Reviewer’s report:

Title: Psychotic and schizotypal symptoms in non-psychotic patients with obsessive-compulsive disorder

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Reviewer: Kyle Minor

The authors evaluated the presence of ‘psychotic’ and schizotypal symptoms in individuals with Obsessive-Compulsive Disorder (OCD) compared to a general psychiatric population. They found that groups did not differ in either type of symptom. Strengths of the manuscript include the importance of the central research question and measurement of symptoms at multiple time-points. However, there are some major concerns with the manuscript that should be addressed before it is considered for publication.

Major Compulsory Revisions

1. In general, the description and measurement of psychotic symptoms should be improved. Regarding description, the authors write that psychotic symptoms “constitute more general symptoms that are prevalent in several other emotional disorders” on Page 3. I do not view psychotic symptoms as “general” symptoms as they are described here. The authors should provide further evidence and rephrase this description. Also on page 3, I would like more information as to what the authors mean when they write that “there might not be a clear distinction between delusions and obsessions.”

2. Regarding measurement of psychotic symptoms, why wasn’t a measure specifically designed to assess psychotic symptoms used in this study? The SCL-90-R is often used as a self-report measure that assesses personality traits rather than symptoms of psychosis. Likewise, for schizotypal traits, why was the SCL-90-R used as opposed to a measure like the Wisconsin Schizotypy Scales or the Schizotypal Personality Questionnaire? Although there is some evidence presented here for ‘schizotypal signs’ and ‘schizophrenia nuclear symptoms’, the authors do not present rationale for using the ‘psychoticism’ or ‘paranoid ideation’ subscales. The authors should provide evidence as to why the SCL-90-R was used and justify the use of all scales.

3. The third paragraph of the Introduction discusses how some have proposed that schizotypal OCD is a distinct OCD subtype. However, the evidence they provide in the following sentences does not present a convincing argument that this should be a distinct subtype of OCD.

4. ERP is first mentioned as the last word of the Introduction. This abbreviation is not defined in the main text and the therapy is not discussed in the Method section. Further, one of the primary findings of the manuscript is that psychotic
and schizotypal symptoms improved after ERP in both groups. However, no rationale for why ERP is used, how improvement occurred, or what the treatment entailed is provided. All of these are necessary to justify these analyses and allow the reader to judge how this intervention might have helped improve symptoms.

5. Regarding ERP, it was administered differently to participants in this study. In the OCD group, some received individualized ERP while others received 12 weeks of group ERP. The general psychiatric outpatient group all received “15 weekly sessions of eclectic psychotherapy delivered by graduate psychology students.” This brings up several questions: 1) how many received group vs individual ERP in the OCD group?; 2) Were there differences in psychotic/schizotypal improvement based on the type of therapy received?; 3) Did the general outpatient group receive individual or group therapy? and; 4) What did this eclectic psychotherapy entail?.

6. Although the authors mention it as a limitation, justification for combining the different types of psychopathology into one ‘general’ group should be provided. Did the presence of psychotic and/or schizotypal symptoms differ based on the different problems faced in this group?

7. More information is needed on the Y-BOCS. What is the measure, is it reliable/valid, why was the general psychiatric group not administered this measure? Further, why was the BDI not administered to the general psychiatric group?

Minor Essential Revisions

8. Bottom page 3: I believe the authors are referring to Schizotypal Personality Disorder when they mention ‘schizotypal disorder’. This should be clarified.

9. Pg. 5: Why would psychiatric and/or schizotypal symptoms be “specific” to an OCD population?

10. Pg. 5: Were any individuals from the general group excluded due to psychosis?

11. Pg. 14: How could the limitation of using a general outpatient group instead of specific diagnostic groups affect the results observed in this study? In other words, why is it a limitation?

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**
I declare that I have no competing interests.