Author's response to reviews

Title: Tridimensional Personality Questionnaire data on alcoholic violent offenders: specific connections to severe cluster B personality disorders and violent criminality

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Author's response to reviews: see over
Dear Dr. Parkin,

Please find below our responses to the reviewers concerning manuscript 1377682646115859.

We uploaded:
1. the final version of the paper and
2. a version where all changes made are visible (according to Microsoft-Word “Track changes” function”. Correction page numbers refer to the version 2.

Robert C. Cloninger’s, MD, general comment is in line with our own interpretation of the results. According to his conclusion of the central message of the article, “The data support utility of temperament dimensions in distinguishing primary psychopaths as antisocial personalities with low Harm Avoidance and secondary psychopaths as borderline or explosive personalities with high Harm Avoidance.”, we added one sentence to the conclusions (p. 13) clarifying this issue.

Simone Ullrich’s, PhD, requests for major revisions:

1. (7) We clarified the assessment of controls by adding two sentences under the participants-section (p. 5):

2. (9) Regarding the demographic data in relation to the high vs. low harm avoidance comparison: As far as we are concerned age is a substantial predictor of violence. Accordingly, we showed that there was no difference in age between the high/low HA offenders. When it comes to other demographic data such as educational level and marital status, we agree that it may connect with incidence of violence in the general population, but we are not too concerned about these variable's effect in a selected population such as ours; habitually violent (an inclusion criteria) offenders almost exclusively from the lower end of the social status spectrum. However, this limitation is discussed at the end of the discussion-section (p. 13).

Simone Ullrich observed that the co-morbidity of PD’s is high. The ASPD-group comprises already one PD per definition, which results in the non-ASPD having less PD’s. TPQ scale differences between ASPD, non-ASPD, and healthy controls are examined in alcoholic violent offenders with high PD co-morbidity. Consequently results are not to be generalised to other populations.

Simone Ullrich’s, PhD, requests for minor revisions:

3. (1) Ullrich points out that Cluster B personality disorders comprises four PDs. It is true that our focus is on the ASPD, which we emphasize in the text, but we are apt to leave the original title with the addendum “impulsive”; “severe impulsive cluster B personality disorders” for two reasons: a) 25% of the ASPD offenders had a co-morbid borderline personality disorder (BPD), which could be considered as severe cluster B pathology, and b) we found an association of high harm avoidance with particularly ASPD-BPD co-morbidity. In order to facilitate the recognition of the present study in medical databases we explicitly speak of ASPD and BPD in the abstract. Moreover, we believe that speaking of “severe impulsive cluster B” personality disorders directs the attention of the reader to ASPD and BPD.
4. (3) We added 4 sentences to the methods-section (p. 6) to introduce the TPQ more thoroughly.

5. (6) We agree with Ullrich that the lack of inter-rater agreement analysis is a limitation of the study, which we wrote out at the end of the discussion-section (p. 13). However, the psychiatrists whom applied SCID-II were particularly well trained in the SCID procedure since it is a central tool in the mental examinations carried out daily at our forensic psychiatric unit.

In addition to the reviewers requests we made some minor clarifying linguistic editing. The changes are displayed in the “track changes” version (2.).

We hope this final version will be considered informative to the readers of the Journal.

Best regards, Roope Tikkanen, MD, with research group.