

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: Interesting case report. 1- Does patient have any neurological disorders? Discussion have to be improved. Please look at these references: - Exploring the clinical association between neurological symptoms and COVID-19 pandemic outbreak: a systematic review of current literature [published online ahead of print, 2020 Aug 1]. *J Neurol.* 2020;1-9. doi:10.1007/s00415-020-09978-y - The emotional impact of COVID-19: From medical staff to common people. *Brain Behav Immun.* 2020;87:23-24. doi:10.1016/j.bbi.2020.03.032 2- In your opinion, does telemedicine could improve the treatment of PTSD? Please look at this ref - Will COVID-19 change neurosurgical clinical practice? [published online ahead of print, 2020 Jun 1]. *Br J Neurosurg.* 2020;1-2. doi:10.1080/02688697.2020.1773399

Answer:

1. In this case, no neurological disease or symptoms were found. IPT is effective in this case, but it is still unknown whether it is able to be extended to patients with neurological disorders.

2. Although during the epidemic period, we also adopted a lot of online remote intervention methods. My colleague sorted out the relevant data and proved that it should be effective. In this case, it is still that the doctor interviewed the patient face-to-face with a set of isolation clothes wearing at the doctor. As a result, however, we may have neglected whether wearing isolation clothes will affect on the therapy in the emergency. This gives us the idea that in the future, maybe we can ask the patients about the feeling of conversing with a psychotherapist wearing isolation clothes.

Reviewer #1:

Scientific Quality: Grade D (Fair)

Language Quality: Grade B (Minor language polishing)

Conclusion: Rejection

Specific Comments to Authors: MS ID: 57067:

Interpersonal-psychotherapy-based intervention for COVID-19: A case report, by Hu et al., 2020. This is a case report of use of interpersonal psychotherapy in a patient infected by COVID-19. Authors describe the intervention, session by session. After receiving IPT, the patient presented reduction in the score of Hamilton Depression Rating Scale, Patient Health Questionnaire (PHQ-9), Hamilton Anxiety Rating Scale, and Generalized Anxiety Disorder. The report is interesting as convey an intervention during the public health emergency of 2020 COVID-19 pandemic. The effectiveness of the IPT in one single patient should be not stated, neither be generalized to other patients with COVID-19. Some acute symptoms of anxiety and depression are transitory reactions to COVID-19 and may normalize even without intervention. However, nothing consistent should be stated about the IPT for COVID-19 patients unless rigorous randomized controlled trials demonstrate the improvement. Is the IPT sessions delivered in person? The final diagnosis of COVID-19 is restrictive, as further mental health diagnoses should be also considered. Do discuss the hypothesis-setting contribution of this case report. How can you elaborate about the improvement? Is this reputed to intervention? How can you provide further evidence of your hypothesis?

Answer:

1. In this case, the doctor interviewed the patient face-to-face with a set of isolation clothes wearing at the doctor in the isolation ward. In the hospital where I work, a psychiatrist worked in the isolation ward every month, to help the patients and staffs. We also adopted a lot of online remote intervention methods, in this case, it is still that the doctor interviewed the patient face-to-face with a set of isolation clothes wearing at the doctor.

2. In this case, IPT is indeed effective for the patient. But we can also do

further research to verify the efficacy of IPT.

3. Because the patient cannot meet the diagnostic criteria in time for the diagnosis of mental disorders, so there is no relevant diagnosis.

## **Point-to-point responses for the second-round review**

### **Reviewer's comment:**

The case is sufficiently detailed, but the argumentation and conclusion are still deficient. Authors have partially addressed my earlier suggestions and comments. Please provide added value of the present case report, in terms of scientific evidence.

### **Response:**

Thank you for your comment. The patients with COVID-19 in our hospital were all critically ill. After communicating with these patients, we found that the emotional status would impact the treatment compliance and possibly led to worse outcome. Therefore, emergent intervention of patients with emotional problems were warranted. As reported in the present case, our intervention effectively improved the patient's emotional status, as well as his treatment compliance. Additionally, the International Society for Bipolar Disorders (ISBD) has also recommended the implementation of IPT to help the mentally-ill patients with COVID-19. Given the short duration of emotional symptoms, the patient did not meet the diagnostic criteria for any mental disorder. However, according to his self-report feelings and our psychological evaluation results, the patient has indeed benefited from the psychotherapy. We hope that this case study indicated the potential value of IPT for patients suffering from a pandemic and provided a new way to flatten the mental anguish.