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OPEN PEER REVIEW

A Comparative Analysis of the Frequency of Bipolar Spectrum Disorder in Patients with and Without Psoriasis

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SUBMITTED	REVISED	ACCEPTED	DOI
3 Jan 2024	8 Jun 2024	17 Jul 2024	10.5812/ijpbs-144698

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

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1 Original submission

4 comments · 13 Feb 2024 – 4 Apr 2024

Sajedeh Seyed-Alipour Reviewer

MINOR REVISION 13 Feb 2024

Comments to the Authors:
Thank you for the opportunity to review this manuscript.
I appreciate the paper's aim to focus on “Comparison of Frequency of Bipolar Spectrum Disorder in Patients with and without Psoriasis”.
Keywords: Bipolar Mood Disorder is not selected from MeSH. The correct form is Bipolar Disorder.
The title is novel.
The title and abstract indicate the study design and are informative.
Introduction: The background, rationale, and objectives are well explained.
Methods: Study design, setting, and study size are described. Statistical methods and data analysis are explained, but please also describe statistical methods used to control for confounding and describe any efforts to address potential sources of bias.
Results: Center the contents of all tables.
Discussion: Key results, limitations and interpretation of results are well written. Generalizability is not discussed enough.
These references are from more than 5 years ago: 2, 4, 7, 9, 10, 12, 13, 15, 18, 19, 21, 22, 23, 27, 28, 29, 30, 34, 35.
Correct these mistakes:
Line 37: Due to the fact that: Since
Line 61: nor does it need
Line 64: Causing considerably low
Line 70: might affect
Line 73: on the basis of: based on
Line 75: due to the fact that: Because
Line 85: Healthcare
Line 103: were evaluated, and
Line 125: For the purpose of fulfilling: to fulfill
Line 160: With respect to: concerning the
Line 192: are totally varying: vary
Line 195: With the aim of comparing: To compare
Line 214: as well as the genomic
Line 239: In conclusion
I hope the authors will find my suggestions useful.

Referee 1 Reviewer

REJECT 7 Mar 2024

Revised Title: A Comparative Analysis of Bipolar Spectrum Disorder Frequency in Patients with and without Psoriasis
Abstract
• Based on etiopathological characteristics, there is strong evidence of susceptibility to psychological disorders in patients suffering from psoriasis.
Comment: This sentence could be more specific about the psychological disorders associated with psoriasis.

• There was also no difference in psychological background between the subjects and their families between the two groups.
Comment: Clarify what is meant by "psychological background" and its relevance to the study.

• Due to the fact that approximately one-third of patients referring to skin clinics show some degree of emotional factors, a new field called psychodermatology has also been created.
• Comment: Consider specifying the emotional factors for better understanding.

Methods
• Consider specifying the sensitivity and specificity of the MDQ for bipolar disorder detection.
• Clear explanation of the statistical methods used. Consider providing a rationale for choosing specific statistical tests.
• Clear presentation of regression analysis. Consider discussing potential confounding variables.
• Clear presentation of regression analysis for BSDS and MDD. Consider discussing the clinical implications of the findings.
General Comment
• What could be the clinical implications of this study?

Associate Editor

MAJOR REVISION 30 Mar 2024

Dear author
Thank you for submitting your article to this journal. One of the reviewers was against publishing this article in this journal, while two other reviewers raised issues for improving this article. However, it was preferred to return your article for a major revision and rewriting. It is requested that you pay attention to each of the reviewers' comments and resubmit after making significant revisions. Without fundamental changes to the article, the likelihood of its acceptance is low.
best
AE

Editor-in-Chief

MAJOR REVISION 4 Apr 2024

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 provided 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.

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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.

We wish to express our appreciation to the reviewers for their insightful comments, which have helped us significantly improve our manuscript. Following the suggestions, we have thoroughly revised our manuscript; the final version is enclosed. Point-by-point responses to the comments are listed below.

Manuscript Title: A Comparative Analysis of Bipolar Spectrum Disorder Frequency in Patients with and without Psoriasis

Manuscript ID: 144698

Reviewer 1:

Revised Title: A Comparative Analysis of Bipolar Spectrum Disorder Frequency in Patients with and without Psoriasis

Thanks for the comment. It was done. The new title of the article:
A Comparative Analysis of Bipolar Spectrum Disorder Frequency in Patients with and without Psoriasis

Abstract

• Based on etiopathological characteristics, there is strong evidence of susceptibility to psychological disorders in patients suffering from psoriasis.

Comment: This sentence could be more specific about the psychological disorders associated with psoriasis.

Thanks for the comment. It was done.

Based on etiopathological characteristics, there is strong evidence of susceptibility to psychological disorders such as depression and bipolar disorders in patients suffering from psoriasis.

• There was also no difference in psychological background between the subjects and their families between the two groups.

Comment: Clarify what is meant by "psychological background" and its relevance to the study.

Thanks for the comment. It was done. I have explained in the method section:

By matching the case group with the control group, in order to control the effect of the disturbing variable, people were included in both groups who have no history of mental disorders in their history and in their family.

• Due to the fact that approximately one-third of patients referring to skin clinics show some degree of emotional factors, a new field called psychodermatology has also been created.

• Comment: Consider specifying the emotional factors for better understanding.

Thanks for the comment. It was done:

The emotional problems due to skin disease include low self-esteem and poor self-image.

Methods

• Consider specifying the sensitivity and specificity of the MDQ for bipolar disorder detection.

Thanks for the comment. The relationship between bipolar disorder and psoriasis was investigated using logistic regression. Since it was found in the preliminary analyses that education (p=0.035, df=3, $\chi 2$=10.356) is also related to psoriasis, this variable was also included in the equation to control the disturbing effect. The logistic regression results showed that only the education level variable has a significant correlation with psoriasis disease (p-value<0.05) (Table 3). Other predictive variables (such as MDQ, MDD, history of depression caused by pregnancy, and frequency of hyperthymic cases) have no significant correlation with psoriasis disease (p-value>0.05).

• Clear explanation of the statistical methods used. Consider providing rationale for choosing specific statistical tests.

Thanks for the comment. Quantitative variables were described as Mean ± standard deviation. Percentages were employed to present categorical variables. The t-test or Mann-Whitney U was performed to compare quantitative variables. The Chi-square test was also utilized to compare qualitative variables. The multivariable logistic regression model was employed to assess the difference in psychological state between the two groups with and without psoriasis. Analyses were conducted using SPSS 28 software. A p-value < 0.05 was regarded as significant.

• Clear presentation of regression analysis. Consider discussing potential confounding variables.

Thanks for the comment. The relationship between bipolar disorder and psoriasis was investigated using logistic regression. Since it was found in the preliminary analyses that education (p=0.035, df=3, $\chi 2$=10.356) is also related to psoriasis, this variable was also included in the equation to control the disturbing effect. The logistic regression results showed that only the education level variable has a significant correlation with psoriasis disease (p-value<0.05) (Table 3). Other predictive variables (such as MDQ, MDD, history of depression caused by pregnancy, and frequency of hyperthymic cases) have no significant correlation with psoriasis disease (p-value>0.05).

• Clear presentation of regression analysis for BSDS and MDD.

Thanks for the comment. The relationship between bipolar disorder and psoriasis was investigated using logistic regression. Since it was found in the preliminary analyzes that education ($p=0.035$, $df=3$, $\chi2=10.356$) is also related to psoriasis, this variable was also included in the equation to control the disturbing effect. The logistic regression results showed that only the education level variable has a significant correlation with psoriasis disease (p-value<0.05) (Table 3). Other predictive variables (such as MDQ, MDD, history of depression caused by pregnancy, and frequency of hyperthymic cases) have no significant correlation with psoriasis disease (p-value>0.05).

Consider discussing the clinical implications of the findings.

General Comment
• What could be the clinical implications of this study?

Thanks for the comment. It was done.

Reviewer 2:
1. The exact location of sample collection was not discussed. It remains unclear whether the samples were collected from a dermatology clinic or a psychiatric clinic.

Thanks for the comment. In this study, people with psoriasis skin disease who referred to the specialized skin clinics of Shahada Tajrish Hospital in Tehran and were diagnosed by a dermatologist were referred to as the case group. The people who visited Taleghani Hospital clinics (except psychiatric and psychological clinics) in Tehran were in the form of general population and as a control group.

2. The use of an availability sampling method could potentially lead to bias in the results. Recognizing this as a limitation of the study is recommended.

Thanks for the comment. Finally, the available sampling method may potentially bias the results, it is suggested that future studies use random methods.
3. 3. References for these paragraphs should be provided for these sentences in the discussion:

“First, as mentioned, there is a strong correlation between psychosocial characteristics as well as a genetic predisposition to psychological disorders in patients with psoriasis”

“Based on the studies, the duration of psoriasis can be the cause of psychiatric disorders.”

Thanks for the comment. It was done.

Reviewer 3:
Comments to the Authors:
Thank you for the opportunity to review this manuscript.
I appreciate the paper's aim to focus on “Comparison of Frequency of Bipolar Spectrum Disorder in Patients with and without Psoriasis”.
Keywords: Bipolar Mood Disorder is not selected from MeSH. The correct form is Bipolar Disorder.

Thanks for the comment:

Bipolar Disorder

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Thanks for the comment. It was done.

We have added some new references:

2. Armstrong AW, Read C. Pathophysiology, clinical presentation, and treatment of psoriasis: a review. Jama. 2020;323(19):1945-60. https://doi.org/10.1001/jama.2020.4006 PMid:32427307

3. Damiani G, Bragazzi NL, Karimkhani Aksut C, Wu D, Alicandro G, McGonagle D, et al. The Global, Regional, and National Burden of Psoriasis: Results and Insights From the Global Burden of Disease 2019 Study. Front Med (Lausanne). 2021;8:743180. https://doi.org/10.3389/fmed.2021.743180 PMid:34977058 PMCid:PMC8716585

4. Zhang Y, Dong S, Ma Y, Mou Y. Burden of psoriasis in young adults worldwide from the global burden of disease study 2019. Frontiers in Endocrinology. 2024;15. https://doi.org/10.3389/fendo.2024.1308822 PMid:38414821 PMCid:PMC10897041

38. Liu L, Lin N-x, Yu Y-t, Wang S-h, Wang J, Cai X-c, et al. Epidemiology of mental health comorbidity in patients with psoriasis: an analysis of trends from 1986 to 2019. Psychiatry research. 2023;321:115078. https://doi.org/10.1016/j.psychres.2023.115078 PMid:36724650

39. Luna PC, Chu C-Y, Fatani M, Borlenghi C, Adora A, Llamado LQ, Wee J. Psychosocial Burden of Psoriasis: A Systematic Literature Review of Depression Among Patients with Psoriasis. Dermatology and Therapy. 2023;13(12):3043-55. https://doi.org/10.1007/s13555-023-01060-5 PMid:37995052 PMCid:PMC10689612

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Line 195: With the aim of comparing: To compare
Line 214: as well as the genomic
Line 239: In conclusion

Thanks for the comment. They were done.
Hope the authors will find my suggestions useful.

2 Revision 1

4 comments · 19 Jun 2024 – 17 Jul 2024

Sajedeh Seyed-Alipour Reviewer — ACCEPT 19 Jun 2024

Thanks for revising the manuscript and considering the comments. It has been well edited according to the first revision comments, and no further corrections are needed.

Referee 2 Reviewer — ACCEPT 21 Jun 2024

Thank you for carefully implementing the suggested corrections in the article.

Associate Editor — REJECT 8 Jul 2024

Well done on the revision!

Editor-in-Chief — ACCEPT 17 Jul 2024

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 be finalized only 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.