Author’s response to reviews

Title: ECT for manic state with mixed and psychotic features in a teenager with bipolar disorder and comorbid episodic OCD

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Author’s response to reviews:

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Dear Editors and Reviewers,

We appreciate your valuable comments that we believe strengthen this report. We agree on all the suggestions and would like to comment on them point-by-point.

Enclosed please find the manuscript with highlighted changes. If there are any further questions or comments we will be happy to hear from you again.

On behalf of the authors,

Sincerely,

Olof Rask

Reviewer #1

Comments:

1. Yes
2a and b. “...I hope the editor can forward this information to the authors without it being made public.”

2c. Consider to include a few sentences of the ethical risks and benefits of the case-report (which I think is favourable).

2d. “…comment on if the patient was informed of the publication of the case-report and if she was asked to provide consent. If she did not provide consent, discuss why it was not relevant in this case.”

3. Yes

4. It is adequate. A few suggestions

4 I. “… Please provide a reference for this statement”

4 II. “Consider to refer to the comprehensive compilation of the evidence for the use of ECT among minors. "Electroconvulsive Therapy in Children and Adolescents”…”

4 III a. “…I suggest that the word up-titrated is removed. Also, consider to report pulse-width, anesthetic, and ECT-device if available.”

4 III b. “Consider to comment on the reasons (if any?) for maintaining the prescription of quetiapine…”

5. The discussion is interesting and the conclusions are backed by the data.

6. “…However, I do have a suggestion, see ethics above.”

7. The abstract is clear and well written.

8. Yes

Response:

1, 3, 5, 6-8 OK

2a and b. The editor has made an additional comment and the suggested change has been made.

2c. The major ethical issues that arise from publishing a case report are basically twofold: informed consent and patient confidentiality. In the background section we present the reasons for publication and have now added a comment concerning ethical considerations as suggested.

2d. The statement has been corrected: "Written informed consent was obtained from the patient and her legal guardians for publication of this case report.”
4 I. A reference has been added as suggested.

4 II. We agree that this book offers comprehensive and valuable information about the use of ECT. However, we have chosen not to refer to it as we have used other peer-reviewed references on this topic (9-10,13-14,18).

4 III a. The word "up-titrated" has been excluded and information about pulse-width and anesthetics has been added as suggested. Unfortunately, data on ECT-device is not available.

4 III b. We agree that medications that are thought to be non-efficient should not be maintained. The plan at discharge was further tapering of the neuroleptics, a comment on this has been added.

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Reviewer #2: A pertinent and well-written case report. I enjoyed reading your article. I would like to offer the following comments to help improve its content:

Specific comments:

1. 3-5, 10. "Please change…”

2. “…Perhaps this could be briefly mentioned in the introduction as well.”

6. Any previous suicide thoughts or behaviours?

7. “What were the patient's obsessive thoughts?…”

8. “…did she have any tics, rituals or compulsions?”

9. Did the patient experience any visual or auditory hallucinations? Could schizophrenia be a possible differential diagnosis?

Response:

1, 3-5, 10. OK

2. We have now added a reference from Amitai and co-workers regarding SSRI-Induced Activation Syndrome in Children and Adolescents and modified the preceeding paragraph. We agree that this is an interesting clinical entity that should be further defined and investigated.

6. Our patient had experienced an episode with disruptive behavior, including self-harm by cutting her ankles. There were no reports about previous suicide attempts. A comment about this has been added.
7. A paragraph describing the nature of our patient's obsessive thoughts has been added. We have made an ethical consideration not to describe this in too much detail.

8. A paragraph describing our patient's compulsions / rituals has been added. No tics were observed.

9. No distinct hallucinations were noted. The longitudinal course of her illness with psychotic symptoms only during an acute manic episode makes schizophrenia an unlikely diagnosis. Comments regarding this has been added to the discussion.

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ADDITIONAL COMMENTS (FROM DEPUTY EDITOR)

“…Please consider removing this sentence.”

Response: OK