

Comparing the effectiveness of schema therapy and acceptance and commitment therapy on chronic fatigue syndrome in patients with multiple sclerosis

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1. Round 1

1.1. Reviewer 1

Reviewer:

The quasi-experimental design with a control group is appropriate for the study objectives. However, the sampling strategy (available sampling) may limit the generalizability of the findings. Future studies should consider random sampling to enhance representativeness.

The application of analysis of covariance (ANCOVA) is suitable for evaluating the interventions' effects. Future studies might benefit from including more sophisticated statistical techniques, such as mixed-model ANOVAs, to account for repeated measures over time.

The significant effectiveness of ACT over ST in reducing CFS symptoms among MS patients suggests a preference for ACT in clinical settings. The study should discuss the potential mechanisms behind ACT's effectiveness, providing guidance for clinicians on why and how ACT might be more beneficial for this patient population.

The study acknowledges its limitations, including the small sample size and the cross-sectional nature of the research. Longitudinal studies are recommended to assess the long-term effects of these therapies on CFS in MS patients. Additionally, expanding the study to include diverse populations and settings would enhance the external validity of the findings.

1.2. Reviewer 2

Reviewer:

Both therapies were administered in 120-minute weekly sessions, which is a substantial duration for patient engagement. The study could explore the feasibility and patient adherence to these session lengths in real-world settings.

The use of Chalder et al.'s Chronic Fatigue Scale is appropriate for measuring CFS. However, incorporating additional measures, such as qualitative feedback from participants, could provide deeper insights into the therapies' effects on patients' daily lives.

Ethical standards were observed, including informed consent and confidentiality. Future studies should continue to prioritize ethical considerations, especially when dealing with vulnerable populations like those with MS.

2. Revised

Editor's decision: Accepted.

Editor in Chief's decision: Accepted.