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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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.

In addition to the problems pointed out by the reviewer, we found a mistake ourselves, that is, the source of the sample. This issue has no effect on the results of the study, but may affect readers' interpretation of our results. We are here to make a correction. We apologize for the misstatement and hope this doesn't affect your decision about our manuscript.

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.

" Although the stability criteria used it is not the most used in clinical practice there are other studies using the same criteria, therefore we would advise the authors to include a statement clarifying the issue."

Authors’ response

We thank for editor’s reminding. We have added the corresponding statement on the limitation section. (page 14, line 295-296)

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)

Explanation of another important issue:

Study sample

When we check the details of the manuscript before publication, we found an error in the manuscript, which may affect the interpretation of our results. Thus, we need to make a statement here. The data of this study were from clinically stable inpatients with schizophrenia, not outpatients. We previously described the wrong information and we apologize for it.
However, this mistake had no effect on the result of our study. And our findings also have important clinical significance and convertibility.

(1) The samples are clinically stable inpatients with schizophrenia, and their treatment plan and goals are the same as those of the outpatient, that is, to maintain the dosage of the drug to control the residual symptoms and the recovery of social function. It is just because in remote areas of China, the community management model is immature, and the maintenance treatment for most patients is concentrated in the hospital;

(2) Because they are inpatients, we can accurately assess their clinical stability and medication status based on their medical records, and control of the biggest confounding factor in outpatients with schizophrenia: medication compliance, which is of great significance for exploring the true relationship between variables;

(3) The clinically stable inpatients occupied a large proportion of the schizophrenia group in China, which is very representative and have not received enough attention. Therefore, our results have a high value of convertibility;

(4) The problems of long-term hospitalized patients is more prominent. In China, especially in remote areas, there is no mature community management model, so the treatment and rehabilitation of patients are mostly concentrated in hospitals. Therefore, compared with community patients, this part of the population is more intervenable and practical.

(5) Subjective treatment experience during hospitalization is related to treatment compliance and continuity among patients with schizophrenia.

The process of diagnosis and enrollment

A list of all patients diagnosed with schizophrenia in the Chifeng Anding Hospital (July 2017 to May 2018) was obtained through the hospital's electronic medical record system. A clinical interview was performed to confirm the diagnosis of the patient and assess the criteria for inclusion. After the written informed consent was obtained from patients, a questionnaire survey was conducted on patients who met the enrollment criteria.

The diagnoses of patients were retracted from their medical records and were verified by an experienced psychiatric clinician (Guohua Li, more than 20 years of psychiatric practice, professor, current vice president of the hospital) based on the clinical interview (criteria for International Classification of Diseases, 10th Revision (ICD-10)).

Where to add and modify in the manuscript

We have added related information on the corresponding section in the manuscript. (page 13, line 271-285)

Discussion:
The participants of this study were from clinically stable inpatients, which required careful interpretation of current findings. As Spencer et al [1] had mentioned, the hospitalized patients such as schizophrenia and related psychoses should not be regarded as exclusive areas for research, which was particularly applicable in China. The clinically stable inpatients, who occupied a large proportion of the schizophrenia group in China, was very representative and had not received enough attention. Clinical stability was an important period for clinical intervention when the existing community management model was immature in China. Evidence had shown that the treatment experience during hospitalization was closely related to the patient's treatment attitude, help-seeking behaviour and treatment continuity[2-4]. Therefore, the complex pathways between the hope level and QOL revealed by this research provides thoughts on targeted interventions to optimize the treatment experience and promote rehabilitation. And because the sample was from clinically stable inpatients, we could completely control the effect of medication compliance on the outcomes, which was of great significance for exploring the true path relationship among variables.


