Journal of Clinical Research in Paramedical Sciences
Volume 13 · Issue 1 · e146596

OPEN PEER REVIEW

Effectiveness of Transcranial Direct-Current Stimulation on Impulsivity and Anxiety in Patients with Paranoid Personality Disorder

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SUBMITTED	REVISED	ACCEPTED	DOI
2 Mar 2024	26 Mar 2024	30 Mar 2024	10.5812/jcrps-146596

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1 Original submission

2 comments · 24 Mar 2024 – 24 Mar 2024

Associate Editor

MAJOR REVISION 24 Mar 2024

Major Revision

Editor-in-Chief

MAJOR REVISION 24 Mar 2024

Major Revision

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.

Dear Editor,

Thank you very much for your valuable comments. Please find the explanation as following:

Reviewer 1:
Dear Editor,
In general, this manuscript is succinct and well-crafted. While the manuscript is deemed suitable for publication and exhibits methodological robustness, several points warrant attention:

- Elucidate the significance and imperative of treatment method selection in the final segment of the background section.

The importance and necessity of choosing the tDCS method was explained at the end of the introduction section. (Page 3)

- Clarify whether the reference to "PTT" in the introduction section is intended to denote "PPD."

We modified the “PPT” in the text of the article. (Page 2)

- Revise the sentence in the introduction section to accurately convey the "positive impact of tDCS on impulsivity enhancement."

The writing problems in the method section were corrected. (Page 3)

- Include the research hypothesis in the objectives section or the concluding paragraph of the background.

Research objectives and hypotheses were presented at the end of the introduction section. (Page 3)

- Provide details on sample size calculation, encompassing initial information, formula, and relevant references.

The details of the sample size calculation were explained in the method section. (Page 4)

- Address the methodology and procedure for random allocation.

The details of the sample size calculation were explained in the method section. (Page 4)

- Ensure that participants diagnosed with PPT have been assessed by a psychiatrist.

The statistical population included all patients aged 30–45 years with PPT who referred psychological and psychiatric clinics and hospitals in Yazd, (Iran), in 2022. (Page 4)

- Harmonize the age group specifications between the inclusion criteria in the methodology and the results.

Demographic variables were presented in more detail in the results section. (Page 6)

- Conduct a comparative analysis of groups concerning demographic variables.

The data related to the age variable of the participants was modified. (Page 6)

- Present descriptive statistics of pretest results in the narrative and compare baseline scores.

The report and comparison of pre-test and post-test descriptive statistics were presented in the results section. (Page 6)

Descriptive findings including mean and standard deviation were presented at the beginning of the results in the abstract section. (Page 1)

- Amend the conclusion to align with theoretical underpinnings.

The conclusion section was rewritten based on the research results. (Page 1 and 9)

- Introduce the research limitations.

The research limitations section was presented at the end of the discussion. (Page 8)

- Adjust the recommendations in the conclusion section for accuracy.

The conclusion section was rewritten based on the research results. (Page 9)

Reviewer 2:
I appreciate the chance to provide some feedback that can help improve the clarity and overall quality of the work. Here are some areas where I believe additional information would be beneficial for readers:
It would be helpful to begin the results section with a clear and concise overview of the key findings.
Statistical significance: Include mention of the statistical tests used and the level of significance (p-value) for any reported differences between groups.

P-value values were added in Table 2. (Page 6). P-value values were added in the results section. (Page 7)

Utilize relevant MeSH terms to optimize discoverability for readers searching academic databases.

Keywords were rewritten based on the mesh. (Page 1)

The introduction should be concise and focused on the research question and its significance.

The introduction section was presented more briefly. Keywords were rewritten based on the mesh. (Page 2)

Briefly explain the relevance of anxiety and impulsivity in the target patient population and any relevant statistics about their prevalence.

In the introduction section, treatment methods for patients with PPD were mentioned. (Page 2)

Discuss existing research on interventions for reducing anxiety and impulsivity in this population.

In this context, more information was provided in the introduction section. (Page 2 and 3)

Explain why the chosen method is of interest and how it builds upon existing knowledge.

The importance and necessity of choosing the tDCS method was explained at the end of the introduction section. (Page 3)

The methods section should be well-structured with clear subheadings for each component, such as: Study Design, Participants, Intervention, Measures, Data Collection, and Data Analysis.
Each section should clearly explain the approach taken in that area.

The introduction section was divided into several subsections. (Page 3)

Explain the rationale behind choosing a sample size of 30 participants. This could involve referencing a power analysis or providing justification based on previous studies.

The statistical population included all patients aged 30–45 years with PPT who referred psychological and psychiatric clinics and hospitals in Yazd, (Iran), in 2022.

Convenience sampling was employed to select 30 individuals, who were randomly assigned to an experimental group (n=15) and a control (n=15) group.
Discuss the implications of the results in the context of existing literature. (Page 3)

Do the findings align with previous studies? Are there any unexpected results that require further investigation?

In the discussion section, the results were presented and discussed. (Page 7)

Aligned studies were mentioned in the discussion section. (Page 7 and 8)

Acknowledge any limitations of the study design that might influence the generalizability of the findings.

The research limitations section was presented at the end of the discussion. (Page 8)

Revise the manuscript for clarity and conciseness throughout.

We completely rewrote the article and fixed the errors.

Best Regards

2 Revision 1

2 comments · 30 Mar 2024 – 30 Mar 2024

Associate Editor

ACCEPT 30 Mar 2024

Accept

Editor-in-Chief

ACCEPT 30 Mar 2024

Accept