

Peer Review File

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Reviewer A

The article entitled, “DISTINGUISHING AND TREATING DEPRESSION, ANXIETY, ADJUSTMENT, AND POST-TRAUMATIC STRESS DISORDERS IN BRAIN TUMOR PATIENTS,” is a timely and comprehensive review regarding psychiatric complications in brain tumor patients. The review is well-written and appears comprehensive. A couple of comments are provided to strengthen the manuscript:

The description of Adjustment Disorder (starting on page 6):

Comment 1: More detail is needed around the timecourse of AD. Specifically, that the “disorder” is within 3 months of the stressor and does not last for more than 6 months.

Reply 1: We have added an additional statement regarding the time course of AD to this section (page 6).

Comment 2: Not sure the authors repeated the definition from the DSM 5 correctly. It reads, “Marked distress that is out of proportion to the severity or intensity of the stressor,” so one could argue that many of the statistics that the authors highlight may be pathologizing a normal reaction to serious illness. Perhaps toning down the last paragraph of the AD section would likely suffice. Consider reviewing the following: (Bachem & Casey, 2018)

Reply 2: We have revised our initial description of AD to better reflect the exact DSM-5 definition (page 6). We have also added several statements to the final paragraph of the AD section (and cited Bachem & Casey, 2018) to warn against pathologizing normal reactions, the potential problems with diagnosing cancer patients with AD, and the limitations of previous studies mentioned in this section (page 7).

Comment 3: No description of demoralization; beside brief mention of this as a risk factor. While the authors highlight the more commonly known constructs of anxiety, depression and PTSD, providing more detail around this commonly experienced reaction to serious illness is warranted. This is particularly relevant in the “Differentiating Psychiatric Disorders..” section, as some basic guidelines have been suggested. (Brewer et al., 2018)

Other references:

(Robinson, Kissane, Brooker, & Burney, 2015; Tecuta, Tomba, Grandi, & Fava, 2015)

Reply 3: We agree that demoralization is important to include in this review. We have added a section on demoralization at the end of the “Differentiating Psychiatric Disorders in Cancer Patients” section and cited the above references (page 14).

Comment 4: With the understanding that this is a special focusing on palliative care/

brain cancer, the authors should consider that it is not well accepted that palliative care settings are the best setting to manage the psychiatric disorders they describe. Of course, its not out of their scope, but the one reference they cite is a secondary analyses of an early palliative care intervention (Prescott et al 2017) which is not the same as a palliative care team targeting these symptoms specifically. They should consider including some brief discussion – or related references – around these potentially distinct roles.

(Riordan, Briscoe, Kamal, Jones, & Webb, 2018)

(Trachsel, Irwin, Biller-Andorno, Hoff, & Riese, 2016)

Possibly cite that spiritual support is often part of multi-d palliative care teams?

(Rego & Nunes, 2019)

Reply 4: We agree with the reviewer that palliative and psychiatric care can often have distinct roles. We have added a section to the Introduction to highlight this, as well as the role of spiritual care, and cited the above references (page 3).

Minor comments:

Comment 5: Ensure that the “PTSD” abbreviation is used in full. “PTS” was found a couple of times in the manuscript.

Reply 5: We have revised the manuscript to state “PTSD” rather than “PTS disorders.”

References:

Bachem, R., & Casey, P. (2018). Adjustment disorder: A diagnosis whose time has come. *Journal of Affective Disorders*, 227, 243–253. <https://doi.org/10.1016/J.JAD.2017.10.034>

Brewer, B. W., Caspari, J. M., Youngwerth, J., Nathan, L., Ripoll, I., & Heru, A. (2018). Demoralization in medical illness: Feasibility and acceptability of a pilot educational intervention for inpatient oncology nurses. *Palliative and Supportive Care*, 16(5), 503–510. <https://doi.org/10.1017/S1478951517000657>

Rego, F., & Nunes, R. (2019). The interface between psychology and spirituality in palliative care. *Journal of Health Psychology*, 24(3), 279–287. <https://doi.org/10.1177/1359105316664138>

Riordan, P., Briscoe, J., Kamal, A. H., Jones, C. A., & Webb, J. A. (2018). Top Ten Tips Palliative Care Clinicians Should Know About Mental Health and Serious Illness. *Journal of Palliative Medicine*, 21(8), 1171–1176. <https://doi.org/10.1089/jpm.2018.0207>

Robinson, S., Kissane, D. W., Brooker, J., & Burney, S. (2015). A systematic review of the demoralization syndrome in individuals with progressive disease and cancer: a decade of research. *Journal of Pain and Symptom Management*, 49(3), 595–610. <https://doi.org/10.1016/j.jpainsymman.2014.07.008>

Tecuta, L., Tomba, E., Grandi, S., & Fava, G. A. (2015). Demoralization: a systematic review on its clinical characterization. *Psychological Medicine*, 45(4), 673–691. <https://doi.org/10.1017/S0033291714001597>

Trachsel, M., Irwin, S. A., Biller-Andorno, N., Hoff, P., & Riese, F. (2016). Palliative psychiatry for severe and persistent mental illness. *The Lancet Psychiatry*, 3(3), 200. [https://doi.org/10.1016/S2215-0366\(16\)00005-5](https://doi.org/10.1016/S2215-0366(16)00005-5)