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OPEN PEER REVIEW

The Effectiveness of Cognitive Hypnotherapy on Meta-Worry and Emotional Reactivity in Patients with Panic Disorder

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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.

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1 Original submission

4 comments · 14 Sep 2026 – 29 Sep 2026

Referee 1 Reviewer

MAJOR REVISION 14 Sep 2026

Dear Authors,

Thank you for submitting this clinically relevant study. The manuscript presents promising preliminary findings, but several aspects of trial conduct, outcome reporting, and statistical interpretation require clarification. The comments below focus on revisions that would make the study more transparent and appropriately cautious.

The study evaluates eight sessions of cognitive hypnotherapy for adults with panic disorder using an experimental-control design with post-treatment and two-month follow-up assessments. The principal reported outcomes are meta-worry and emotional reactivity.

The intervention is described session by session, validated measurement instruments were used, and follow-up data were collected. The manuscript also acknowledges its small sample and limited geographic generalizability.

Major Comments:

1. Provide essential randomization and participant-flow information (checklist: CONSORT-NPT—randomization and participant flow):

> *The manuscript states that 20 purposively recruited patients were randomly allocated, but it does not describe sequence generation, allocation concealment, implementation, recruitment dates, losses, or exclusions after allocation. These details are necessary to assess selection and attrition bias. (source: Methods, Research Design and Participants; Procedure)*
> *Author to-do list:*
>
> ** Describe who generated the sequence, the randomization method, allocation concealment, and who enrolled and assigned participants. (source: Methods, Research Design and Participants)*
> ** Add a CONSORT flow diagram with numbers assessed, excluded, randomized, treated, followed, and analyzed. (source: Methods and Results)*

2. Resolve incomplete outcome reporting (checklist: CONSORT-NPT—outcomes and estimation):

> *The abstract identifies the Panic Disorder Severity Scale as a primary outcome, and the Methods describe its reliability, but no PDSS results are presented. This creates uncertainty about whether a prespecified clinical outcome was omitted. (source: Abstract—Methods; Measures; Tables 2–4)*
> *Author to-do list:*
>
> ** Report PDSS results at every assessment point with corresponding treatment-effect estimates, or explain clearly why this outcome was not analyzed. (source: Measures and Results)*
> ** Identify the prespecified primary and secondary outcomes consistently in the abstract, Methods, Results, and trial record. (source: Abstract; Methods; Results)*

3. Strengthen statistical reporting (checklist: CONSORT-NPT—statistical methods and effect estimates):

> *With only 10 participants per group, the analysis is sensitive to assumption violations and imprecise estimates. The primary group-by-time effects should be presented with confidence intervals, and the manuscript should clarify the handling of missing observations. Fisher's LSD comparisons also increase false-positive risk when multiple*

comparisons are performed. (source: Statistical Analysis; Tables 3–4)
Author to-do list:

** Provide an a priori sample-size calculation or identify the study explicitly as a pilot trial. (source: Methods)*
** Report confidence intervals, missing-data handling, analysis population, and a justified multiplicity approach. (source: Statistical Analysis and Results)*

4. Document trial timing, registration, and intervention safety (checklist: CONSORT-NPT—registration, harms, and intervention delivery):

The manuscript provides registration number IRCT20260714070181N1 and ethics code IR.IAU.AHVAZ.REC.1405.152 but does not report recruitment dates or confirm that registration occurred before enrollment. It also does not state whether adverse events occurred or how intervention fidelity and therapist qualifications were assessed. (source: Submission metadata; Procedure; Intervention Protocol)
Author to-do list:

** Report registration and recruitment dates and clarify whether registration was prospective. (source: Submission metadata and Procedure)*
** Describe therapist qualifications, treatment-fidelity procedures, and adverse-event monitoring and results. (source: Intervention Protocol and Results)*

Minor Comments:

1. Correct demographic percentages:

Eleven of 20 participants correspond to 55%, and nine correspond to 45%, rather than 56% and 44%; please correct these values and present baseline characteristics by randomized group. (source: Results, first paragraph)

2. Moderate claims of sustained effectiveness:

A nonsignificant post-treatment versus follow-up comparison does not establish equivalence or durable efficacy; please describe the findings as preliminary maintenance over the observed two-month period. (source: Abstract—Results; Results following Table 4; Discussion)

3. Clarify the control condition:

Please state whether control participants received usual care, were wait-listed, or received no treatment, and report any care offered after follow-up. (source: Intervention Protocol)

4. Improve public-health relevance:

Please add a concise explanation of how this clinic-based intervention could inform accessible mental-health services, community programs, or broader health-promotion strategies. (source: Background and Discussion)

5. Use restrained mechanistic language:

Statements that hypnosis "directly accesses" implicit schemas, "bypasses analytical resistance," or creates durable psychophysiological resilience should be framed as proposed explanations rather than demonstrated mechanisms. (source: Background and Discussion)

Best regards,
Scientific Reviewer

Referee 2 Reviewer

MAJOR REVISION 14 Sep 2026

Dear Authors,

We have completed an initial editorial screening of your manuscript. The points below identify the main items that should be revised or clarified so the manuscript can be evaluated more efficiently.

2-1- Complete the clinical-trial record:

* What was found: The manuscript provides ethics and trial-registration identifiers but does not state recruitment, intervention, or follow-up dates. It is therefore unclear whether registration occurred before participant enrollment. (source: Procedure and submission metadata)
* Why it matters: The chronology is necessary to assess prospective trial registration and ethical compliance. (source: Methods and submission metadata)
* Requested revision: Please report the ethics-approval date, registration date, recruitment period, and final follow-up date, and state whether registration was prospective. (source: Procedure and submission metadata)

2-2- Supply complete participant and outcome accounting:

* What was found: No CONSORT flow diagram is included, and the PDSS is identified as an outcome but has no reported results. (source: Abstract—Methods; Measures; Results)
* Why it matters: Readers must be able to account for every randomized participant and every prespecified outcome. (source: Methods and Results)
* Requested revision: Please provide a CONSORT flow diagram and report the PDSS findings at all time points, or transparently explain why that outcome was not analyzed. (source: Measures and Results)

2-3- Correct the reference list:

* What was found: References 4 and 16 are duplicate entries, while Reference 20 does not provide a journal title. (source: References 4, 16, and 20)
* Why it matters: Duplicate numbering can produce citation errors, and incomplete publication details make source identification difficult. (source: Reference list)
* Requested revision: Please delete the duplicate, renumber the references and citations, and complete the bibliographic information for Reference 20. (source: References 4, 16, and 20)

2-4- Improve presentation readiness:

* What was found: The manuscript exceeds the stated word standard by approximately 745 words, includes a duplicated Results heading, and reports 11 of 20 participants as 56% and 9 of 20 as 44%. (source: Submission metadata; Results)
* Why it matters: Concise text and accurate descriptive values improve editorial reliability and readability. (source: Full manuscript)
* Requested revision: Please reduce repetition, remove the duplicated heading, and correct the sex distribution to 55% and 45%. (source: Results and Discussion)

Please submit a revised version addressing these points. Items not listed here may still be adjusted during copyediting or later editorial review.

Kind regards,
Screening Reviewer

Associate Editor

MAJOR REVISION 28 Sep 2026

• Revise the main text of the manuscript based on the following sections and number the headings.
[Important note: All main titles and subtitles must be numbered]
O 1- Background
O 2- Objectives
O 3- Methods
O 4- Results
O 5- Discussion
O 5-1- Limitations
O 5-2- Conclusions
O Footnotes

• Throughout the manuscript, write the full phrase and its abbreviation at first use. For subsequent uses, provide only the abbreviation. The entire manuscript should be checked in this regard. This is an important structural and writing consideration when submitting articles to reputable, high-quality journals. Failure to pay attention to this point will make it difficult to express the article's content clearly.

• The "Statistical Analysis" section should be explained in detail within the "Methods" section. When writing the "statistical analysis" section, consider the following criteria:
- The software name and its version should be provided precisely.
- The form of the data distribution should be described. In other words, it is necessary to test the form of the data distribution with the Kolmogorov–Smirnov test.
- The name of the software used and its version should be provided precisely.
- The significance level used for the statistical tests should be provided.
- The exact name of each statistical test and the purpose of its application should be stated.

• In the "Results" section, when reporting the findings of statistical tests, consider the following criteria:
- The numerical significance value (the P value) should be reported (P=?).
- It is not necessary to mention the names of statistical tests.
- It is preferable to report P values in the tables of findings.
- Preferably, the exact P value should be reported; otherwise, it should be expressed as P>0.05 and P<0.05.

• Avoid unsupported personal statements and commentary throughout the manuscript (especially in the discussion section). You must express concepts and reasons by citing reliable scientific references.

• The full forms of abbreviations or any necessary explanations of abbreviations used in tables and figures should be provided below them. For example: S.D: standard deviation.

• In the sampling section of the "Methods" section, consider the following criteria:
- Specify the type (method) of sampling.
- The method of determining the sample size should be stated in detail. If an equation is used, it should be provided.
- The exact sampling location, including the country, province/city, and specific site (for example, the name of the hospital), should be stated.

• The methods used to assess the validity and reliability of the data collection tools used in the study should be clearly detailed. If findings from previous studies are used for this purpose, the relevant reference number should be cited.

• "Limitations of the Study" must be presented as a subheading (5.1) before the "Conclusions section".

• The "discussion" section should be improved, particularly in terms of the "literature review". The results of this study need to be compared with those of similar previous studies. What are the reasons for the differences between the results of this study and those of similar previous studies? These reasons should be clearly explained.

• Throughout the manuscript, wherever the name of an author or authors is written, the year of their study should also be stated [for example: Ahamdi and Rezaie (2020); Naser et al. (2022)]. In addition, if there are more than two authors, the abbreviation "et al" should be used.

• Footnotes: At the end of the manuscript Word file and in the online manuscript submission form, the following items should be provided in the numbered order listed below. If the following sections (especially Authors' Contribution, Conflict of Interests, and Ethical Approval) are not included in the manuscript text, the manuscript will be returned to the author.
- Authors' Contribution? This must be completed; it is very important.
- Conflict of Interests?
- Ethical Approval? If applicable!
- Funding/Support? If applicable!
- Informed Consent? If applicable!
- Data availability?

Editor-in-Chief

MAJOR REVISION 29 Sep 2026

Dear corresponding author
I am pleased to inform you that the editor and reviewers have now commented on your paper. In its present form, the paper requires some corrections before it can be published in the Journal of Health Reports and Technology. In addition to submitting the revised manuscript, you must prepare a file called "Reply to Reviewers" and answer each of the editor's and reviewers' questions one by one. Also, the corrections made to the manuscript should be highlighted so that the editor and reviewers can easily understand your corrections. If the changes in the revised manuscript are not highlighted or the "Response to Reviewers" file is not submitted to JHRT, we will have to return the manuscript to you again, and this will prolong the peer review process for your manuscript.
Important note: The response file for the reviewers and editor must contain your answers to their comments one by one and should be uploaded separately via the online submission form.

Best regards;
Editor in Chief of JHRT
Yahya Pasdar (Ph.D.)

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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.

Dear Editor,

We sincerely thank you for your comments. We have carefully addressed every point raised by the reviewers and the Associate Editor. All revisions have been incorporated into the manuscript and are highlighted for easy identification. Below, we provide a point-by-point response.

Reviewer 1

- Sequence generation, randomization method, allocation concealment, and the persons responsible for enrollment and assignment have been fully described in the Methods section.
- A CONSORT flow diagram (Figure 1) has been added.
- PDSS results at all assessment points, together with treatment-effect estimates, have been reported in the Results section and Tables 2–4.
- Primary outcomes (meta-worry and emotional reactivity) and the secondary outcome (PDSS) have been clearly and consistently identified in the Abstract, Methods, and Results.
- The study has been explicitly identified as a pilot trial and the rationale for sample size has been stated.
- Confidence intervals, missing-data handling (none), intention-to-treat analysis, and the justification for the multiplicity approach have been added.
- Ethics-approval date, prospective registration date, recruitment period, intervention dates, and final follow-up date have been reported.
- Therapist qualifications, treatment-fidelity procedures, and adverse-event monitoring (no events occurred) have been described.
- Demographic percentages have been corrected to 55% and 45%, and baseline characteristics by randomized group have been presented.

- Claims of sustained effectiveness have been moderated to “preliminary maintenance over the observed two-month period” throughout the Abstract, Results, and Discussion.
- The control condition has been clarified as a wait-list control, and the offer of treatment after follow-up has been stated.
- A concise public-health relevance statement has been added to the Background and Discussion.
- Mechanistic language has been restrained and framed as proposed explanations rather than demonstrated mechanisms.

Reviewer 2

- Ethics-approval date, registration date, recruitment period, final follow-up date, and confirmation of prospective registration have been added.
- A CONSORT flow diagram has been included and PDSS findings at all time points have been fully reported.
- Duplicate references have been deleted, the reference list has been renumbered, and the bibliographic information for Reference 20 has been completed.
- Repetition has been reduced, the duplicated Results heading has been removed, and the sex distribution has been corrected to 55% and 45%.

Associate Editor

- The main text has been restructured and fully numbered according to the required format (1-Background to 5-2-Conclusions + Footnotes).
- Full phrases followed by abbreviations on first use have been checked throughout the manuscript.

- The Statistical Analysis section has been expanded to include exact software version, Kolmogorov–Smirnov test, significance level, and precise description of each statistical test.
- In the Results section, exact P-values are reported, test names are minimized in the text, and P-values appear in the tables.
- Self-declaration and unsupported comments have been removed; all statements are supported by references.
- Abbreviations in tables are defined in footnotes.
- Sampling method, sample-size justification, and exact sampling location have been detailed.
- Validity and reliability of all instruments are fully described with supporting references.
- Limitations appear as subsection 5.1 immediately before Conclusions.
- Author names are accompanied by publication year and “et al.” where appropriate.
- All required Footnotes (Authors’ Contribution, Conflict of Interests, Ethical Approval, Funding/Support, Informed Consent, Data availability) have been completed.

Respectfully yours,

2 Revision 1

2 comments · 19 Oct 2026 – 19 Oct 2026

Associate Editor

ACCEPT 19 Oct 2026

The revised manuscript (ID: 174679) has improved sufficiently. The authors have adequately addressed the editorial and reviewer's comments and provided satisfactory answers to all points. Therefore, the revised manuscript can be considered for publication in the "Journal of Health Reports and Technology".

Editor-in-Chief

ACCEPT 19 Oct 2026

Dear corresponding author;
We are pleased to accept your manuscript (ID: 174679) in its present form. It will now be forwarded to the publisher for copyediting and typesetting.

Best regards;
Editor in Chief of JHRT
Yahya Pasdar (Ph.D.)