IJ Psychiatry and Behavioral Sciences
Volume 17 · Issue 4 · e137119

OPEN PEER REVIEW

Network Analysis for Predicting Treatment Response in Patients with Obsessive-Compulsive Disorder

Mohammadreza Davoudi, Abbas Pourshahbaz, Behrooz Dolatshahi, Ali Nazeriastaneh, Marjan Poshtmashhadi

SUBMITTED	REVISED	ACCEPTED	DOI
28 Apr 2023	6 Aug 2023	9 Sep 2023	10.5812/ijpbs-137119

About this report

This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

More about open peer review: brieflands.com/knowledgebase/opr

Contents

1 **Original submission** Minoo Dabiri Golchin, Referee 1, Referee 2, Referee 3, Referee 4, Associate Editor, ... 2

2 **Revision 1** Referee 3, Referee 5, Referee 4, Associate Editor, Editor-in-Chief 8

Authors' reply to reviewers 9

Reviewer and editor comments 23

3 **Revision 2** Referee 4, Editor-in-Chief 25

Authors' reply to reviewers 26

Reviewer and editor comments 27

1 Original submission

7 comments · 1 May 2023 – 23 May 2023

Minoo Dabiri Golchin Reviewer

MINOR REVISION 1 May 2023

Dear Author

I found your paper very interesting; however, I have some questions. Here are some points that I have noted in your work:

Although your subject is very interesting, the title is too long and doesn't show the spirit of your work. Please reduce the size of your title to one line.

In the abstract, you need to reread your work: "136 patients who finished a 12-weeks SSRI course and were subsequently evaluated." What does it mean? You have probably made errors in English.

For your keywords, use Mesh Terms and have 5 keywords. Include a keyword for the population.

In the introduction, you have two paragraphs. Your second paragraph is too long; reduce its length.

Remove the word "therefore" in the objective part.

In the method part:
Add the ethical procedure that you followed.
Where you discuss measurements, provide more detail about the psychometric properties and the test's characteristics.

The sampling method was unclear to me. How did you reach the sample size? How did you obtain the samples? How was the allocation done?

Good luck

Referee 1 Reviewer

MINOR REVISION 5 May 2023

In addition to your invaluable research and findings, here are some issues that I suggest considering:
- I think the English could be improved throughout the text. For example, the first time you mention OCD, the term should be written out in capital letters, followed by the abbreviation.
- Let's mention the sampling or demographics in the abstract.
- You really need better paragraph breaks.
- How do medication-naïve patients meet the criteria for treatment resistance? On the other hand, is the choice of fluoxetine or fluvoxamine based on psychiatric assessment enough to establish treatment resistance? What about any switch in medication or augmentation?
- Are 12 weeks of medication enough to be sure about the blood dosage?
- What about the patient's medication compliance? How can you be sure about compliance?
- I think this conflicting finding needs more discussion: "However, the results of this study indicated that there is no significant direct link between the contamination obsessive dimension and insomnia and negative affect (main aspect of depression). This finding is contrary to the present findings. One cause of this dissimilarity can be the type of population under investigation".
- In the following discussion, you mentioned "The present study found that insomnia is another predictor of treatment resistance in PwOCD. Studies have shown that OCD symptoms are both indirectly (through anxiety

and depression) and directly (without the existence of a mediator variable) related to insomnia (45)". These comments are related and confusing to me. It's better to integrate the findings about insomnia.

Referee 2 Reviewer

MAJOR REVISION 12 May 2023

The rationale for the study is important, and the idea of the study is worthy and interesting for readers. I think this paper is highly relevant to the current journal's scope. But the academic writing seriously needs to be revised. The following comments are presented to improve the paper:

1. The title is too long. It can confuse readers. Use a short and comprehensive title.
2. An abbreviation is not suitable for the title (in your article: SSRI).
3. I think you can add three keywords. This might increase your paper's visibility in search engines.
4. Please revise your objectives section. It is not appropriate to use "Therefore ……" in this section.
5. Your second paragraph in the introduction is too long! Please separate the different sections of the introduction.
6. What is the first section of the method section called?
7. Please expand the details you provide regarding the measures.
8. Please provide a conclusion section.
9. The images are of low quality; I could not read them carefully!
10. It would be preferable to include findings in the abstract rather than exact results, as findings are more sensible to the abstract reader. It is not advised to use the word "must" in the conclusion.
11. The study's justification should be made clearer in the Introduction.
12. Give the study limitations a separate section.
13. I strongly advise authors to get their work edited and proofread for grammar and punctuation. There are numerous errors in the text, including letter capitalization, double spacing, quotations without closing quotation marks, and periods before references. Additionally, the paper itself has several powerful paragraphs.
14. Please give Table 1 a more detailed title.
15. Many potential readers are not familiar with graph analysis. Please provide more details about strength, betweenness and closeness.
16. In the final conclusion, what benefit will the findings of the study have for the health system, and what is its application for health policymakers?

Referee 3 Reviewer

MINOR REVISION 14 May 2023

The method used in this research is one of the most recent statistical methods in the field of mental health, and it is suggested that researchers conduct more studies in this field.

Referee 4 Reviewer

MAJOR REVISION 20 May 2023

Title:
1- The title is too long and doesn't show the spirit of your work. Please reduce the size of your title to one line.
Abstract
2- In the abstract, you need to reread your work: "136 patients who finished a 12-weeks SSRI course and were

subsequently evaluated." What does it mean? You probably have made English errors.
3- For your keywords, use MeSH terms and have 5 keywords. Include a keyword for the population.

Introduction
4- In the introduction part, you have two paragraphs. Your second paragraph is too long; reduce the paragraph size.
5- Remove the word "therefore" in the objective part.
Method
6- Add the ethical procedure that you followed.
7- Where you are talking about measurements, provide more detail about the psychometric properties and the test's characteristics.
8- The sampling method was unclear to me. How did you reach the sample size? How did you get samples? How was the allocation done?
9- 13. I strongly advise authors to get their work edited and proofread for grammar and punctuation. There are numerous errors in the text, including letter capitalization, double spacing, unclosed quotation marks, and periods before references. Additionally, the paper itself has several powerful paragraphs.
Results
10- Many potential readers are not familiar with graph analysis. Please provide more details about strength, betweenness, and closeness.
11- The criterion for using Pearson's correlation is not continuousness alone; were other conditions also met, such as normality and ...?
12- Determine the ranking of factors affecting the disease.
13- What was the reason for not using univariate models?
Discussion
14- Compare your new findings with the findings of other previous studies.
15- Mention possible explanations for the consistency and inconsistency of the results of your studies with those of other previous studies.
16- Do not repeat the results in different words in this section.

Associate Editor

MAJOR REVISION 20 May 2023

dear authors

Please consider the peer review comments.
Reviewer 1
The rationale for the study is important, and the idea of the study is worthy and interesting for readers. I think this paper is highly relevant to the current journal's scope. But the academic writing seriously needs to be revised. The following comments are presented to improve the paper:
1. The title is too long. It can confuse the reader. Use a short and comprehensive title.
2. An abbreviation is not suitable for the title (in your article: SSRI).
3. I think you can add three keywords. It might increase your paper's visibility in search engines.
4. Please revise your objectives section. It's not suitable to use: Therefore ……..
5. Your second paragraph in the introduction is too long! Please separate different sections of the introduction.
6. What is the name of the first section of the methods?
7. Please expand the details you provide regarding the measures.
8. Please provide a conclusion section.
9. The images are of low quality; I could not read them carefully!

10. It would be preferable to write the findings section in the abstract, which is more sensible for the abstract reader than the exact results, which are not. It is not advised to use the word "must" in the conclusion.
11. The study's justification should be made clearer in the Introduction.
12. Give a separate section on the study limitations.
13. Please give Table 1 a more detailed title.
14. In the final conclusion, what benefit will the findings of the study have for the health system, and what is their application for health policymakers?

Reviewer 2
1. The title should be reviewed and rewritten.
2. Why was the study single-blind rather than double-blind? If there is a special reason, it should be added to the discussion under the heading of limitations.
3. The sample size for this model is small. What is the reason for choosing this number? (The reason for the small sample size should also be mentioned as a limitation.)
4. The type of study should be mentioned.
5. The sentence related to the mean and standard deviation should be corrected to: mean (standard deviation) for quantitative variables and frequency (percentage) for qualitative variables.
6. If there was no placebo in this study, what does it mean to be blinded? In fact, what is the basis of blinding?
7. In the design of the study, the treatment, the response variable, and the factors should be specified precisely.
8. In the results section of the abstract, the sentence "In the pre-test, the network structure of TROCD was more strongly connected than that of TROCD in both subtypes." has a problem.

Reviewer 3
Besides your invaluable research and findings, here are some issues that I offer for consideration:
- I think the English language could be improved throughout the text. For example, the first time you mention OCD, the full term should appear in capital letters before the abbreviation.
- Let's mention the sampling or demographics in the abstract.
- You really need better paragraph divisions.
- How do medication-naïve patients meet the criteria for treatment resistance? On the other hand, is the choice of fluoxetine or fluvoxamine based on psychiatric assessment enough for treatment resistance? What about any switch in medication or augmentation?
- Are 12 weeks of medication enough to provide assurance about the blood dosage?
- What about the patient's medication compliance? How can you get assurance about compliance?
- I think this conflicting finding needs more discussion: “However, the results of this study indicated that there is no significant direct link between the contamination obsessive dimension and insomnia and negative affect (main aspect of depression). This finding is contrary to the present findings. One cause of this dissimilarity can be the type of population under investigation”.
- In the following discussion, you mentioned “The present study found that insomnia is another predictor of treatment resistance in PwOCD. Studies have shown that OCD symptoms are both indirectly (through anxiety and depression) and directly (without the existence of a mediator variable) related to insomnia (45)”. These comments are related and confusing to me. It's better to integrate the findings about insomnia.

Reviewer 4
This study raises an interesting and important issue, but several recommendations should be considered. The method used in this research is one of the most recent statistical methods in the field of mental health, and it is suggested that researchers conduct more studies in this field.
- Try to make the title shorter and avoid questions, for example, "Comparison of the network structure psychiatric symptoms in Response and Non-response to SSRI Treatment in OCD Patients".
-The attractiveness of the title and abstract is essential to readers. Please revise the entire abstract after

changing the title.
-Epidemiological issues such as the prevalence of OCD should be mentioned at the beginning of the introduction.
-Refer to the reliability and validity of the Persian version of the Yale-Brown Obsessive-Compulsive scale (Y-BOCS).
-The authors should structure the discussion into five parts:
1) presentation of main findings,
2) methodological implications for outcomes,
3) outcome interpretations,
4) practical applications of outcomes, and
5) limitations. The current discussion focuses only on a comparison with previous studies, which may give the impression that this research lacks originality. The authors should provide solid arguments and criticism in each of these areas.
-English grammar needs editing. I suggest that the authors hire a professional service to check the grammar. I recommend proofreading the manuscript before publication to correct any errors or inconsistencies.

Reviewer 5
1. The title should be reviewed and rewritten.
2. Why was the study single-blind rather than double-blind? If there is a special reason, it should be added to the discussion under the heading of limitations.
3. The sample size for this model is small. What is the reason for choosing this number? (The reason for the small sample size should also be mentioned as a limitation.)
4. The type of study should be mentioned.
5. The sentence related to the mean and standard deviation should be corrected to: mean (standard deviation) for quantitative variables and frequency (percentage) for qualitative variables.
6. Continuity alone is not the criterion for using Pearson's correlation; other conditions must also be met, such as normality and...
7. If there was no placebo in this study, what does it mean to be blinded? In fact, what is the basis of blinding?
8. Determine the ranking of factors affecting the disease.
9. In the design of the study, the treatment, the response variable, and the factors should be specified precisely.
10. What was the reason for not using univariate models?
11. In the results section of the abstract, the sentence "In the pre-test, the network structure of TROCD was more strongly connected than that of TROCD in both subtypes." has a problem.

Reviewer 6
Title:
1- The title is too long and doesn't show the spirit of your work. Please shorten your title to one line.
Abstract
2- In the abstract, you need to reread your work: "136 patients who finished a 12-week SSRI course and were subsequently evaluated." What does it mean? You have probably made errors in English.
3- For your keywords, use Mesh Terms and have 5 keywords. Include a keyword for the population.

Introduction
4- In the introduction, you have two paragraphs. Your second paragraph is too long; reduce its length.
5- Remove the word "therefore" in the objectives section.
Method
6- Add the ethical procedure that you followed.
7- Where you discuss measurements, provide more detail about the psychometric properties and the test's

characteristics.
8- The sampling method was unclear to me. How did you arrive at the sample size? How did you obtain the samples? How was allocation performed?
9- 13. I strongly advise authors to get their work edited and proofread for grammar and punctuation. There are numerous errors in the text, including letter capitalization, double spacing, quotations without closing quotation marks, and periods before references. Additionally, the paper itself has several powerful paragraphs.
Results
10- Many potential readers are not familiar with graph analysis. Please provide more details about strength, betweenness, and closeness.
11- Continuity alone is not the criterion for using Pearson's correlation; other conditions must also be met, such as normality and...
12- Determine the ranking of factors affecting the disease.
13- What was the reason for not using univariate models?
Discussion
14- Compare your new findings with the findings of previous studies.
15- Mention possible explanations for the consistency and inconsistency of your studies' results with those of previous studies.
16- Do not repeat the results in different words in this section.

Editor-in-Chief MAJOR REVISION 23 May 2023

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 make your revisions according to the reviewers' comments.

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 be highlighted to indicate revised text.

2

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.

Submission ID: **137119**

Response to Reviewers

Dear Professor Mehran Zarghami

Hello

Thank you for giving us the opportunity to submit a revised our manuscript in the "*Iranian Journal of Psychiatry and Behavioral Sciences*".

We appreciate the time and effort that you and the respected reviewers dedicated to providing feedback on our manuscript and are grateful for the insightful comments on and valuable improvements to our paper. We have incorporated all of the suggestions made by the you. Those changes are highlighted within the revised manuscript. Please see below for a point-by-point response to the reviewers' comments and concerns.

Point-by-Point response to reviewers:

#Reviewer 1

The rationale for the study is important and the idea of the study is worthy and interesting for readers. I think this paper is highly related to the current journal scope. But the academic writing seriously needs to be revised. The following comments are presented for improving the paper:

Reviewer#1 comment: The Title is too long. It can confuse the reader. Use a short and comprehensive title.

Authors response: Thanks for your comment. We applied all reviewers' suggestions about title and proposed a new comprehensive and short title.

++
Reviewer #1 comment*: abbreviation is not suitable for the title. (In your article: SSRI).*

Authors Response: *We think this is an excellent suggestion. So, we removed abbreviations from title.*

++
Reviewer#1 comment*: I think you can add three keywords. it might increase your paper's visibility in search engines.*

Authors Response: *Thanks for your precious comment. We added two keywords. These new keywords are highlighted in the revised paper.*

++
Reviewer #1 comment*: Please revise your objectives section. It's not suitable to use: Therefore …….*

Authors Response: *Thanks for noticing that. We removed "therefore" from the objective section.*

++

Reviewer #1 comment: *Your second paragraph in the introduction is too long! Please separate different sections of the introduction.*

Authors Response: *Thank you for this suggestion. We rewritten the introduction from the first. In fact, we consider all reviewers suggestions about "introduction" and then revised this section. As you can see in the revised introduction the introduction has been separated in various paragraphs with short lengths.*

++

Reviewer #1 comment*: What is the first section of the method name?*

Authors Response*: Thanks for your valuable comment. We recognized method section and the first section named "**study design**".*

++

Reviewer comment*: Please expand your provided details regarding measures.*

Authors Response*: Thanks. We provided more details for Y-BOCS. However, this journal have words count limitation. So, we addressed for more information at the end of scale details.*

++

Reviewer #1 comment*: Please Provide a conclusion section.*

Authors reply: thanks for your comment. We added conclusion section after limitation and future direction section.

++

Reviewer #1 comment*: Images have low quality; I could not read them carefully!*

Authors Response*: Thanks for your comment. We provide all figures as separate files and caption.*

++

Reviewer#1 comment*: It would be preferable to write the findings section in the abstract, which is more sensible for the abstract reader than the exact results, which are not. It is not advised to use the word "must" in the conclusion.*

***Authors Response**: Thanks for your great comment. We modified results section in the abstract regarding using sensible sentences. Then removed “must” in the conclusion.*

++
***Reviewer #1 comment**: The study's justification should be made clearer in the Introduction.*

***Authors Reply:** Thanks for your great suggestion. We reorganized the introduction and provide more comprehensive study's justification. These study's justification highlighted in blue color in the revised paper.*

++
***Reviewer #1 comment**: Give a separate section on the study limitations.*

***Authors Response**: We want to thank the respected reviewer for this comment. We provided this section.*

++
***Reviewer #1 comment**: Please give Table 1 a more detailed title.*

Authors reply: Thanks. Done!

++
***Reviewer #1 comment**: In the final conclusion, what benefit will the findings of the study have for the health system and what is its application for health policymakers?*

***Authors Response**: Thnaks for your comment. We added some suggestions for policy makers in the conclusion. These changes has been highlighted in the revised paper.*

_____
_

Reviewer#2

The method used in this research is one of the most recent statistical methods in the field of mental health, and it is suggested that researchers conduct more studies in this field.

Reviewer#2 comment: *The title should be reviewed and rewritten.*

Authors Response*: We want to thank the respected reviewer for this comment. We applied all reviewers' suggestions about title and proposed a new comprehensive and short title.*

++
Reviewer#2 comment: *Why is it not used double blind and is it used single blind?) If there is a special reason, it should be added to the discussion under the title of limitation).*

Authors Response*: Thanks for your comment. we used single blind and mentioned it in the participants and procedures. In fact, psychiatrists and neurologist were blinded about study aims. However, as all patients received treatment according physicians' prescription, blinding was not applicable. All patients received treatment and physicians held a comprehensive session for identifying patients' subtypes. We think as we did not provide clear details you misunderstood our method. But we provided a clear method for your consideration.*

++
Reviewer#2 comment*: The amount of sample size for this model is small, what is the reason for choosing this number? The reason for the small sample size should also be mentioned as a limitation*

Authors Response*: Thanks for your comment. Since this paper was a part of the results extracted from the doctoral thesis of the first author, there were extensive limitations regarding the time of the conducting study. Also, since the research was conducted during the COVID-19 pandemic, the authors were given limited financial resources to carry out the research by the university. However, in the limitation and future direction section, it is explained about the low sample size and the resulting limitations.*

++
Reviewer#2: The type of study should be mentioned.

Authors Reply: Thanks for your comment. We added a subsection in method "Study design" that provided comprehensive information about type of study.

++

Reviewer #2 *: The sentence related to mean and standard deviation should be corrected to (mean (standard deviation) for quantitative variables and frequency (percentage) for qualitative variables).*

Authors response*: We modified the first paragraphs result.then remove all unnecessary and confusing sentences.*

++

Reviewer#2 comment *:If there was no placebo in this study, what does it mean to be blind? In fact, what is the basis of blinding?*

Authors response: *Thanks for your comment. we used single blind and mentioned it in the participants and procedures. In fact, psychiatrists and neourologist were blinded about study aims.These details added and green highlighted in the revised paper.*

++

Reviewer#2 comment*:In the design of the study, the treatment and the response variable and the factors should be specified precisely.*

Authors Response: *Thnaks for your comment. We added some details about how estimate treatment response and network estimation in two seprate parts. Both are highlighted with pourple color.*

++
Reviewer#2 comments*: In the results section of the abstract, the sentence "In the pre-test, the network structure of TROCD was more strongly connected than that of TROCD in both subtypes." has a problem.*

Authors Response: *Thanks for your comment. We paraphrase the results section. So, potential misconceptions were removed.*

Reviewer #3

Besides your invaluable research and findings, here are some issues that I offer to be considered

++

Reviewer #3: I think the English literature could be enhanced all over the text, for example, the first time you mention OCD it should be noticed before with capital words and then abbreviations.

Authors Response: Thanks for your comment . we sent the revised paper for English editing.

++

Reviewer #3: *Let's mention the sampling or demographics in the abstract.*

Authors Response*: Thanks for your comment . We added demographic descriptive statistics and sampling method.*

++

Reviewer #3: *You really need better slicing in paragraphs.*

Authors Response*: Thanks for your comment . We revised Introduction ,totally. In revised version we presented introduction in seven paragraphs.*

++

Reviewer #3*: How naïve patients to medication meet the criteria of treatment resistance? On the other hand, the choice of fluoxetine or fluvoxamine based on psychiatric assessment is enough for treatment resistance? What about any swap in medication or augmentation?*

Authors Response*: Thanks for your comment. We stated that after receiving treatment we categorized patients as responders or non-responders. So, before treatment start all patients were drug naïve, but at the end of treatment they are responders or non-responders according Y-BOCS scores. Also, in the revised version we provided two meta-analysis that stated 12-week with these medication would categorized treatment-resistant . As these meta analysis mentioned swap in medication or augmentation refer to identifying treatment-refractory patients. There are various different between treatment-resistant and treatment refractory. As treatment refractory definition is controversial , we chased treatment resistant structure for our conducting this study.*

++

Reviewer #3*: 12 weeks of medication is enough for assurance about the blood dosage?*

Authors Response*: Thanks for your valuable comment . We used guildlines about treatment-resistant definitation. Also, we mentioned in the revised paper that : drug dosage increased according to the patient's therapeutic response.*

++

Reviewer #3*: What about the patient's medical compliance? How you can get assurance about compliance?*

Authors Response: *Great. We trusted to patients reports about drug compliance . As this method does not a confidential method, We mentioned this limitation in the Limitation and future directions.*

++

Reviewer comment : I think this conflictual finding needs more discussion "However, the results of this study indicated that there is no significant direct link between the contamination obsessive dimension and insomnia and negative affect (main aspect of depression). This finding is contrary to the present findings. One cause of this dissimilarity can be the type of population under investigation".

Authors Response: Thanks for your comment. We rewritten the discussion from the first. So, we consider your comment and provide details about consistencies and inconsistencies. These changes have been highlighted.

++

Reviewer #3 comment*: In the following discussion you mentioned "The present study found that insomnia is another predictor of treatment resistance in PwOCD. Studies have shown that OCD symptoms are both indirectly (through anxiety and depression) and directly (without the existence of a mediator variable) related to insomnia (45)". The latest comments are related and confusing to me, It's better to integrate the findings about* ***insomnia****.*

Authors Response*: Thanks for your comment. We integrated findings around "insomnia". Also, you can see these comment arounf insomnia in revised paper. In fact Insomnia is a substantial problem in patients with OCD. So , we highlighted the role of this psychiatric symptoms an many parts of discussion.*

Reviewer #4

Reviewer #4: Try to make the title shorter and without questions. Such as "Comparison of the network structure psychiatric symptoms in Response and Non-response to SSRI Treatment in OCD Patients"

Authors response: Thanks for your comment. We applied all reviewers' suggestions about title and proposed a new comprehensive and short title.

++++++++++++++++++++++++++++++++++

Reviewer #4*:The attractiveness of the title and abstract are essential to the readers. Please revise the entire abstract after changing the title.*

Authors Response: thanks for your comment. We revised title. Then using sensible sentences in abstract.

++

Reviewer #4 comment: *Epidemiological issues such as prevalence related to OCD should be mentioned at the beginning of the introduction.*

Authors Response: *Thanks for your comment. We added prevalence of OCD in the first paragraph of Introduction.*

++

Reviewer #4 comment: *Refer to the Reliability and Validity of the Persian version of the Yale-Brown Obsessive-Compulsive scale (Y-BOCS).*

Authors Response: *Thanks for your valuable comment. We added Y-BOCS at the end of this scale introduction. This change is highlighted in the revised paper.*

++++++++++++++++++++++++++++++++++++

Reviewer #4 comment: *The authors should structure the discussion into five parts: 1) presentation of main findings,2) methodological implications on outcomes, 3) outcome interpretations, 4) practical applications of outcomes, and 5) limitations. The current discussion focuses only on a comparison with previous studies, which may give the impression that this research lacks originality. The authors should provide solid arguments and criticism in each of these directions.*

Authors reply:*Thanks for your comment. We combined your suggesstions with other reviewers comments to restructuring the discussion. All these changes were highlighted in the revised paper.*

++

Reviewer #4 comment: *English grammar needs editing. I suggest that the authors hire a professional service to check the grammar.*

Authors reply: *Thanks for your comment. We sent our revised paper to English editing services.*

++

Reviewer #4 comment: *I recommend proofreading the manuscript before publication to correct any errors or inconsistencies.*

Authors reply: *We are agree with you. According the journal guidelines authors, journal editors, and chief editor will examine all section of papers.*

Reviewer #5

Reviewer#5comment: *The title should be reviewed and rewritten.*

Authors Response*: We want to thank the respected reviewer for this comment. We applied all reviewers' suggestions about title and proposed a new comprehensive and short title.*

++

Reviewer#5 comment: *Why is it not used double blind and is it used single blind?) If there is a special reason, it should be added to the discussion under the title of limitation).*

Authors Response*: Thanks for your comment. we used single blind and mentioned it in the participants and procedures. In fact, psychiatrists and neurologist were blinded about study aims. However, as all patients received treatment according physicians' prescription, blinding was not applicable. All patients received treatment and physicians held a comprehensive session for identifying patients' subtypes. We think as we did not provide clear details you misunderstood our method. But we provided a clear method for your consideration.*

++

Reviewer#5 comment*: The amount of sample size for this model is small, what is the reason for choosing this number? The reason for the small sample size should also be mentioned as a limitation*

Authors Response*: Thanks for your comment. Since this paper was a part of the results extracted from the doctoral thesis of the first author, there were extensive limitations regarding the time of the conducting study. Also, since the research was conducted during the COVID-19 pandemic, the authors were given limited financial resources to carry out the research by the university. However, in the limitation and future direction section, it is explained about the low sample size and the resulting limitations.*

++
Reviewer#5: The type of study should be mentioned.

Authors Reply: Thanks for your comment. We added a subsection in method "Study design" that provided comprehensive information about type of study.

++

Reviewer #5 *: The sentence related to mean and standard deviation should be corrected to (mean (standard deviation) for quantitative variables and frequency (percentage) for qualitative variables).*

Authors response*: We modified the first paragraphs result.then remove all unnecessary and confusing sentences.*

++

Reviewer#5 comment *:If there was no placebo in this study, what does it mean to be blind? In fact, what is the basis of blinding?*

Authors response: *Thanks for your comment. we used single blind and mentioned it in the participants and procedures. In fact, psychiatrists and neourologist were blinded about study aims.These details added and green highlighted in the revised paper.*

++

Reviewer#5 comment*:In the design of the study, the treatment and the response variable and the factors should be specified precisely.*

Authors Response: *Thnaks for your comment. We added some details about how estimate treatment response and network estimation in two seprate parts. Both are highlighted with pourple color.*

++
Reviewer#5 comments*: In the results section of the abstract, the sentence "In the pre-*

test, the network structure of TROCD was more strongly connected than that of TROCD in both subtypes." has a problem.

Authors Response: *Thanks for your comment. We paraphrase the results section. So, potential misconceptions were removed.*

Reviewer #6

Reviewer#6 comment: *The title is too long and doesn't show the spirit of your work. Please reduce the size of your title to one line.*

Authors Response:*Thank you for helping to review the paper. We modified the title according reviewer's suggestion.*

++

Abstract

Reviewer#6 Comment*: In the abstract, you need to re-read your work "136 patients who finished a 12-week SSRI course and were subsequently evaluated." What does it mean? you probably have made English errors.*

Authors Response*: thanks for your comment. We revised abstract, totally. So, removed confusing sentences.*

++
Reviewer#6 comment: *For your keywords, use Mesh Terms and have 5 keywords. Having a keyword for the population*

Authors Response:*Thank you for helping to review the paper. Done!*

++

Introduction
Reviewer#6 comment*: In the introduction part, you have two paragraphs. your second paragraph is too long, reduce the paragraph size.*

Authors response: *Thanls for your comment. We reorganized introduction in seven paragraphs* 😊

++
Reviewer#6 comment *:remove the word "therefore" in the objective part.*

Authors Reply*: Thanks. Done!*

++

Method
Reviewer#6 comment *:add the ethical procedure that you have done.*

Authors Reply: *Thanks for your invaluable recommendation. We added some details about ethical procedures. These considerations provided in the latest Participants and procedure's paragraph.*

++
Reviewer#6 comment *:Where you are talking about measurements, provide more detail about the psychometric properties and the test's characteristics.*

Authors Response*: Thanks for your comment. We added these details in "Measures" section.*

++
Reviewer#6 comment *: The sampling method was blurry to me. How did you reach the sample size? how did you get samples? how was the allocation?*

Authors Response*: Thanks. According your valuable comments, we added a section titled "Participants and procedure". In this section, We presented sampling procedures, ethical considerations, patients allocations, and data gathering centers, clearly.*

++
Reviewer#6 comment *: I strongly advise authors to get their work edited and proofread for grammar and punctuation. There are numerous errors in the text, including letter capitalization, double spacing, quoting without an end, and full stops before references. Additionally, the paper itself has several powerful paragraphs.*

Authors reply: *Thanks for your comment. We sent our revised paper to English editing services.*

++
Results
Reviewer#6 comment : Many potential readers are not familiar with graph analysis. Please provide more details about strength, betweenness, and closeness.

Authors Response*: Thanks for your valuable comment. We added some details about network approach. But because of words count limitation in the journal guidelines, we introduced "references for more information" in the statical analysis method.*

++

Reviewer#6 comment : The criterion for using Pearson's correlation is not continuousness alone, where other conditions are also met, such as normality and...

Authors response: Thanks for your comment. In Gaussian esstimations, Nonparanormal transformation using to marginally transforming the variables using smooth functions. So, the model observing data structure and suggest models (e.g. pcor or pearson correlaation, or k-order MGM, and etc.). As a result, we used data nature suggestions based on packages.

++

Reviewer#6 comment: *To determine the ranking of factors affecting the disease.*

Authors Response*: Thanks for your comment. Centrality measures do these calculations. We using centrality measures results to identifying the most important factors that have effects on OCD. You can find these sections in abstract (results), in results figures and tables (as presentation), and comprehensively explained in the discussion. All of these changes were highlighted*

++

Reviewer#6 comment: *What was the reason for not using univariate models?*

Authors Response*: Thanks for your comment. Univariate models are core of traditional perspective Univariate models predict entities as a core of psychopathology. We used network analysis as a new perspective that is in contrary of univariate prediction nature. The network approach is a new conceptualization that can help more precisely determine the association between obsessive and personality beliefs. Contrary to conventional methods in which symptoms are signs of a latent entity causing symptoms, this perspective views obsessional symptoms as constituting a dynamic network of causal relationships. Based on the network approach, symptoms are the components of the disorder and do not reflect the underlying causes. According to the network approach, psychiatric disorders comprise mutual and self-reinforcing symptoms. Therefore, OCD has a network of related symptoms, including the manner of occurrence and related co-occurrences. Evident causal relationships with each other may characterize some OCD symptoms (serving as nodes), be strongly correlated with other symptoms found within the network, and act as links between two other symptoms in the same network.*

++

Discussion

Reviewer#6 comment *: Compare your new findings with the findings of other previous studies.*

Authors response: Thanks for your comment. We comparing current results with pervious studies step by step. Also, we added comment about these changes in the

revised paper.
***Reviewer#6 comment** : Mention possible explanations for the consistency and inconsistency results of your studies with other previous studies.*

Authors Response: Many thanks for your valuable comment. We percicely comparing current results with pervious studies results. Also, we tried to filing the possible inconsistency and consistency between current results with pervious studty results . These changes highlighted in the revised paper.

++

***Reviewer#6 comment:** Do not repeat the results with different words in this section.*

Authors Response: Thanks for your comment. We removed implications from the result and depicted results implications in the discussion. Also, in the revised discussion we provided new information. So we reduced dupliactory between "***discussion***" and "***results***".

2 Revision 1

5 comments · 9 Jun 2023 – 29 Jun 2023

Referee 3 Reviewer

ACCEPT 9 Jun 2023

The requested corrections have been made, and the manuscript can be accepted.

Referee 5 Reviewer

MINOR REVISION 26 Jun 2023

Using Network Analysis to Predict Treatment Response in Patients with Obsessive–Compulsive Disorder

Dear Authors
You studied an issue that has always been a dilemma for mental health specialists using a new method (Network Analysis), which is a strength of your work. This point can motivate other researchers to broaden this perspective and help develop it in future studies.
You have addressed the comments of the six reviewers precisely and in detail, which has made your manuscript valuable. All parts of the manuscript, including Abstraction, Introduction, Objective, Materials and Methods, Results, Discussion, References and Tables and Figures, were written and described correctly.
However, some minor revisions need to be made to finalize your work, as described below:
Comment1: In the keyword section, you wrote “Network Analysis” twice, although this is not a Mesh Term; as a suggestion, you can use “Treatment Refusal” or other words listed under Entry Terms in the Mesh Term section.

Sincerely,
S.S

Referee 4 Reviewer

ACCEPT 29 Jun 2023

accept

Associate Editor

MINOR REVISION 29 Jun 2023

Dear Authors
You studied an issue that has always been a dilemma for mental health specialists, using a new method (Network Analysis), which is a strength of your work. This can motivate other researchers to broaden this perspective and help develop it in future studies.
You have addressed the comments of the six reviewers precisely and in detail, which has made your manuscript valuable. All parts of the manuscript, including Abstraction, Introduction, Objective, Materials and Methods, Results, Discussion, References, and Tables and Figures, were written and described correctly.
However, some minor revisions are needed to finalize your work, as outlined below:
Comment 1: In the keyword section, you wrote “Network Analysis” twice, although this term is not a Mesh Term; as a suggestion, you can use “Treatment Refusal” or other words listed under Entry Terms in the Mesh Term section.

Editor-in-Chief

MINOR REVISION 29 Jun 2023

Thank you for your recent revisions.
Your paper has now been evaluated again by the Editorial Team and external peer reviewers. Unfortunately, you have not made all of the requested revisions, nor have you responded to all of the reviewers' comments. Please make your revisions according to those comments. I would appreciate it if you could make the revisions as soon as possible using the track changes mode in MS Word and colored text.

3

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.

Submission ID: **137119**

Response to Reviewers (Revise 2)

Dear Professor Mehran Zarghami

Hello

Thank you for giving us the opportunity to submit a revised our manuscript in the "*Iranian Journal of Psychiatry and Behavioral Sciences*".

We appreciate the time and effort that you and the respected reviewers dedicated to providing feedback on our manuscript and are grateful for the insightful comments on and valuable improvements to our paper. We have incorporated all of the suggestions made by the you. Those changes are highlighted within the revised manuscript. Please see below for a point-by-point response to the reviewers' comments and concerns.

Point-by-Point response to reviewers:

#Reviewer

Associate Editor 1:
Dear Authors
You studied an issue which has always been a dilemma for mental health specialists and by using a new method (Network Analysis) that is a strength of your work that point can motivate other researchers to broaden this perspective and help to develop it in future studies.
You have done the comment of the six Reviewer precisely and in detail, which made your manuscript valuable, and all parts of the manuscript including Abstraction, Introduction, Objective, Materials and Methods, Results, Discussion, References, and Tables and Figures were written and describe correctly, however, some of the minor revision needs to be done for finalizing your work, which is the below:

Comment #1: In the keyword section, you wrote "Network Analysis" twice, while this word is not Mesh Term; for the suggestion, you can use "Treatment Refusal" or other words in Entry Terms in the Mesh Term section.

Response to reviewer: Thnaks for your comment. Done!

3 Revision 2

2 comments · 8 Sep 2023 – 9 Sep 2023

Referee 4 Reviewer

ACCEPT 8 Sep 2023

accept

Editor-in-Chief

ACCEPT 9 Sep 2023

We have completed our review of your manuscript and are pleased to inform you that it is 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.