





Comparison of the Effectiveness of Cognitive-Behavioral Therapy and Acceptance and Commitment Therapy on Cortisol Levels and Psychological Distress in Patients with Asthma

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1. Round 1

1.1. Reviewer 1

Reviewer:

The introductory paragraph effectively outlines the global burden of asthma but could benefit from a more specific statement highlighting the gap this research aims to address. Consider adding a sentence explicitly stating the unique contribution of comparing CBT and ACT in the Iranian context.

The quasi-experimental design with purposive sampling is well-justified. However, the article should provide more detail on how the hospitals were chosen to ensure representativeness. Were there any specific criteria beyond geographical distribution?

The use of salivary cortisol is appropriate for stress research. It would be helpful to specify any measures taken to minimize variability in cortisol levels, such as controlling for participants' sleep patterns or recent physical activity.

The Kessler Psychological Distress Scale is a valid tool, but the article could be strengthened by discussing any cultural validation studies conducted in Iran.

The results section clearly presents the descriptive and inferential statistics. However, the addition of effect sizes for the main findings would provide a clearer understanding of the clinical significance.

The tables are informative, but consider adding a brief narrative summary beneath each table to highlight key findings for the reader.

The article mentions that assumptions for MANCOVA were met. Including specific test results (e.g., M-Box test value) would strengthen this assertion.

Authors revised and uploaded the document.

1.2. Reviewer 2

Reviewer:

The introduction cites previous research on the relationship between stress and asthma symptoms well. However, a clearer distinction between international and local studies (e.g., highlighting why Iranian context is important) would strengthen the rationale.

The description of the hypothalamic-pituitary-adrenal (HPA) axis's role in stress response is scientifically sound but could be enhanced by briefly explaining how it directly exacerbates asthma symptoms.

The inclusion and exclusion criteria are detailed, but the rationale behind age limitations (18-60 years) could be further explained, especially regarding asthma severity across different age groups.

The article mentions random assignment but does not specify the method used. Including this detail would enhance the study's reproducibility.

The CBT and ACT protocols are clearly described. Still, a brief discussion on any cultural adaptations made for the Iranian population would be valuable. Were the techniques adjusted for cultural relevance, or did they follow Western models strictly?

The study uses a passive control group, which is a potential limitation. Consider discussing the implications of this choice and whether an active control, such as a placebo intervention, was considered.

The discussion effectively interprets the findings but could be improved by addressing potential confounders more thoroughly. For example, how might medication adherence have influenced cortisol levels or psychological distress?

The article compares its findings to previous research well. However, it would be helpful to discuss any discrepancies in outcomes and offer potential explanations, such as differences in sample demographics or intervention fidelity.

The discussion mentions the psychological theories underlying CBT and ACT. Expanding on how these therapies specifically modify the HPA axis response would provide more depth.

Authors revised and uploaded the document.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.