




Comparison of the Effectiveness of Mindfulness-Based Cognitive Therapy and Well-Being Therapy on Health Indicators in Patients with Hypertension




Alireza. Islami¹, Bahram. Mirzaian^{2*}, Arsalan. Khanmohammadi³

¹ PhD Student of Health Psychology, Tonekabon Branch, Islamic Azad University, Tonekabon, Iran

² Assistant Professor, Department of Psychology, Sari Branch, Islamic Azad University, Sari, Iran

³ Assistant Professor, Department of Psychology, Ayatollah Amoli Branch, Islamic Azad University, Amol, Iran

* Corresponding author email address: bahrammirzaian@gmail.com

E d i t o r	R e v i e w e r s
Şennur Tutarel Kışlak  Department of Psychology/Faculty of Language, History and Geography, University of Ankara, Ankara, Turkey kislak@ankara.edu.tr	Reviewer 1: Mohammad Hassan Ghanifar  Assistant Professor, Department of Psychology, Birjand Branch, Islamic Azad University, Birjand, Iran. Email: ghanifar@iaubir.ac.ir Reviewer 2: Abotaleb Saadati Shamir  Assistant Professor, Department of Educational Sciences, University of Science and Research, Tehran, Iran. Email: psychology@iau.ac.ir

1. Round 1

1.1. Reviewer 1

Reviewer:

The introduction states that "the age-standardized prevalence rate in Iran is reported to be 2.4 times higher than the global average and 1.9 times higher than in lower-middle-income countries" but does not provide a citation. A reference should be added to support this epidemiological claim.

The study uses "a convenience sampling method" which could introduce bias. A discussion of how this limitation was mitigated, such as ensuring demographic representativeness, would improve methodological rigor.

The study mentions that participants were assigned to MBCT or WBT using "lottery-based random assignment." However, this does not constitute full randomization. It would be beneficial to discuss how this method controls for potential confounders.

There is no mention of how adherence to MBCT and WBT protocols was ensured. Was there any form of therapist supervision, session recordings, or fidelity checklists to ensure standardized delivery?

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The discussion on psychological interventions does not sufficiently justify why MBCT and WBT were chosen specifically for hypertension patients. A brief review of previous studies demonstrating their effectiveness in cardiovascular health would be beneficial.

The final paragraph of the introduction states, "The primary question of this study is whether there is a difference in the effectiveness of MBCT and WBT on the health indicators of patients with hypertension." It would be beneficial to specify the exact health indicators measured (e.g., systolic blood pressure, diastolic blood pressure, stress levels).

The study states that "validity was confirmed by experts," but it does not specify the method used (e.g., content validity index, factor analysis). Providing a more precise explanation of how validity was assessed would strengthen the study's methodological rigor.

The description of health indicators states that "standard blood pressure measurement devices and cortisol assessment using ELISA kits were utilized." However, no details on the measurement protocol, number of measurements per participant, or device calibration are provided.

The description of the interventions provides extensive details on MBCT and WBT but does not specify what the control group received. Did they receive any form of treatment-as-usual, a placebo intervention, or no intervention at all?

Response: Revised and uploaded the manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.