Author's response to reviews

Title: Social inhibition as a mediator of neuroticism and depression in the elderly

Authors:

Nahathai Wongpakaran (nkuntawo@med.cmu.ac.th)
Tinakon Wongpakaran (tchanob@med.cmu.ac.th)
Robert van Reekum (rivr@rebls.ca)

Version: 4 Date: 15 June 2012

Author's response to reviews: see over
Dear Editor,

Below are our responses, point-by-point, to the reviewer’s comments on the third draft of our manuscript (dated 29th Feb 2012) entitled, ‘Social inhibition as a mediator of neuroticism and depression in the elderly’. We have also sent you a revised manuscript (version 4, dated 15th Jun 2012) for your consideration.

Reviewer1: Jennifer Morse

Reviewer's report: Though the authors have added text to both the introduction and to the discussion, the rationale for this analysis is still not clearly presented.

Major Compulsory Revisions:

MCR-1 Though the authors have added information about previous findings documenting mediation between neuroticism and depression, they still do not clearly state a rationale for why social inhibition could mediate the relation between neuroticism and depression.

MCR-1 We have revised the manuscript by adding information regarding this point of concern.

MCR-2 The 3rd paragraph of the introduction (top of page 4) simply presents a list of findings – rumination and worry, empathy and alexithymia, daily hassles, physical activity and cognitive reactivity – with no additional text arguing for this analysis.

MCR-2 We would like to emphasize that the issue of mediators between neuroticism and depression has been studied before, but not in the elderly. We have re-arranged the paragraph to make it clearer.

MCR-3 Also, it is unclear whether Oddone et al.’s finding is for mediation or not. And it is unclear which if any of the studies reported are on older adults.

MCR-3 Oddone et al. mention the mediation effect of subjective social support in their report, and we have cited Oddone et al.’s study in relation to older patients in general. To make it
clearer, we have added the sentence “However, these studies were not conducted in relation to depressed elderly patients”.

MCR-4 The additional text about introversion (second paragraph of introduction, page 3) seems to make things less clear as it adds information about low extroversion (introversion) rather than focusing on neuroticism.

MCR-4 We are trying to explain why social inhibition may mediate neuroticism. We have moved this part to after we talk about the relationship between neuroticism and social inhibition (with some revision).

MCR-5 The first sentence of paragraph 4 (page 4) does not present Alden & Bieling’s findings completely – the sentence is incomplete.

MCR-5 We have revised the text to: “Alden and Bieling [12] found that ‘social avoidant’ scores positively correlate with depression when measured by the Beck Depression Inventory (BDI) [13]”.

MCR-6 The phrases “by the similar items of the questionnaires” and “according to the items used” in this paragraph are still unclear.

MCR-6 We have taken these phrases out, as they are not clear and not necessary.

MCR-7 The abstract “Background” section does not mention social inhibition and should.

MCR-7 We have added this part.

MCR-8 The discussion section suggests that social inhibition confers additional risk for depression, above and beyond that conferred by neuroticism. My understanding of mediation, particularly partial mediation, is that the mediator explains (or partially explains) the mechanism by which the predictor impacts the outcome, not that the mediator confers additional risk (page 11 end of first paragraph and second paragraph). This should be clarified.

MCR-8 In fact, social inhibition is another risk factor with regard to depression, as evidenced by a number of studies by Denollet. In this case, we are saying that it is not only another risk factor but also a mediator for neuroticism – one that minimizes the importance of neuroticism per se in the development of depression. We have added text here to focus on what we can conclude from the results.

MCR-9 The additional text suggesting clinical implications is very unclear because it refers to introversion.

MCR-9 We agree. We have taken this phrase out: “regardless of whether the patients are introverted or not”
MCR-10 Depressed patients with neuroticism should be phrased differently – depressed patients with high neuroticism scores.

MCR-10 Thank you. We have rephrased it as suggested.

MCR-10 It seems like one clinical implication that the authors are suggesting but do not state is that clinicians might focus on interpersonal behaviors related to social inhibition because even though they may not change as quickly as depressive symptoms, they are likely to change faster than personality traits like neuroticism.

MCR-10 We agree and have added text to this part.

Discretionary Revisions:

DR-1 It is traditional to list the IIP octants by name starting with domineering and moving counterclockwise (page 6).

DR-1 We have revised the text as suggested.

We hope that the above revisions [purple texts] satisfy the reviewer. All authors read the final manuscript prior to this submission. We thank you for your patience and your positive attitude in considering our paper. Please feel free to get back to me if needed. We look forward to your responses.

Regards,

Nahathai Wongpakaran, MD, FRCPsychT
Tinakon Wongpakara, MD, FRCPsychT
Robert van Reekum, MD, FRCPC