Re: Manuscript ID: 84077

March 15th, 2023

Dear Professor

Thank you for your feedback. We have carefully read all the constructive comments on our submitted manuscript "Effect of Non-Pharmacological Treatment on The Full Recovery of Social Functioning in Patients with Attention Deficit Hyperactivity Disorder", and completed the revision according to all reviewers' comments. All the comments are valuable and helpful for improving our manuscript.

Major revisions in the manuscript have been indicated with tracked changes. We also have made a point-by-point response to specific comments from the reviewers as the following.

We hope you will be satisfied with our revision and consider it for publication in World Journal of Clinical Cases.

Sincerely yours,

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Reviewer 1

Long-term drug use is prone to insomnia, loss of appetite, headache, abdominal pain, or risk of drug dependence, and pharmacological treatment has little effect on children's deficits in social functioning caused by environmental and psychological factors. Among the symptoms of attention deficit hyperactivity disorder, kidney deficiency is more prominent in all types. TCM focuses on the combination of disease and evidence, and coordinates the functions of the internal organs, resulting in significant therapeutic effects. In this study, the authors evaluate the effect of non-pharmacological treatment on the full recovery of social functioning in patients with attention deficit hyperactivity

disorder. Overall, this study is well designed and the results are interesting.

Comments: 1. The manuscript should be edited according to the journal's guideline.

Response:

Thank you for your kind comments. Our revised manuscript has been edited according to the journal's guideline.

2. What's the meaning of the red color in the tables? Please check and make a note.

Response:

Thank you for your kind comments. Due to an oversight on our part, the description of some outcomes was not very clear in the previous version, and in our revised manuscript, the results section was reorganized: after non-pharmacological treatment, there were 43 compliant patients in the non-pharmacological group, accounting for 95.56% of all patients. Partial compliance reached 22 patients, accounting for 48.89% of the non-drug group, and non-compliance decreased to 2 patients, accounting for 4.44% of the non-drug group, indicating that non-drug treatment improves patient compliance with treatment compared to drug interventions, with statistically significant differences ($p<0.05$).

After treatment, the family score was (0.78±0.52) in the drug group and (0.46±0.41) in the non-drug group, with a statistically significant difference ($t=3.242$, $P<0.05$). The life skills score of the drug group was (0.99±0.38) and the non-drug group was (0.69±0.31), and the difference was statistically significant ($t=5.335$, $P<0.05$). The self-concept score of the drug group was (0.95±0.42), and the self-concept score of the non-drug group was (0.65±0.35), and the difference was statistically significant ($t=3.436$, $P<0.05$). There was no significant difference in WEISS scores between the two groups in learning/school, social activities, and risk-taking activities ($P>0.05$). Family, life skills, and self-concept scores indicating that the non-pharmacological treatment group scored significantly better than the pharmacotherapy group. (Table 4)

3. How about the limit of the study? Please make a discussion.

Thank you for your valuable comments. In our revised manuscript, we conducted an in-depth analysis and discussion of the results of the study: In addition, our study has some limitations. The diversity of nonpharmacologic treatments increases the difficulty of controlling for operational criteria, and assessing the effectiveness of such nonpharmacologic treatments is closely related to the complexity of the intervention and the influence of different operational providers. Despite our rigorous control of the means and measures of nonpharmacological interventions, uncontrollable variation in the implementation of the treatment may still occur. Second, nonpharmacologic treatment alone is slow and time-consuming, so it is crucial that nonpharmacologic treatment be combined with appropriate pharmacologic treatment. The primary outcome measure in this study was based on self-reported symptoms and function. Therefore, we lacked clinician-based measures, which are often considered to be more objective. In addition, the sample size of patients with ADAH included in the study was not large enough and future studies could be based on a larger sample size. Finally, long-term follow-up information could also be included in future studies to assess the long-term effects of non-pharmacological treatments on patients with ADAH.