



A Review of the Effectiveness of Acceptance and Commitment Therapy on Symptoms and Outcomes of Irritable Bowel Syndrome

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1. Round 1

1.1 Reviewer 1

Date: 02 December 2024

Reviewer:

The introduction defines IBS as a disorder related to brain-gut interaction and lists its diagnostic criteria based on Rome IV. However, the paragraph also mentions "non-painful abdominal discomfort" which is not part of Rome IV criteria. Consider aligning the definition with the latest diagnostic criteria.

The introduction discusses various IBS treatment approaches, but the justification for choosing ACT over other psychotherapies (e.g., CBT, mindfulness-based interventions) is not clear. Please elaborate on why ACT was the focus of this review.

The article states that keywords were searched in multiple databases (Science Direct, Wiley, PubMed, SID, Magiran), but it does not specify if Boolean operators (e.g., AND, OR) were used. Please clarify the search strategy.

The findings section presents a list of study outcomes, but it is unclear whether a qualitative synthesis (e.g., thematic analysis) or quantitative analysis (e.g., meta-analysis) was conducted. Consider specifying the method used for data synthesis.

Authors revised the manuscript and uploaded the updated document.

1.2 Reviewer 2

Date: 24 November 2024

Reviewer:

The introduction presents multiple IBS prevalence statistics (5%-10% globally, 11.2% from a meta-analysis, and country-specific rates). Some of these figures seem outdated (e.g., Lovell & Ford, 2012). Consider updating with more recent epidemiological studies.

The introduction discusses the economic burden of IBS but lacks citations for cost estimates in non-Western countries. Consider adding global economic burden estimates for a more comprehensive perspective.

The findings do not compare ACT's effectiveness with other interventions such as CBT, gut-directed hypnotherapy, or pharmacological treatments. Consider including a comparative analysis if such studies exist.

The discussion provides an overview of ACT techniques (e.g., acceptance, defusion, mindfulness) but does not explain their physiological relevance to IBS symptoms (e.g., effects on the gut-brain axis, stress-related inflammation). Consider elaborating on how ACT mechanisms align with IBS pathophysiology.

The reviewed studies include individual and group-based ACT interventions with varying durations and methodologies. Please discuss the heterogeneity of these studies and its implications for the generalizability of findings.

Authors revised the manuscript and uploaded the updated document.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.