Author’s response to reviews

Title: Mediation and moderation analyses: exploring the complex pathways between hope and quality of life among patients with schizophrenia

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Version: 3 Date: 15 Dec 2019

Author’s response to reviews:

Dear Editor Donnelly,

Re: “The mediating role of depression and resilience on hope and quality of life in patients with schizophrenia: Exploring moderation by sex”

Many thanks for considering accepting our manuscript. We have revised the manuscript, taking into consideration all of the reviewers’ comments (see our responses to the reviewers appended below). In our point-by-point responses to the reviewers’ comments, we stated the page numbers of the manuscript where changes have been made. All references quoted in our replies to the reviewers are listed at the end of this letter.

We hope the revised version of the typescript is now suitable for publication in BMC Psychiatry.

Looking forward to hearing from you.

Best wishes,

Yu-Qiu Zhou, Professor

Technical Comments:

1. Please include the 'Declarations' heading.
2. Please rename 'Purpose' and 'Introduction' to 'Background'.

Authors’ response

We have made changes to the corresponding section as required.

Editor Comments:

Please confirm whether informed consent, written or verbal, was obtained from all participants and clearly state this in your manuscript. If verbal, please state the reason and whether the ethics committee approved this procedure. If the need for consent was waived by an IRB or is deemed unnecessary according to national regulations, please clearly state this, including the name of the IRB or a reference to the relevant legislation.

Authors’ response

Written informed consent was obtained from all the participants, and we have made corresponding statements in the “Declarations” section.

Reviewer #2

It remains a question if it is really necessary to include each studied factor in the title. It still remains somewhat confusing.

Author response

Thank for reviewer’s suggestion. The revised title may be clearer and more reasonable.

“Mediation and moderation analyses: exploring the complex pathways between hope and quality of life among patients with schizophrenia.”

The language needs significant improvements.

Author response

Thank for reviewer’s suggestion. We have submitted the English editing order to AJE (American Journal Experts) Company again.

The new text sometimes lack citations (for example, "QOL is a critical clinical outcome, closely related to patient function and disability, and is often a direct evaluation indicator of personal recovery outcomes among patients with schizophrenia." - No citations back these claims.).

Author response
Thank reviewer for pointing out this issue. We have added corresponding references in the manuscript. (Reference 4 and 5)

I read your arguments for your definition of clinical stability (the two studies of Hasan that draw the definition from an Indian study) but it is so far, from what is the standard in the field, that I find it unacceptable.

Author response

We totally agreed with the reviewer that this method of assessing clinical stability does not represent a certain standard, and there is currently no uniform standard in this field. However, we still consider our standards as valuable:

(1) The nature of the clinical stability refers to the fluctuation of psychiatric symptoms. Antipsychotic medication is the core and first-line means to control the symptoms of schizophrenia. Therefore, the change in the dose of antipsychotic drugs can reflect the degree of fluctuations in psychotic symptoms.

(2) We have just listed two studies that adopted this criterion. In fact, the clinical stability assessment criteria used in our study has been cited by many papers, which included patients with different diagnosis (schizophrenia or bipolar disorder) and types (inpatients or outpatients). Thus, our criteria is relatively reliable and comparable between studies. (Https://onlinelibrary.wiley.com/doi/full/10.1034/j.1600-0447.2001.104001051.x)