

Monday, November 28, 2022

To:

The Editors-in-Chief

World Journal of Clinical Cases

Re: revised empirical article submission: “Transdiagnostic considerations of mental health for the post-COVID era: lessons from the first surge of the pandemic”

Dear Editors,

We are grateful for the opportunity to revise and resubmit our empirical paper, presenting the results of a bi-national Italian-Israeli study on mental health symptoms reported in the general population during the first surge of the COVID-19 pandemic. We explain in this paper why our findings are very relevant for the post-COVID era and briefly discuss important diagnostic clinical implication.

In the revision we have addressed all the concerns of the reviewers and of the Company Editor-in Chief and a detailed reply to these comments is supplied.

We trust that you will find our revised manuscript acceptable for publication in the *World Journal of Clinical Cases*.

Yours,

Sari Goldstein Ferber, PhD
Corresponding author

Replies to comments by Reviewers and the Company Editor-in-Chief

Reviewer #1:

Specific Comments to Authors: The authors discuss trans diagnostic considerations of mental health for post-COVID. The manuscript is written based on evidence from studies in two different

countries. The manuscript doesn't have any novel findings. What are the benefits or Application of such manuscript? How does such manuscript benefit to the readers of the manuscript?

Reply:

The transdiagnostic approach is presented in the literature with the promise to unravel better prevention and treatment of mental health disorders. The novelty of our current paper lies in analyzing the COVID-19 situation with its multiplicity of stressors to identify a more accurate diagnosis spanning more than 2 or 3 conventional categories. (New text in the Discussion).

Further international studies are essential. Accordingly, we are currently conducting a multi-national study, based on the present empirical paper's findings (edited in the Discussion).

We believe that our paper elucidates a much clearer, research-based understanding of mental health symptomatology. If this research-based approach will be followed by other clinicians, more accurate prevention and treatment programs may be developed in the future, as prevention and treatment should be derived from accurate diagnosis, be it one category or spanning several.

Reviewer #2:

Specific Comments to Authors: In this manuscript, the authors discuss transdiagnostic considerations of mental health for post-COVID. The title and the abstract are informative. The topic is not novel, many works of literature have been produced regarding COVID and mental health. The methods are complete however difficult to reproduce. The discussion is complete however there are many limitations.

Reply:

Regarding the novelty of the study – please see our reply to reviewer 1 (new in the discussion).

Regarding the comment on reproducing the results, we note in the revised Discussion section: "Further international studies are essential. Accordingly, we are currently conducting a multi-national study, based on the present empirical paper's findings".

Limitations of the study are discussed:

"Limitations:

One limitation of our bi-national research is that we did not assess the full range of the possible neuropsychiatric spectrum, including neurological symptoms and patterns evident in individuals recovering from infection. This extended transdiagnostic approach is discussed in our recent review, suggesting a neuropsychiatric syndrome combining emotional-psychological symptoms (Type A)

with neurological (the non-systemic portion of Long-COVID) symptoms (Type B)^[4]. Although the Israeli sample size is modest compared to the Italian sample, the Israeli data were collected by national probability-based representative sampling. We note that the fact that two differently designed studies in two different countries show similar results is a strength of this study and not a limitation. While the data analyzed are from the first surge of the pandemic, the pattern of results provides a novel perspective on diagnostic considerations in the post-COVID era.”

Company Editor-in-Chief: I recommend the manuscript to be published in the World Journal of Clinical Cases. Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the Reference Citation Analysis (RCA). RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: <https://www.referencecitationanalysis.com/>.

Reply:

We have performed searches as suggested and discussed the results in a new part of the Discussion section:

“Transdiagnostic” in the context of the COVID-19 pandemic

We searched the literature using Reference Citation analysis (RCA), PubMed and Google Scholar, focusing on the term “transdiagnostic” in the context of the COVID-19 pandemic. For the term “transdiagnostic” we identified 1,284 references from 2019 to 2022. For the same years, in PubMed, 84 references were identified by the search “transdiagnostic and COVID-19”. In Google Scholar, with the same terms and range of years, 5,670 references were identified. In reviewing the literature found, we conclude that the “transdiagnostic” term is very popular and used in too general manners, not specifying exactly which symptoms are associated with the more accurate diagnosis. From our literature search it appears that the term “transdiagnostic” is used for conventional categories (DSM-5 and ICD-11) and for non-conventional (other psychological) phenotypes too, making it

hard to understand what the term truly means. Most of the transdiagnostic research papers relate to the association between depression and anxiety, e.g., [29] which is a known comorbidity and not directly related to the COVID-19 mental health symptomatology. In our search we found just a few papers that diagnose three associated symptoms or more, cf. [15,30–33], as in our study.

It seems from the literature that the traditional approach of developing programs for prevention and treatment derived from an accurate specific diagnosis as uniquely shown in our research is not included in most papers that used the “transdiagnostic” perspective. Additionally, the general use of this term is related to treatment, not necessarily explained and derived from an accurate, transdiagnostic, research based diagnosis [34,35].

Moreover, the transdiagnostic approach is presented in the literature with the promise to unravel better prevention and treatment of mental health disorders. The novelty of our current paper lies in analyzing the COVID-19 situation with its multiplicity of stressors to identify a more accurate diagnosis spanning more than 2 or 3 conventional categories. In our search, a few cutting-edge papers were found, in which associations between conventional categories were investigated with sound methodology e.g., [31,32,36]. The benefit of these cutting-edge papers is in showing the long-term impact of the COVID-19 pandemic on mental health. The identification of such a long-term effect emphasizes the relevance of our paper at this time, in learning lessons from the first surge towards the post-pandemic era. We note that these cutting-edge papers focus on treatment, and not on the investigation of a more accurate diagnosis of the mental health reaction during the COVID-19 epidemic, as we suggest in the present paper. “