Reviewer's report

Title: Narcissism in patients admitted to psychiatric acute wards: its relation to violence, suicidality and other psychopathology

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Reviewer: Tilman Steinert

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General

The idea of this paper is good: Personality traits could represent a liability for violent and aggressive behaviour even in persons with acute psychiatric disorders. It is rather well-known that an association of personality traits and aggressive behaviour exists in personality disorders, where this kind of behaviour is part of diagnostic criteria in some disorders. But, as the authors state, there has not been done much work on personality traits in people with e.g. psychotic disorders, and especially narcissism is a concept which has only poorly been recognized by psychiatric researchers. Some aspects of this paper are really well done. A good part of the study design is the comparison with a matched control group from the normal population.

However, I see many points of serious concern and therefore I cannot recommend a publication of the paper in the present form. None of them is addressed in the very small “limitations” section of the paper. This raises the question whether the authors were fully aware of all the methodological problems that are comprised in this study design.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

- first of all, the major question that should be discussed here is the question of “trait” or “state”. Most of the used scales such as the BPRS are measures of “states”. These states are correlated here with an instrument that should measure a “trait”, narcissism. The first question is, whether it makes sense to correlate state variables with a trait variable. Logically, the correlations should change when the state (psychopathological symptoms) will change. Or they do not (this was not examined here), and then NPI does not measure a trait but a state. This leads to the second question: Is the NPI stable even during acute psychotic, depressed or manic states? If this question cannot be answered by “yes”, the investigation makes little sense. The authors report (interestingly, in the methods section, not within the results section, though it is one of the most important results) a high retest reliability of the NPI-21 after 20 days. However, the sample is only poorly characterized with about 50% “other” diagnoses. I cannot imagine that narcissism as measured in this questionnaire should not be
influenced by acute manic or depressive states. Obviously, it would be necessary to demonstrate that the NPI really measures personality traits independent from psychopathological symptoms in all the disorders included. Otherwise it has to be assumed that the results are seriously confounded by the acute psychopathological states in which the examination was done. The correlations reported here could indicate that there is such confounding, but don’t prove it without a re-correlation in the same individuals after stabilization.

There are several other serious points:

- The whole paper is based on a self-developed questionnaire which has not yet been accepted for publication. It is not correct to quote it with the journal where it has been submitted, correct would be “in preparation”, which is not a serious reference to base a paper on it. (Otherwise, we would read many papers with references such as “Science, submitted for publication…”). It would be wise to wait until the first paper has been accepted and only then submit further papers based on that work.

- The last paragraph of the introduction section does not tell what the aim of the study is but gives a summary of the methods used.

- Methods/study design. I do not believe that this study was originally designed to examine correlations of narcissism and aggression in psychiatric patients. If that would be the case, the authors certainly would have used better measures for their primary outcome variable, violent behaviour. Taking into account that for about two decades validated instruments are available which yield continuous scores for violent behaviour such as the SOAS-R or the MOAS or the SDAS (and there are plenty of studies with these instruments), it is hard to understand why the authors use a rather simple self-made scale from which they received only 3 categories, and the category “serious violence” was rare (absolute figures are not reported, which would be necessary). The categories used here are not validated and have some obvious shortcomings: Violence against objects cannot be recorded, and so violence prior to admission. Suicidality is poorly defined, too.

- Study design: It would deserve further discussion why “narcissism” was chosen as personality trait. A related feature is the “psychopathy” concept of Hare, which comprises some characteristic narcissistic personality traits. There is a really big number of publications on “psychopathy” as measured with Hare’s psychopathy checklist and the ability to predict violence in persons with personality disorders. This instrument was also used for psychotic in-patients. First of all, it would be necessary to examine the correlations of psychopathy and narcissism and to discuss the respective literature, if a new instrument should be introduced to examine relevant personality traits for violent behaviour.

- Results: The absolute values of violent and suicidal behaviour are missing.

- Results: The authors seem to have correlated everything with everything, and they report and discuss every finding. Instead, they should have chosen: What makes sense and what gives relevant information? For example, table 3 tells us that NPI-scores and subscores were significantly higher in people with high
narcissism than in those with low narcissism. This is not very surprising considering the fact that the groups had been separated by median-split. For the remainder of the results, a big number of significant correlations are reported and discussed. But it should be kept in mind, that, if you do 20 calculations, one of them will reach a .05 significance level by chance. There are several ways to compensate; mostly used is Bonferroni’s correction which means to divide the significance level by the number of calculations. For table 1, this would mean for example the significance level should be $0.05 \div 31 = .0016$. This makes the discussion much easier because there will not remain many significant correlations.

- Discussion: It was already mentioned that the discussion does not meet the serious points. One further point should be mentioned: P.15, 3rd par.: “In this study patients with high levels of narcissism felt entitled to react aggressively upon what they sensed as threats…. “: This is a causal interpretation which certainly cannot be derived from the data.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Discretionary Revisions (which the author can choose to ignore)

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**What next?:** Reject because scientifically unsound

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests