

Response Letter

Reviewer #1:

I generally liked the manuscript. I cannot find a current similar study among the references: <https://www.frontiersin.org/articles/10.3389/fneur.2020.589511/full>, please add and discuss.

Response: Thank you very much for your kind suggestion for this manuscript. We have added this study to the Discussion section. For example, "It should be noted that one of the unresolved issues is the definition of what constitutes treatment-refractory Tourette syndrome, the most possible reason is the lack of the robust clinical features of TRTS, especially the features associated with the co-occurred other mental disorders".

Reviewer #2:

Point 1: Manuscript No.: 74300 Title: The clinical characteristics of pediatric patients with treatment-refractory Tourette syndrome: An evidence-based survey in a Chinese sample in this study, the author has studied "The clinical characteristics of pediatric patients with treatment-refractory Tourette syndrome: An evidence-based survey in a Chinese sample." The topic is interesting, but the English language used in the manuscript needs major improvements as there are some punctuation and grammatical mistakes present throughout the manuscript.

Response: Thank you very much for your kind suggestion. We have revised the whole manuscript to avoid this. Moreover, a native speaker was invited to polish this manuscript again.

The figures required the proper explanation and caption.

Response: Thank you very much for your kind suggestion. We have added the proper explanation and caption.

The discussion part is not up to the mark, and no significant comparison is made. Most of the references are from low-impact journals. It is obvious that the quality of the manuscript fulfills the standards of the journal; therefore, it should be accepted after minor revision.

Response: Thank you very much for your kind suggestion. We have rewritten most of the Discussion. Studies from high-impact journals were cited in the Discussion. For example, we added some new statements, "Based on the clinical characteristics of the TRTS, the younger onset age of tics, the longer duration of illness, comorbidities and social communication deficits may be indicators for the TRTS. Up to 70% of the troubles caused by nontic-related functional impairment mostly result from ADHD or OCD [45]. The functional impairment could be caused by both the tics and the comorbidities. Moreover, psychiatric comorbidities might lead to less effective medical treatment or psychotherapeutic treatment [6]. It is indicated that practitioners should pay more attention to early screening and properly treat the comorbidities of patients with TRTS. This could improve the global function and prognosis of TRTS patients with

comorbidities. In addition to medicine and psychotherapeutic treatment, there are also some other treatment options. Repetitive transcranial magnetic stimulation (rTMS) can significantly relieve tic and obsessive-compulsive symptoms in TS patients in a meta-analysis [46]. Deep brain stimulation was carefully recommended to patients with TRTS for more consideration of its efficacy and tolerability is needed [47]."

Specific comments: 1. Please revise the abstract and try to limit the 250 words. 2. Please add more strong keywords. 3. Line 88-89: "Tourette syndrome (TS) is a complex neurodevelopmental condition marked by tics, as well as a variety of psychiatric comorbidities." Please add a few examples of psychiatric comorbidities. 4. Line 91-92: "Some patients with TS fail to respond to traditional treatment." Please add the name of traditional treatments. 5. Line 234: Please revise the 'INSERT Figure 1'. 6. Line 250: Please revise the 'INSERT Table 1'. 7. Line 256: Please revise the 'INSERT Figure 2'. 8. The discussion section is not up to the mark. The discussion section needs extensive revision. 9. Authors are advised to proofread the whole manuscript to overcome grammatical mistakes. 10. The figures need proper interpretation and appropriate captions, and proper labeling. 11. Please revise the references according to the journal instructions.

Response: Thank you very much for your detailed comments. We have revised these specific comments.

1, The number of the abstract is 247.

2, The keywords included "Treatment-refractory Tourette syndrome; YGTSS; CBCL; PUTS; Social-withdrawal; Obsessive-compulsive disorder".

3, We a few examples of psychiatric comorbidities. For example, "Tourette syndrome (TS) is a complex neurodevelopmental condition marked by tics, as well as a variety of psychiatric comorbidities, such as obsessive-compulsive disorders (OCDs), attention deficit hyperactivity disorder (ADHD) anxiety and self-injurious behavior."

4, We have added the name of traditional treatments. For example, "Some patients with TS fail to respond to traditional treatment, and this condition is referred to as "treatment-refractory Tourette syndrome" (TRTS) [5]. To the best of our knowledge, refractory to "traditional treatments" (i.e., medicine treatment or behavioral treatment) implies failure to respond to (or have severe side effects from) alpha-adrenergic agonists, typical and atypical antipsychotics, and benzodiazepine, as well as behavioral therapies (i.e., habit-reversal training and exposure type therapy) [6]."

5,6,7, we have revied these points. Tables and Figures were uploaded in a separate file.

8, We have rewritten most parts of the Discussion section.

9, We have rechecked the whole manuscript to overcome grammatical mistakes.

10, We have added the captions and proper labeling of the figures.

11, We have revised the references according to the journal instructions.

Thank you very much for your detailed comments.

This manuscript aims to investigate the clinical features of treatment-refractory Tourette syndrome (TRTS) in Chinese pediatric samples by observing the clinical information of 126 patients with Tourette syndrome (TS). The language in the manuscript needs major improvement. In addition, please revise the Discussion section to compare the results of

this study with those of previous studies, describe new and valid information from this study, and explain the limitations of this study.

Response: Thank you very much for your comments on this manuscript. For the language, we sent the revised manuscript to a language service to polish it again. For the Discussion, we revised most of this section and added new statements about the results, including the comparison with a previous study, the clinical indication of this study and the limitations of this study.

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Psychiatry, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file. Please authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Carriage returns or spaces are not used to replace lines or vertical lines, and the cell content is not segmented. Please check and confirm whether the figures are original (i.e., generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2022.

Response: Thank you very much for your suggestion for this manuscript. According to the guidelines of this journal, we have revised the tables and figures to meet the criteria of the World Journal of Psychiatry. Thank you very much for your consideration of this manuscript.