Journal of Affective Disorders. 77 (2003) 197-202. https://doi.org/10.1016/S0165-0327(02)00113-1)

The result on vaccinated people needs to be interpreted according to a recent publication in Plos One on improvement in mood quality following vaccination.

Reply: In contrast to our result current literature showed that vaccinated people reported decreased mental distress levels. As expected, vaccinated people become less worried about getting infected, they may become more active socially, or they may venture into different work opportunities (plus one). The correlation between vaccination and HADS-A and HADS-D scores in our study may be related to the tendency of people with anxiety and depression to be vaccinated(COVID-19 vaccines and mental distress)

Quotations appear without referencing them. I miss a comparison of prevalence on the symptoms in subject before and during the covid using chi-square.

Reply: In our study, we conducted a follow-up interview 20-22 months later (in January 2022) with patients who underwent psychiatric evaluation while receiving inpatient care for covid-19between March-May 2020. We updated the initial data for 172 patients to maintain comparisons only with those who completed the follow-up study. We observed that the mean HADS-A and HADS-D levels were increased in the follow-up compared to the baseline status. 65 patients (38.5%) had over the threshold anxiety and 68 patients (39.5%) had over the threshold depression during hospitalization

while this rate was 111 (64.5%) for anxiety and 63 (36.6%) for depression at the follow-up.

Either Student's t-test or One Way ANOVA (for independent variablesin more than 2 categorical groups) tests were used to explore HADS-A, HADS-D scores, and related factors.

Initial mean HADS-A score was 8.73 ± 5.422; while HADS-D score was 7.12 ± 5.508 during hospitalization for covid-19 infection. At 20-22 months follow-up, the mean HADS-A score was 9.08 ± 4.90, and the mean HADS-D score was 8.55 ±4.39. The mean HADS-A (P= 0.484) and HADS-D (P = 0.011) scores were increased when compared to during hospitalization. Repeated Measures ANOVA revealed that changes in HADS-D scores at follow up were significant (Wilks' Lambda Sig.: .011; Partiel Eta Squared: .038) ; while HADS-A score changes are not significant (Wilks' Lambda Sig.: .484; Partiel Eta Squared: .003).

The longitudinal design is a true strength of this study and should be mentioned as such in length in the conclusions section.

Reply: In line with your suggestion, we highlighted it in the discussion section:

"We would like to point out the longitudinal design, which is one of the studies with high scientific reliability, as one of the strengths of our study"