Review of: "A Systematic Review and Meta-Analysis of Psychotherapeutic Approaches for Recurring Nightmares"

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Potential competing interests: No potential competing interests to declare.

This is a succinct meta-analytic review of psychotherapeutic interventions for nightmares, and i commend the authors for following appropriate methodological steps for meta-analyses (e.g., assessing risk of bias, publication bias, conducting sensitivity analyses). However, a relatively recent network meta-analysis on nightmare interventions was published by Zhang et al (2020). It's important that the authors acknowledge this prior review (and earlier meta-analyses on the topic), and justify the added value of their own review beyond what has already been published. It appears that perhaps only one of the studies examined in this review was published since the 2020 when the Zhang review came out, so I'm not sure the timing necessitates another meta-analysis. If the authors are not able to find another way to demonstrate added value of the current review (e.g., focusing on a distinct population), waiting until more studies have been published and reconducting the search to may be the best way to make this manuscript most suitable for publication.

Zhang, Y., Ren, R., Vitiello, M. V., Yang, L., Zhang, H., Shi, Y., ... & Tang, X. (2022). Efficacy and acceptability of psychotherapeutic and pharmacological interventions for trauma-related nightmares: A systematic review and network meta-analysis. *Neuroscience & Biobehavioral Reviews*, *139*, 104717.

Several other comments regarding areas of improvement.

- The manuscript should include a table of all included studies and their characteristics, as well as a forest plot demonstrating each studies effect size and confidence intervals
- More specificity around what constitutes a CBT intervention for nightmares is needed, as CBT is a broad category. Are the authors examining a specific CBT protocol for nightmares,? Do CBT include CBT for insomnia, which has been tested for treatment of nightmares, with and without IRT? Are trauma-focused interventions like PE and CPT, which are CBTs, included in this search?
- Eligibility criteria say studies must compare two of the three psychotherapy modalities examined. Does this mean effect sizes extracted are all between-group effects (i.e. the bewteen-group effect size for CBT vs IRT?) The results appear to reflect within group effects of each modality, so it's not clear why studies would need to require two of the modalities of interest, though meta-analyzing effects relative to a comparison condition is an important component of assessing efficacy and should be included.
- The authors describe examining multiple outcomes measures (nightmare frequency, distress, related symptoms), but only report a single effect size, presumably combining across outcomes. Conducting separate analyses for different outcomes measures would be advisable.

- The n's reported for psychotherapeutic modalities, e.g., CBT; n=21, do not add up if there were only 15 studies. Typically 'k' is used to reflect number of studies, and 'n' is used for the number of participants in those studies.
- Statistics from the analyses of moderators, publication bias, sensitivity analyses, and the comparison between modalities should be reported. A graphic illustrating risk of bias for each study would also be useful.