*Reviewer A:

This article presents a typical case about irreversible effects of
anticholinergic withdrawal in the Elderly. However, there are several
suggestions to improve the article quality:

The patient used a variety of drugs, including fluphenazine decanoate,
polyethylene glycol, atorvastatin, amlodipine, leuprorelin, latanoprost,
omeprazole, acetaminophen, tamsulosin, troopin, benhexol, etc. How to
eliminate the adverse reactions caused by drug interactions? This part
should be elaborated in detail.* The authors reviewed this recommendation and feel there is no way to eliminate adverse reactions, but an effort to decrease the risk of adverse reactions should always be considered. By decreasing polypharmacy, and limiting therapy to only what is clinically needed is best practice. The authors did review the interactions in more detail within the paper based on recommendations from this editor. *The patient has prostate cancer. It is well known that the tumor patient has
hypercoagulable state, and the patient also has cerebral vascular infarction
and imaging changes in the follow-up. Is this related to the patient's
symptoms? In this paper, the author mentioned that the symptoms of patients could not be explained by cerebrovascular infarction, which should be analyzed in detail. The authors did review this and stated that “An MRI of the brain with and without contrast showed a tiny right sided lacunar infarct involving the posterior limb of the right internal capsule with severe periventricular/subcortical deep white matter microangiopathy, but this was not thought to account for his symptoms.” Authors added, “as the lacunar infarct could not have accounted for the severity of the symptoms.” To clarify this statement. The authors are unable to elaborate on this any further as this is the only information provided to our facility as the patient never returned to our care.
Patients use antipsychotics, but the authors also mentioned that malignant
syndrome (NMS) of antipsychotics is not considered to be a cause of
symptoms. What is the basis? It needs to be explained in detail. Authors edited this statement to reflect “Neuroleptic malignant syndrome (NMS) was also considered, but ultimately determined to not be a factor in the absence of a pyrexia or an elevated creatine phosphokinase (CPK).”
Is there any difference in the risk of withdrawal of anticholinergic drugs
between young and old people? Relevant literature should be cited for
detailed analysis. The authors were unable to find relevant research that demonstrated differences in withdrawal effects of anticholinergic medications based on age. The others did conclude that “More studies should be conducted to detect a difference in the risk of withdrawal of anticholinergic medications between young and old patients. However, it can be inferred that elderly patients may be at a greater risk of anticholinergic withdrawal effects due their higher anticholinergic burden and changes in pharmacodynamics and pharmacokinetics with age.”

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Reviewer B:

The authors provide a well written case report on the withdrawal effects of
anticholinergic drugs in an older person. It is of interest to the geriatric
community. There are several suggestions for the authors to consider
addressing.

1. The abstract should include a description of the case report. Thank you for this suggestion, additional information regarding the case was added to the abstract.

2. Since the patient was being treated with multiple drugs for a variety of
comorbidity conditions, a brief discussion of possible drug interactions
would be informative. A description of potential drug interactions was added to the manuscript.

3. The authors should consider the possibility that the severity of the
withdrawal effects of the anticholinergic drugs may have been influenced by
the continuation of the remaining drugs. Authors reviewed the patient’s medication profile and did not find any medications that could have affected the severity of the withdrawal effects. Fluphenazine in itself has anticholinergic properties.*