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OPEN PEER REVIEW

# Effect of Online Balint Group and Pharmacotherapy on COVID-19 Anxiety in Iranian Healthcare Workers: A Randomized Controlled Trial

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## 1 Original submission

1 comment · 5 Jun 2022

### Editor-in-Chief

MAJOR REVISION 5 Jun 2022

Thank you for submitting your manuscript for consideration for publication in the Iranian Journal of Psychiatry and Behavioral Sciences. Your paper has been evaluated by external peer reviewers. Please revise your manuscript according to the reviewers' comments. I would appreciate it if you could make the revisions as soon as possible.

After revision, authors are obliged to upload a Word file containing the reviewers' comments and their responses to all comments, one by one.

Besides, please pay attention to the word count limitation:
Word count limits are specified at this link: http://kowsarpub.com/en/index.php/services/for-authors/895-word-count

We look forward to receiving your revised manuscript. Thank you for sending your work to the Iranian Journal of Psychiatry and Behavioral Sciences. The full manuscript file must include highlighting to indicate revised text.

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# Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

*Reviewer 1: Hello, and thank you for your efforts.*
*The place of the study should be stated in the abstract: Corrected and highlighted*

In This clinical trial in north of iran in 2021 :

*The keywords should be MeSH terms: : Corrected and highlighted*

- : Balint Psychoanalytic Therapy, Pharmacotherapy, Anxiety, psychological resilience, COVID-19

*Please state in the Methods section the source of the group therapy protocol, and who ran the group and how; briefly describe the protocol. : A paragraph about Balint and how it works was written, with a reference. Reference 3*

In the Balint group, participants volunteer at the beginning of each session to discuss a problem. The group listens to the story without interrupting. Others are welcome to ask questions for further clarification when the presenter is finished. The leader invites the group to respond to what they have heard. Responses take various forms. The members take a reflective approach, and as a result, there may be more questions, advice, emotional reactions induced by the patient's story and speculations about what else might be going on. The group leader will gently discourage too much interrogation of the presenter, as the aim is to get the group members to work on the case. The leader of the group is psychotherapy fellowship, translator of Balint groups: Theory and Practice (3)

*The interpretation in the Discussion is weak and should be strengthened.*

*The Discussion was rewritten and revised, and new references were added.*

*The effect size should be added: Corrected and highlighted in the tables*

*The inclusion and exclusion criteria should be stated more precisely. Added and highlighted*

we included cases of 18-59 years of age with illness anxiety diagnosed by two psychiatrists, according to the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5), not having a previous psychiatric illness, being able to work with Skype and attending meetings, interacting with suspected patients with or suffering from COVID-19 infection, and experiencing symptoms of anxiety .Participants were excluded from the study if they had psychiatric disorders other than illness anxiety, were treated with psychiatric drugs, or were pregnant. Also we excluded those who were unwilling to continue Attending the groups and those who did not attend more than three sessions of the Balint group work.

*There are very few recent references; please add some: References from 2020 onwards were added: 3/13/14*

*Good luck.*

*Reviewer 2:*

*I have reviewed the article entitled "Online Balint Group Work versus Pharmacotherapy in treatment of Coronavirus Anxiety in Healthcare Workers in Iran: A Pilot Randomized controlled Trial". The topic is a kind of important Whereas, there are some issues that should be addressed by the author(s) in a revised manuscript:*

*Balint group is not a group therapy so please remove therapy after Balint group.remove in all text*

Change with : Balint group work

*The manuscript had a poor English writing style. The manuscript must be completely edited by a native English editor.edit with* https://articlex.brieflands.com/en *and add certificate*

*Keywords*
*according to guideline of IJPBS,Keywords should be taken from those recommended by the US National Library of Medicine`s Medical Subject Headings(MESH) browser list. You can use the following address: http://www.ncbi.nlm.nih.gov/mesh/" and they should be ordered according to alphabet.*
*Some keywords are not selected from MESH. Edit and use mesh word*
Balint Psychoanalytic Therapy, Pharmacotherapy, Anxiety, psychological resilience, COVID-19

*In abstract, result section, it was mentioned " There was no significant difference between the effectiveness of the two interventions on anxiety" but in conclusion, the authors concluded that "Balint group work can provide better than pharmacotherapy in COVID-19 related anxiety"..there is paradoxical statement. Edit in conclusion "*

Balint group work and pharmacotherapy can improve COVID-19 related anxiety and boost resilience in healthcare workers

*Introduction: the authors did not mention to Iranian research about Balint group, following research is completely related to this study:add in introduction reference 15*

*Front-Line Medical Staff Experience About the Novel Psychological Intervention of Brief and Online Balint Group: A Qualitative Study in Iran During the COVID-19 Outbreak.*

*In methods: please provide exclusion criteria and inclusion criteria about participants.: edit it :*

we included cases of 18-59 years of age with illness anxiety diagnosed by two psychiatrists, according to the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5), not having a previous psychiatric illness, being able to work with Skype and attending meetings, interacting with suspected patients with or suffering from COVID-19 infection, and experiencing symptoms of anxiety .Participants were excluded from the study if they had psychiatric disorders other than illness anxiety, were treated with psychiatric drugs, or were pregnant. Also we excluded those who were unwilling to continue Attending the groups and those who did not

attend more than three sessions of the Balint group work.

*Provide more explanation about 60 persons whom were assessed. How did researchers select them? Please explain ,who interviewed with participants?*
*explain in method : edit it*

. Fellowship of psychotherapy and one psychiatrist interviewed with participants were assessed them for entering to study

*figure 1 is a flow chart or diagram, please correct the title of it.edit it :*

**Figure1**. Quasi-experimental flow chart showing the disposition of all subjects screened for the study.

*Discussion:*
*The Discussion is weak and there is not discussion about opposing findings in different articles*

*A deeper interpretation of the findings and comparison with other studies is needed. Most parts of discussion were about explanation about Balint group or explanation about sertraline. Both of them should be written in introduction. discussion write again with new reference :*

We found that Balint group work and pharmaco therapy with sertraline had a significant effect on reducing anxiety symptoms and increasing resilience of the HCW. This finding was consistent with two other studies (21, 22). There is not much literature on the effect of balint group work on anxiety symptoms and resilience among HCW and this study can surely fill the gap in the literature to some extent.

In Our study we found a notable decrease in anxiety and an increase in resilience among HCWs. This result is consistent with the result of previous studies That showed One of the most Factors that made HCW more resilient is reducing stress and anxiety, Increasing stress awareness also allowed them to be better prepared for the difficult aspects of their work .Another factor is Balint and ‘stress-busting’ group participation that may facilitate resilience.(23, 24). Furthermore, the ability to empathize is in having the right relationship with the patient, following the treatment, and helping to predict clinical consequences (25). Balint groups are designed to assist health

professionals and medical students in developing their empathy skills and reducing interpersonal problems (26). So, the Balint group can result in the reduction of anxiety in health care providers.

In the review of previous studies that consist with our study result showed the Balint group improves the wellbeing and empathy of healthcare providers through narrative interactions and respectful inquiry-based dialogues, increases resilience, and helps them apply more proper methods to deal with stress (27). In another study, self-awareness and self-monitoring were introduced as effective methods in increasing resilience in healthcare providers (28). Therefore, these results confirm that the Balint group increases resilience in healthcare workers by sharing stressful experiences, feelings, and anxious inner reflections with other members of the group can increase awareness of one's abilities. In a way, sharing these experiences provides an opportunity to vent one's negative emotions. One can also realize that experiencing the commonality of these feelings together can reduce anxiety symptoms (29)

It can be concluded that the reinforcement of mental and emotional conditions of HCW can result in improving their resilience rate confronting patients in stressful and emotional situations which are consistent with our result. In this study, conducted by Lin et al., an association between resilience level and mental-related variables of medical workers fighting against COVID-19 was reported (30). They concluded that resilience is negatively correlated with anxiety symptoms and depression and positively correlated with active coping style which is in accordance with the result of our research (30).

The other intervention used in this study was pharmacotherapy with a significant effect on reducing anxiety and increasing resilience. These results are consistent with the results of other studies (31, 32). The serotonin system plays an essential role in the neural processing of anxiety, And sertraline and other SSRI increases stress resistance, and helps people be more flexible to tense situations, resulting in an increase resilience (33). This study showed pharmacotherapy has rapidly effective than balint but many side effects, reducing therapeutic effects after finishing their use. On the contrary, psychological interventions have no side effects and can keep their therapeutic effect. However, they are too time-consuming (34).

*[Translated from Persian by the Brieflands editorial office.]*

## 2 Revision 1

1 comment · 28 Jul 2022

### Editor-in-Chief

MAJOR REVISION 28 Jul 2022

Thank you for your recent revisions.
Your paper has now been evaluated again. According to the associate editor's comments, it needs some more revisions. Please make your revisions according to these comments. The full manuscript file must be highlighted to indicate revised text.

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# Revision 2

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Associate Editor 1:

Dear author,

there are some mistakes in present article that I am mentioning here:

1- Please remove “balint psychoanalytic therapy” from keywords because Balint group is totally different from it. Edit it

2- Please correct this sentences:

The leader of the group is psychotherapy fellowship, translator of Balint groups: Theory and Practice…just it is needed to write: leader was a psychotherapist trained as leader of Balint group.

Replace with this sentence: leader was a psychotherapist trained as leader of Balint group

3- “Balint group work “must be removed from all text. Just write Balint group:

removed from all text

4- Results:

In the third paragraph, you report the mean level of CDAS score in the Balint group 12.3±12.7 comparing to 12.7±8.4 pharmacotherapy group, but in table 2 these values are reported as the difference of the anxiety score from pre to post test.

Edit and highlight

5- Methods: It has been stated that if first participant to fulfill inclusion criteria was assigned to Balint group work, the second participant was assigned to the pharmacotherapy group, this logically would result in equal number of participants in 2 groups, how come there are 17 participants in the pharmacotherapy and 28 in the Balint group.

Check with dr hajebi (Biostatistics) and Edit it in method

6- Background: it gives info about the prevalence of COVID patients in Iran and has been cited to a study entitled “The prevalence of DSM-IV attention-deficit/hyperactivity disorder”. (reference 10): edit it

Khalagi K, Gharibzadeh S, Khalili D, Mansournia MA, Samiee SM, Aghamohamadi S, et al. Prevalence of COVID-19 in Iran: results of the first survey of the Iranian COVID-19 Serological Surveillance programme. Clinical Microbiology and Infection. 2021;27(11):1666-71.

## 3 Revision 2

1 comment · 16 Aug 2022

### Editor-in-Chief

ACCEPT 16 Aug 2022

We have completed our review of your manuscript and are pleased to inform you that it is being considered for publication in the IJPBS. Note that the publication of your article will only be finalized with your cooperation in the editorial process.
Thank you for your fine contribution. On behalf of the Editors of IJPBS, we look forward to your continued contributions to the Journal.