Author’s response to reviews

**Title:** Event-related potentials elicited by the Deutsch "high-low" word illusion in the patients with first-episode schizophrenia with auditory hallucinations

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Author’s response to reviews:
Drs. Iskra Staneva and Anna Clark
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Title: Event-related potentials elicited by the Deutsch “high-low” word illusion in the patients with first-episode paranoid schizophrenia with auditory hallucinations

By Xu Y et al.
Dear Iskra and Anna:

Thank you again for your very detailed feedback about our submission to your BMC Psychiatry, for the fourth time. We are deeply sorry for not making our expression clear, and sorry for bringing you an extra burden. Here our apology. Indeed, we have to learn from you, about how to prepare a welcome manuscript generally (your excellent word). We have revised our manuscript once again according to your critic. Below we outline in detail about the changes we have made. Our answer is again in these big brackets ‘{}’.

(From Iskra) Thank you for submitting your revised manuscript and ensuring that it conforms to STROBE guidelines. We appreciate your responses to our editorial comments, but will unfortunately need to ask you for some additional clarification before your manuscript is potentially ready to be accepted for publication. From the latest statement in the manuscript, it is still not clear how exactly you judged if informed consent was viable from the patients with schizophrenia. You did indeed provide additional details regarding the support You Xu and Hao Chai offered for understanding and completing the questionnaires, but there is no description specifically related to how it was decided that the patients were able to make an informed and conscious decision about whether they wished to participate or not.

Answer: {Thank you Iskra for the pointing out the problem. We are sorry for our carelessness. We thought (took for granted) that our description in our 3rd revision was enough, since we had published our work regarding schizophrenia that way. Now, we know that we are wrong, further we are going to take your this opinion always to into others of our future researches on schizophrenia or other similar disorders. Regarding the procedure of inviting patients/ participants to sign written informed consent in our routine research activity, we did encounter some patients who were not very cooperative, but not always, since normal we have young, educated people with us. Most patients were sufferers from schizophrenia, schizotypal, multiple personality disorders, or bipolar II, who were less cooperative. For schizophrenia or schizotypal, we have to perform and act more, by showing them the test room, the apparatuses, and to ensure that they are fully understand our intentions and ask for their willingness and cooperation. We do not want to lose any patient, which is our rule. OK, in the current draft, we have modified mainly two parts of our current draft following your critic. One is in page 7, para 4, lines 11-13, where we have stated the two experienced senior psychiatrists had ensured, that patients had no problems of substance abuse, CNS inflammation, dementia, etc., which could influence the decisional capacity of understanding, appreciation, reasoning, and expression of choice of an action, through
the semistructured clinical interview. These diagnoses and differential steps were strictly stick to the ICD-10 (page 7, para 4, lines 4-5). The second part is in page 8, para 1, lines 5-13. We have stated that two PhD candidates (YX & HC) were available to explain the written informed consent by presenting a Powerpoint presentation, showing a hypothetical EEG experiment onsite, and showing a signed written informed consent to the participants or their next of kin. Meanwhile we have stated that YX and HC were also available to aid in the proper filling of the required demographic information, questionnaire and the informed consent, and to ensure corrective feedbacks. Moreover, all patients were ensured to have a free expression of choice, and to fully understand the study protocol information (i.e., its atraumatic features, and its usefulness for scientific research and for disease understanding), and finally the patients had to repeat the consent information orally to one experienced psychiatrist (from ZL & WW) and one PhD candidate (YX & HC). There are also two minor parts which we have modified: the second email address of the correspondent author (Dr Wei Wang) has been changed to (drwangwei@zju.edu.cn) (top line of page 2), and the abbreviation of electroencephalography, EEG, has been added (page 5, para 3, line 1) for its later use.

Dear Iskra and Anna, we hope our changes this time would satisfy you. If you have any suggestions, please feel free to contact me.

Yours,

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