

## ANSWERING REVIEWERS



Dear Editor,

Please find enclosed the edited manuscript in word format (file name: **26511-Revised manuscript.doc**).

**Title:** Understanding the paranoid psychosis of James: use of the repertory grid technique for case conceptualization

**Authors:** Helena García-Mieres, Susana Ochoa, Marta Salla, Raquel López Carrilero & Guillem Feixas

**Name of Journal:** *World Journal of Psychiatry*

**ESPS Manuscript NO:** 26511

The manuscript has been improved according to the suggestions of reviewers:

1) Format has been updated.

2) Revision has been made according to the suggestions of the reviewers:

All the changes have been highlighted (yellow color) in the revised manuscript. They can also be found using the "Track Changes" function.

### **Reviewer 1, code 02445209**

Case description - the second paragraph from above: You write "aripiprazole 400 mg/d". This is probably a mistake, aripiprazole is usually given in a dose of 10-30 mg/day. As of medication, I would consider clozapine in this patient.

*1) It is true, it is a mistake. The case was receiving Aripiprazole 400mg monthly as a depo, so the daily dose is 15 mg according to the psychiatrist of the case, we have modified the paragraph and written the daily dose of 15 mg. The observation of the clozapine is very accurate and appropriate. The case interview was performed in October 2015 so we have annotated the medication of that period, but at the current moment, since two months ago, the case is receiving clozapine treatment.*

The threatening group (the last paragraph before Discussion): "c)" is missing

*2) We have modified this point, adding the c) to the paragraph*

Six lines above "Conclusion": There is "[word missing]". I do not understand this.

*3) It is true, we have modified the paragraph and added "family interactions" to the word missing space*

### **Reviewer II**

The topic is interesting, informative and useful for a clinician.

Introduction Page 4: Which battery of instruments was administered?

*A set of instruments to assess psychopathology, social functioning and neurocognitive functioning are administered to each patient that is recruited for this clinical trial. We mention in Page 7 the psychopathology*

*instruments, which we have considered were the relevant ones for the purpose of the case report.*

*Following this line there is the complete list of instruments administered:*

- *Premorbid Adjustment Scale (PAS)*
- *Positive and Negative Syndrome Scale (PANSS)*
- *Psychotic Symptom Rating Scales (PSYRATS)*
- *Beck Depression Inventory (BDI-II)*
- *Self-Esteem Rosenberg Scale*
- *Global Assessment Functioning (GAF).*
- *Scale to Assess Unawareness in Mental Disorder (SUMD)*
- *Beck Cognitive Insight Scale (BCIS)*
- *Jumping to Conclusions Task.*
- *Internal, Personal and Situational Attributions Questionnaire (IPSAQ)*
- *Peters ' Cognitive Biases Questionnaire*
- *Hinting Task*
- *Social Functioning Scale (SFS)*
- *Satisfaction with Life Domains Scale (SLDS)*
- *TAVEC (Test de Aprendizaje Verbal España-Complutense): It is a Spanish verbal learning test*
- *Continuous Performance Test – Identical Pair version (CPT-IP)*
- *Trail Making Test: TMT A, TMT B*
- *Wechsler Adult Intelligence Scale (WAIS-IV): digit span, digit symbol-coding, vocabulary, similarities, picture completion*
- *STROOP test.*
- *Wisconsin Card Sorting Test (WCST)*

Case description Page 5: antipsychotic medication: olanzapine 20mg/d and aripiprazole 400 mg/d. the maximum daily dose for aripiprazole is 30mg or was it per 28 days as depo?

*It is true, it is a mistake. Aripiprazole 400 mg was administered to the patient monthly as depo. According to the psychiatrist of the case, the daily dose was 15 mg, so we have changed it in the paper.*

It is unclear if the therapy was as monotherapy what is regular or in combination what was uncommon?

*The patient was following combination of both antipsychotics, aripiprazole as depo and olanzapine as oral. The medication was not changed during the time the case was followed for the study.*

Page 14 and Figure 3: A graphic display of the main axes of construction: I cannot find the description of axes, what are the extremes: good – bad or positive – negative or plus – minus or self now – self ideal....

*We have added a paragraph in Page 14 with a more complete description of the meaning of the axis.*

Discussion Page 18: The intervention would focus on increasing the understanding of James disorder for the parents and on easing their supposedly conflictive [word missing] – the word is really missing

*We have added “family interactions” to the word missing space, so now it is complete and understandable.*

- ➔ References were corrected.
- ➔ Comments section was added following editor suggestion.

Thank you again for considering for publication our manuscript in the *World Journal of Psychiatry*.