Author's response to reviews

Title: Screening Cluster A and Cluster B Personality Disorders in Chinese High School Students

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Author's response to reviews: see over
March 28, 2013  
Carlo Rye Chua, Ph.D.

Re: Manuscript 1976201681699850 entitled “Screening Cluster A and Cluster B Personality Disorders in Chinese High School Students”

Dear Dr. Carlo Rye Chua and Prof. Mario Fioravanti,

Thank you for your letter of March 27, 2012. We would like to thank you and the associate editor for your helpful comments. We have responded to the associate editor’s comments point by point as well as revised the manuscript. The changes we have made to the manuscript are highlighted with yellow marker in the revised manuscript.

EDITORS COMMENTS:
This paper now looks streamlined and presented in a synthetic and straightforward style. But before being sent for publication I would recommend to the authors that they initiate their data presentation with figures related to the incidence of personality disorders in their large sample of teenagers. This is an important and informative datum that the authors have completely neglected but which would be of interest for the reader (to extrapolate this information from their actual tables require a complicated process of inference). There will be a limitation in this, due to the fact that they have only considered Cluster A and B disorders, and consequently their information on the incidence of personality disorders will be limited to these clusters only (by the way, a comment on the reason for this limitation would be appreciated if introduced in the text).

Response: Thanks for your valuable advices.

(1) According to your suggestion, the data related to the prevalence of cluster A and B PD traits was presented with figure in the revised manuscript. The individual, who scored higher than the cut-off score of PDQ-4+, may be suffering from a certain personality disorder. But at present, there are cut-off scores of PDQ-4+ for teenagers neither in China nor in other countries, because one of the diagnostic criteria for personality disorder is over 18 years old. If the cut-off scores of PDQ-4+ for American adults were used in this study, the incidence of personality disorders in Chinese teenagers would be much high, which might show inaccurate and misleading information to readers. Therefore, in this study we focused on the personality disorder trait and their relationships to demographic variables but not the incidence of personality disorder. In order to make the information more intuitive and accurate, the score distributions of cluster A and B PDs were presented in Figure 1 as follows:
Figure 1: The score distributions of cluster A and cluster B PDs

(2) As you have pointed out, only considering Cluster A and B personality disorders is one of the limitations in our study. This study is just one part of a larger project examining Chinese adolescents’ risk behaviors and related factors, therefore, in this study, we focused on cluster A and cluster B PD traits, because cluster A and cluster B PD symptoms have been shown to be closely related to violent acts during adolescence, which have been illustrated in the background section in the manuscript. In the revised manuscript, this limitation is discussed in the discussion section as follows, which have been highlighted with yellow on page 12.

*Because this study is part of a larger project examining Chinese adolescents’ risk behaviors and related factors, we focused on cluster A and cluster B PD traits only. This limitation of scope allowed us to have greater focus on the areas of interest for our larger project, and thus improved the quality of results within this scope. However, the trade-off for this focus was that we did not examine cluster C PDs (avoidant, dependent, obsessive-compulsive) or other PD behaviors, such as passive-aggressive and depressive traits, although such features are observed in adolescents. To obtain a full understanding of PD characteristics in adolescence and their relationships to demographic variables, it will be important clinically to have data on all PDs.*

Thank you again for your consideration. We shall look forward to receiving good news from you.

Sincerely yours,

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Professor of Clinical Psychology and Psychiatry