




The Effectiveness of Cognitive Behavioral Therapy on Adherence to Treatment and Quality of Life in Hemodialysis Patients


Ali. Ghaderi Dehpahni¹, Lida. Leilabadi^{2*}, Mehrdad. Sabet²

¹ Department of Psychology Ki.C, Islamic Azad University, Kish, Iran



² Department of Educational Psychology, Ro.c, Islamic Azad University, Roudehen, Iran

* Corresponding author email address: lida.leilabadi@iau.ac.ir

Editor

Asoke Kumar Saha
Professor Department of
Psychology, Jagannath University,
Dhaka, Bangladesh
drasoke@psychology.jnu.ac.bd

Reviewers

Reviewer 1: Zahra Yousefi
Assistant Professor, Department of Psychology, Khorasgan Branch, Islamic Azad
University, Isfahan, Iran.
Email: yousefi1393@khuisf.ac.ir
Reviewer 2: Mehdi Rostami
Department of Psychology and Counseling, KMAN Research Institute, Richmond
Hill, Ontario, Canada.
Email: dr.mrostami@kmanresce.ca

1. Round 1

1.1. Reviewer 1

Reviewer:

The sentence “According to global estimates, approximately 2–3% of the world’s population is affected by this condition” could benefit from a recent global CKD prevalence meta-analysis; also clarify if “2–3%” refers to all CKD stages or advanced CKD.

You state “adherence rates in Iranian populations have been reported to range from 12.7% to 86.3%.” This wide range could confuse readers; specify sample types or study heterogeneity and cite exact study contexts.

“Integration of CBT into routine care” is suggested, but include details on feasibility: required therapist training, time burden, and patient acceptability.

Response: Revised and uploaded the manuscript.

1.2. *Reviewer 2*

Reviewer:

The link between CBT and adherence is mentioned but underdeveloped. Expand on cognitive restructuring and behavioral activation's mechanistic role in chronic illness management.

The claim "no study has specifically examined the effectiveness of CBT on both treatment adherence and quality of life simultaneously" should be supported by a brief systematic search description or key references to strengthen the novelty claim.

You link CBT to adherence but could strengthen theoretical framing using models like the Health Belief Model or Self-Regulation Theory to connect cognitive change with adherence behavior.

The international studies cited (e.g., Sarneholm et al., Garke et al.) are excellent; add a contrast on cultural differences or healthcare infrastructure differences between Iran and those contexts.

Response: Revised and uploaded the manuscript.

2. **Revised**

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.