Reviewer #1: The review analysis one of the most difficult to tolerate for the patient and to treat for the doctor condition - RCBD and possibility to use non-pharmacological approaches in these cases. In general, the presented data cover the main up to date ideas in this field. I have only few remarks.

1. It is not forbidden but discouraged to use reviews in review. It is better to analyze source data (studies themselves) and make own opinion on their results.

REPLY

In the search conducted for this manuscript, we found 83 reviews/meta-analyses on the treatment of rapid cycling bipolar disorder (RCBD). Data from these reviews were used to set the background by including the existing knowledge on the features and outcome of RCBD and the role of pharmacological treatment. Only one review that focused exclusively on the non-pharmacological treatment of RCBD (Papadimitriou et al. 2007; reference no. 45) was chosen as the background for updating the research data on non-pharmacological treatment of RCBD. We carried out a comprehensive search to identify all studies that had been conducted prior to as well as after this review. The results of this search are depicted in the 3 tables which contain a comprehensive list of studies on ECT, chronotherapy, and psychotherapy. We have also included patient examples to illustrate these treatment options. Our conclusions are based on these studies and patient reports not on earlier reviews. These (particularly the one by Papadimitriou et al. 2007) have been used only for comparison.
2. It should be discussed why the publications of the last five years account for less than third of the extensive literature list. The first idea is like that - the topic is not relevant.

REPLY
The reviewer is right in pointing out that less than a third (about 30%) of the total references are from the last 5 years. Recent research on adjunctive non-pharmacological treatment is particularly scarce. There are only 3 studies and about 8 reviews on the subject in the last 5 years. Research on pharmacological treatments still continues to dominate with 11 reviews of pharmacological options in the last 5 years. However, rather than a lack of interest in the area, recent reviews actually indicate a resurgence of interest in the treatment of RCBD. The reasons for the lack of data could be the difficulty in conducting methodologically sound trials in RCBD. The treatment-resistant nature of RCBD creates further hurdles. Consequently, most RCTs of non-pharmacological treatments for BD usually exclude patients with RCBD. Other reasons are lack of awareness and lack of funding for trials of non-pharmacological treatments such as ECT, chronotherapy, and psychotherapy in RCBD. These reasons have all been mentioned in the Discussion. They are highlighted in the revised version of the manuscript.

3. The effectiveness of ECT in type II BD, and hyperthymic temperaments is very exciting statement and can’t be just mentioned a propos, without context

REPLY
In one study, Minnai et al. [71] carried out a multivariate analysis to identify the predictors of good response to maintenance ECT in RCBD. Young age, male sex, type II BD, and hyperthymic temperament emerged as factors associated with a higher chance of depression-free intervals with ECT. The better response in those with type II BD and hyperthymic temperament could be because their sample had a large proportion of such patients. However, hyperthymic temperament is often associated
with antidepressant-induced rapid-cycling [6], while ECT may be less likely to cause rapid-cycling compared to antidepressants [4].

This has now been added to the results on adjunctive ECT in RCBD. In fact, the entire part on predictors of ECT in RCBD has been written.

**Reviewer #2**: I think this manuscript is written quite well, the topic is meaningful, and the research findings are also rigorous. Before publication, I have three small suggestions.

1. First, consider adding a graph to provide a more intuitive representation of the search process, making it easier to understand as the current readability is poor.

**REPLY**
The search strategy has been depicted in a figure to improve its understanding.

2. Second, summarize the conclusions in a table to provide a concise overview. The current conclusions appear numerous and it's difficult for readers to grasp the main points.

**REPLY**
The conclusions have been enumerated in an additional box (Box 4)

3. Third, it may be more appropriate to categorize this manuscript as a systematic review. Please carefully consider this suggestion, author

**REPLY**
This review was not planned as a systematic review. Thus, we have not followed the PRISMA guidelines for systematic reviews. Since the methodology cannot be changed now, it would be inappropriate to label this as a systematic review.

3. **SCIENTIFIC QUALITY**
Please resolve all issues in the manuscript based on the peer review report and make a point-by-point response to each of the issues raised in the peer review report. Note, authors must resolve all issues in the manuscript that are raised in the peer-review report(s) and provide point-by-point responses to each of the issues raised in the peer-review report(s); these are listed below for your convenience:

REPLY
All issues raised by the 2 reviewers have been addressed in the revision. A point-by-point reply to all issues is included above.

4. LANGUAGE POLISHING REQUIREMENTS FOR REVISED MANUSCRIPTS SUBMITTED BY AUTHORS WHO ARE NON-NATIVE SPEAKERS OF ENGLISH
REPLY
The revision has been checked for its quality of language. A new language certificate has been provided with the revised manuscript.
As I have mentioned earlier, this research is not funded. Therefore, we cannot afford the services of a professional English language editing company. We have used free software for this purpose, which is also our institute policy. Based on our previous experience, there are very few errors/corrections in our submissions at the proof-reading stage. We believe that the language quality, which is grade B at present will reach grade A following the revision. Therefore, we would request you to make an exception in this case and accept the language certificate that has been submitted.

5. ABBREVIATIONS

(1) Title: Abbreviations are not permitted. Please spell out any abbreviation in the title.
REPLY – No abbreviations in the title.

(2) Running title: Abbreviations are permitted. Also, please shorten the running title to no more than 6 words.
REPLY – Standard abbreviations have been used. Running title is 3 words.
(3) Abstract: Abbreviations must be defined upon first appearance in the Abstract. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*).
REPLY – Standard abbreviations have been used. Abbreviations have been defined upon first appearance in the Abstract.

(4) Key Words: Abbreviations must be defined upon first appearance in the Key Words.
REPLY – No abbreviations in the key words.

(5) Core Tip: Abbreviations must be defined upon first appearance in the Core Tip. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)
REPLY – Abbreviations have been defined upon first appearance in the Core Tip.

(6) Main Text: Abbreviations must be defined upon first appearance in the Main Text. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)
REPLY – Standard abbreviations have been used. All abbreviations have been defined upon first appearance in the Main Text.

(7) Article Highlights: Abbreviations must be defined upon first appearance in the Article Highlights. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)
REPLY – No article highlights in the revised review.

(8) Figures: Abbreviations are not allowed in the Figure title. For the Figure Legend text, abbreviations are allowed but must be defined upon first appearance in the text. Example 1: A: Hepatocellular carcinoma (HCC) biopsy sample; B: HCC-adjacent tissue sample. For any abbreviation that appears in the Figure itself but is not included
in the Figure Legend textual description, it will be defined (separated by semicolons) at the end of the figure legend. Example 2: BMI: Body mass index; US: Ultrasound

REPLY – No abbreviations have used in the Figure title. For the Figure Legend, all abbreviations have been defined upon first appearance in the text.

(9) Tables: Abbreviations are not allowed in the Table title. For the Table itself, please verify all abbreviations used in tables are defined (separated by semicolons) directly underneath the table. Example 1: BMI: Body mass index; US: Ultrasound.

REPLY – No abbreviations have used in the Table title. All abbreviations used in tables are defined (separated by semicolons) directly underneath the table.

6. EDITORIAL OFFICE’S COMMENTS

Authors must revise the manuscript according to the Editorial Office’s comments and suggestions, which are listed below:

Company editor-in-chief:

1. Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.

REPLY - All requirements for tables have been adhered to in the revision.

2. Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the RCA. RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: https://www.referencecitationanalysis.com/.
REPLY - I have downloaded the "Impact Index Per Article" for almost all the references of this manuscript. I have added a line to the Methods - “The Reference Citation Analysis tool was also used for searching articles and ranking them according to their impact.”

All changes made to the manuscript have been highlighted in red font in the revision.