




The Effectiveness of Mindfulness-Based Cognitive Therapy on Psychological Distress and Sleep Quality in Women with Irritable Bowel Syndrome

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E d i t o r	R e v i e w e r s
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1. Round 1

1.1. Reviewer 1

Reviewer:

The transition from physiological explanations of IBS to psychological correlates could be smoother. Insert a bridging sentence clarifying how psychological distress and sleep disturbances act as both outcomes and mediators within the gut-brain axis.

This section cites multiple studies but lacks synthesis. Consider integrating a conceptual diagram or narrative linkage showing how distress, anxiety, and sleep interact in the IBS cycle.

Since the study did not measure neurobiological data, preface this with “as suggested by prior neuroimaging research” to avoid implying direct evidence.

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

Expand this paragraph with quantitative evidence (number of Iranian MBCT studies or their populations). This strengthens the rationale for conducting the present research locally.

You might add references or examples of why pharmacological treatments fail to address cognitive–emotional dysregulation, connecting explicitly to why MBCT offers a biopsychosocial alternative.

Specify the cut-off score ranges and provide an example item to enhance reader understanding of what the scale measures.

The description of education levels could be complemented by additional sociodemographic variables (e.g., marital status, duration of IBS) to aid reproducibility and contextual interpretation.

While theoretically rich, this section could integrate quantitative interpretation (effect size magnitude, variance explained) to bridge empirical findings with theory.

Clarify that improvements are specific to this small, female Iranian sample; avoid implying universal efficacy without replication.

Authors revised the manuscript and uploaded the document.

2. Revised

Editor's decision: Accepted.

Editor in Chief's decision: Accepted.