

Development of a Healthy Lifestyle Promotion Protocol for Individuals with Binge Eating

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E d i t o r

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R e v i e w e r s

Reviewer 1: Parvaneh Mohammadkhani

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Reviewer 2: Mohammadreza Zarbakhsh Bahri 

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1. Round 1

1.1. Reviewer 1

Reviewer:

The discussion of healthy lifestyle promotion would be strengthened by explicitly positioning the proposed protocol relative to existing lifestyle-based interventions (e.g., lifestyle medicine, behavioral activation). A brief comparative framing would improve theoretical positioning.

The construct of self-regulatory eating efficacy is introduced but not operationally defined. Please add a concise definition or clarify how this construct is differentiated from general self-efficacy or emotion regulation.

The sentence “certain personality characteristics, such as healthy neuroticism, may interact with lifestyle behaviors” introduces an advanced construct. Consider briefly explaining healthy neuroticism for readers unfamiliar with this concept and clarify its relevance for protocol design.

Table 1 presents themes and subthemes clearly; however, consider adding illustrative participant quotes to strengthen qualitative transparency and analytic depth.

The ten-session structure is coherent. Please clarify whether sessions are designed for individual or group delivery, and whether session length and recommended frequency were standardized.

Cronbach's alpha values are strong, but please discuss whether alpha inflation due to item redundancy was assessed, or whether alternative reliability indices (e.g., McDonald's omega) were considered.

The discussion strongly aligns findings with emotion regulation theory. Please also consider acknowledging alternative explanations, such as environmental reinforcement or habit learning models, to demonstrate theoretical balance.

Response: Revised and uploaded the manuscript.

1.2. *Reviewer 2*

Reviewer:

While emotion-focused models are well discussed, the manuscript would benefit from a clearer explanation of how emotional skills are translated into daily lifestyle practices within the proposed protocol, to strengthen conceptual continuity.

The paragraph on physical activity appropriately rejects weight-centric models; however, please clarify how the protocol prevents compulsive or compensatory exercise, which is clinically relevant in binge eating populations.

The discussion of social media influence is comprehensive, but it remains largely descriptive. Please specify how social and digital environments are concretely addressed in the intervention sessions (e.g., skills, limits, cognitive reframing).

The stated aim is clear; however, consider explicitly stating whether the protocol is intended for stand-alone use or adjunctive integration with existing therapies (e.g., CBT, ACT).

The inclusion criteria specify "clinically significant binge eating behaviors." Please clarify whether standardized diagnostic interviews or cut-off scores were used to determine clinical significance.

The exclusion of individuals with "medical conditions that could confound eating behavior interventions" is appropriate, but please provide examples (e.g., diabetes, bariatric surgery history) for transparency and replicability.

The manuscript states that "standardized self-report instruments" were used, but the names, number of items, and sample psychometric indices are not reported. Please add this information or include a supplementary table.

While credibility strategies are mentioned, please specify which themes were returned to participants during member checking and how participant feedback influenced final theme refinement.

The use of exploratory factor analysis is noted. Please clarify sample adequacy indicators (e.g., KMO, Bartlett's test) and criteria for factor retention.

Response: Revised and uploaded the manuscript.

2. **Revised**

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.