



PEER-REVIEW REPORT

Name of journal: *World Journal of Psychiatry*

Manuscript NO: 99281

Title: Influence of SFBT Therapy + VSD on Mental Health of Wound Treatment Patients

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 07915645

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer’s Country/Territory: United States

Author’s Country/Territory: China

Manuscript submission date: 2024-09-06

Reviewer chosen by: AI Editor

Reviewer accepted review: 2024-09-10 00:58

Reviewer performed review: 2024-09-20 01:06

Review time: 10 Days

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Wounds not only affect the patient's appearance but also impose a heavy burden on psychological health and quality of life, leading to serious mental health issues over time. This study excels in its innovative approach by combining Solution-Focused Brief Therapy (SFBT) with Negative Pressure Wound Therapy (NPWT), addressing both physical and psychological aspects of wound care. The rigorous randomization and use of advanced statistical tools ensure robust and reliable results. The significant improvement in psychological health in the experimental group underscores the study's contribution to holistic patient care. Moreover, the study's focus on integrating psychological support with physical treatment offers a forward-thinking model that could enhance patient outcomes in wound management. Overall, the study provides valuable insights on the effects of SFBT combined with NPWT on the psychological health of patients undergoing wound treatment. It is intriguing that they have found that the application of SFBT combined with NPWT can accelerate wound healing,



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promote granulation tissue growth, and thereby improve psychological health, making it worthy of clinical application. However, there are some concerns that warrant further consideration. -The description of the statistical analysis is not rigorous and confusing. The authors mentioned that “For measurement data that conforms to normal distribution, a difference is considered statistically significant when P



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Reviewer’s Country/Territory: Spain

Author’s Country/Territory: China

Manuscript submission date: 2024-09-06

Reviewer chosen by: AI Editor

Reviewer accepted review: 2024-09-11 12:03

Reviewer performed review: 2024-09-21 05:41

Review time: 9 Days and 17 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This study presents a compelling investigation into the combined effects of Solution-Focused Brief Therapy (SFBT) and Negative Pressure Wound Therapy (NPWT) on psychological health during wound treatment. The study is well-structured with a clear aim, appropriate randomization, and robust statistical analysis, utilizing SPSS and GraphPad Prism for comprehensive data evaluation. The significant findings regarding improved psychological health and reduced inflammatory markers (hs-CRP, WBC, LDH) in the experimental group highlight the potential benefits of integrating psychological support with physical wound care. However, while the psychological health improvement is notable, the lack of difference in granulation tissue scores suggests that SFBT may not impact wound healing directly, focusing more on mental well-being. Future research could benefit from a larger sample size, longer follow-up, and exploring other psychological therapies or their combined effects on both physical and psychological outcomes. Additionally, considering patient-reported outcomes and



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qualitative feedback might offer deeper insights into the overall effectiveness of the combined therapy approach. There are many places in this manuscript need to be improved, and the data they provided were not solid enough. 1. The background of the abstract section is inappropriate. It would be better to say “Improving mental health is crucial for patients who require wound treatment”. 2. What’s the meaning of “VSD”? Please notice that abbreviations must have a full name explanation when they first appear. It is usually not recommended to use abbreviations directly in the title. 3. In the abstract, the authors claimed that “There was no significant difference in granulation tissue scores between the two groups ($P > 0.05$).” However, they concluded that “The application of SFBT combined with NPWT can accelerate wound healing, promote granulation tissue growth” in the following part. This is a huge mistake that should not have occurred. 4. In the last sentence of the General Data of the methods section, it should be “The baseline data of the two groups were compared ($P > 0.05$), indicating no statistically significant differences” instead of “indicating statistically significant differences”. 5. The data presented in this article is limited. It would be better to include a more diverse patient population to examine the effectiveness across different genders, ages, and backgrounds.



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For reviewer #1

1. The background of the abstract section is inappropriate. It would be better to say "Improving mental health is crucial for patients who require wound treatment".

Response: Thank you so much for your suggestions, and I have revised our paper according to your proposal.

1. What's the meaning of "VSD"? Please notice that abbreviations must have a full name explanation when they first appear. It is usually not recommended to use abbreviations directly in the title.

Response: Thank you so much for your suggestions, and I have revised our paper according to your proposal.

2. In the abstract, the authors claimed that "There was no significant difference in granulation tissue scores between the two groups ($P > 0.05$)." However, they concluded that "The application of SFBT combined with NPWT can accelerate wound healing, promote granulation tissue growth" in the following part. This is a huge mistake that should not have occurred.

Response: Thank you so much for your suggestions, Sorry for the error in the last submitted manuscript, we revised the P-value statement in the abstract section. The correct statement should be " $P < 0.05$ "

3. In the last sentence of the General Data of the methods section, it should be "The baseline data of the two groups were compared ($P > 0.05$), indicating no statistically significant differences" instead of "indicating statistically significant differences".

Response: Thank you so much for your suggestions, and I have revised our paper according to your proposal.

4. The data presented in this article is limited. It would be better to include a more diverse patient population to examine the effectiveness across different genders, ages, and backgrounds.

Response: Thank you very much for your advice, which we took to add this section to the last paragraph of the discussion, regarding the limitations of our paper.

For reviewer #2



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1. The description of the statistical analysis is not rigorous and confusing. The authors mentioned that “For measurement data that conforms to normal distribution, a difference is considered statistically significant when $P < 0.05$ ”. What about data that does not follow a normal distribution? And please report how the normality was tested in continuous variables. In addition, What’s the meaning of “mainly chi-square test (count data: n, %) mainly rank sum test (grade data: n, %)” ? Under what circumstances were these two statistical methods used ?

Response: Thank you very much for your suggestion. We have rewritten the description of the statistical method:

All data collected in this study were processed using SPSS 26.0 statistical software. For measurement data that conform to a normal distribution, the following statistical methods were employed: data are presented as mean \pm standard deviation, between-group comparisons were made using the independent samples t-test, and within-group comparisons were made using the paired samples t-test; count data were primarily analyzed using the chi-square test (data presented as number, n, %); and ordinal data were primarily analyzed using the rank sum test (data presented as number, n, %).

The baseline data of the two groups were compared ($P > 0.05$), indicating no statistically significant differences.

2. In the method section of Laboratory Parameters, please provide the manufacturers and item numbers of the ELISA kits.

Response: Thank you very much for your suggestions and we have added them in the method section.

3. -Increase the sample size to enhance the statistical power and generalizability of the findings.

Response: Thank you very much for your advice, which we took to add this section to the last paragraph of the discussion, regarding the limitations of our paper.

4. -Incorporate more detailed psychological assessments and scales to capture a broader range of mental health outcomes.



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Response: Thank you very much for your advice, which we took to add this section to the last paragraph of the discussion, regarding the limitations of our paper.

2. Monitor and control for other variables that might influence wound healing and psychological health, such as comorbidities and treatment adherence.

Response: Thank you very much for your advice, which we took to add this section to the last paragraph of the discussion, regarding the limitations of our paper.

3. -Please provide more details about the psychological assessment process, including whether the assessors have received training and how to standardize this procedure.

Response: Thank you very much for your suggestions and we have added them in the method section.