Author's response to reviews

Title: Associations between Impulsivity, Aggression, and Suicide in Chinese College Students

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Author's response to reviews: see over
Response to Reviewers file

Dear Editor and Reviewers,

I do appreciate your and reviewer's valuable reports! According to the reviewer's comments, we have carefully revised our paper. Please see the enclosed detailed reply for our concrete modifications.

Here below is our description on revision according to the reviewers’ comments.

List of Actions

1. We have added the content as the reviewers’ recommended.
2. Many grammatical or typographical errors have been revised.

To Reviewer Liang:

Comments1: Limitation was noted in the abstract; however, it was not noted in the discussion.

Response: Thank you for pointing this out and it is helpful for our further study. And we have have added the content 17th line of p.20. Here below are our descriptions on revision. However, there are still several limitations in our study. First, our study was carried out in one province where there are nearly 38 million populations and many kinds of nations. Second, although we utilized large non-clinical samples of college students, there are still many people were not included in our study. So, future studies should determine if findings could be replicated in other samples, including those draw from clinical and geriatric populations.
Comments2: As far as I know, maybe use: To our knowledge or to the best of our knowledge.

Response: Thank you for pointing this out and it is helpful for our English. And we have revised the content 5th line of p.6.

Comments3: Compared with the previous research, our study has different considerations in the design. These differences originate from different region, different measurement tools, different methods and different appraisal standards. The above may remove into discussion.

Response: Thanking for giving us suggestions and we have added the content on the 14th line of p.14.

Comments4: Please provide the full name of “BIS”, similar to The Buss–Perry Aggression Questionnaire (BAQ).

Response: Thank you for pointing this out and the full name of “BIS” is listed on the 15th line of p.8.

Comments5: "The data in “Participants’ Socio-demographic Data” may be in Table 1. And Table 1 may add “Total”, parallel with “Not suicide; Ideators; Attempts”.

Response: Thank you for pointing this out and we had added the content on the p.26

Comments6: Whether or not the hypothesis is supported may answer in the first paragraph of “Discussion”.

Response: Thank you for pointing this out and we had added the description of the hypothesis on the 9th line of p.15.
To Reviewer Alexandra Kleiman:

Comments1: Abstract: The research question is not stated in the abstract.

Response: Thank you for pointing this out and we had added the description on the 3th line of p.2.

Comments2: Abstract: Methods section of the abstract is too short and unexplicit about how the study was performed and for what reason which statistical tests were used.

Response: Thank you for pointing this out and we had added the description of the Methods section on the 8th line of p.2. Here below are our descriptions on revision.

Methods: This study’s sampling method employed stratified random cluster sampling. A multi-stage stratified sampling procedure was used to select participants (n = 5,245). We conducted structured interviews regarding a range of socio-demographic characteristics and suicidal morbidity. The Patient Health Questionnaire depression module (PHQ-9) was used to acquire the information about thoughts of being better off dead or hurting themselves in some ways during the past two weeks. The impulsivity symptoms in this study were assessed with the BIS-11-CH (i.e., the Chinese version of the BIS-11), and the Aggressive symptoms were assessed with the BAQ. The statistical package for social science (SPSS) v.13.0 program (SPSS Inc., Chicago, IL, USA) was used for statistical analysis. Socio-demographic variables such as ethnic and gender were
compared between groups, through the use of $\chi^2$ tests. The nonparametric
test (k Independent Sample test, Kruskal-Wallis H) was performed to
determine differences between the personality factors of impulsivity and
aggression and suicide.

Comments3: Abstract: In the results section the authors mention significant
differences, however without giving further explanation on the direction
of the differences. On which ground the authors draw the conclusion
remains unclear.

Response: Thank you for pointing this out and it is helpful for our paper. However, we
would like to ask, is it necessary to include this content in the abstract?
Could we have this part in the following text?

Comments4: Abstract: A limitation section is very unusual for an abstract.

Response: Thank you for pointing out this problem of our paper, we will follow the
proposal you recommended. And we have revised the “Limitation” to the
17th line of p.20.

Comments5: The authors should refrain from using first-person narrative (“As far as I
know…”). Also, some usage of language and phrasing (e. g. personality of
impulsivity) is confusing and needs to be modified.

Response: Thank you for pointing this out and we would like to copyedit the paper to
improve the style of our written English by following your suggestions.
The grammatical or typographical errors have been revised by a native
speaker.
Comments6: Methods: The authors should explain how the participants were diagnosed for personality or psychotic disorder.

Response: Thank you for pointing this out and we had added the description of the Method on the 15th line of p.9. Here below are our descriptions on revision. Depressive symptoms in this study were assessed with the 21-item BDI [21]. The BDI, created by Dr. Aaron T. Beck, is a self-report inventory, and one of the most widely used instruments for measuring the severity of depression. It can be used as a depression screening in non-clinical people. The BDI is a reliable and valid instrument[22]. Each statement in this inventory has a possible score range of 0 to 3, with the total score being 63. A score of 0 to 4 is considered as normal, 5 to 13 border line clinical depression, 14 to 20 moderate depression, and 21 to 63 severe depression. The internal consistency (Cronbach $\alpha$) was high in many countries, ranging from 0.75 to 0.88[23]; in this study the Cronbach $\alpha$ is 0.851. The cut-off score for depression in this study was 14, as has been chosen in several previous studies [23,24].

Reference:


Comments7: The authors need to give at least a reference for reported rates of suicidal ideation and attempts in China. This would should be placed in the introduction and possibly picked up in the discussion section.

Response: Thanking for giving us suggestions and we have added the content on the 11th line of p.4. Here below are our descriptions on revision. Previous studies reported that the prevalence of suicidal ideation and attempts in university students in china are nearly 21.5% [5].

Reference:


Comments8: The description of results of variance analyses is very detailed but also confusing. I suggest reporting results for impulsivity and aggression scales one by one as depicted in Table 2. In Table 2, what does superscript a, b and c stand for? Given that three comparisons were calculated for each variable, for which comparisons do the p-values given in Table 2 account for? The many findings reported in a detailed manner in the results section cannot be retraced in Table2.

Response: Thanking for giving us suggestions and we have added the content on the 2th line of p.14. Here below are our descriptions on revision.

There were significant differences between the group of attempters and the other two groups on impulsivity. Students who never thought of suicide
scored significantly lower than ideators only and attempters on motor impulsivity ($p<.05$) and planning impulsivity ($p<.05$). Significant differences in cognitive impulsivity ($p<.01$) were found between ideators only and attempters. Suicide attempters were found to have higher scores on motor impulsivity and planning impulsivity when compared with the other groups. We also found that suicide attempters had lower scores on cognitive impulsivity and non-planning impulsivity than the other groups. There were significantly higher scores for suicide ideators on motor impulsivity, as well as higher scores for suicide attempters on motor impulsivity related to the personality subscales of the impulsivity.

With respect to aggression, students who were never suicidal scored significant lower than ideators only and attempters on all subscales of aggression. Those who were never suicidal scored significant lower than ideators only and attempters on physical aggression ($p<.05$), hostility ($p<.05$), verbal aggression ($p<.05$), and anger ($p<.05$). Moreover, significant differences were found between ideators only and attempters on scores of self-oriented attack ($p<.001$). However, significant differences were only found between the attempter and ideators-only groups for self-oriented attack. Furthermore, the suicide ideator and attempter groups had higher average scores for aggression expression.

At last, In Table 2, it means that the significant differences were found between a, b and c ($p<.05$).
Comments9: Discussion: I would suggest to first resume the main findings and second go from top to bottom reporting and discussing the findings in the discussion section. Previous studies, especially those from China, on suicide ideation and attempts as well as the personality characteristics impulsivity and aggression should be presented here. The reasoning throughout the discussion is very difficult to follow. The authors do not give references for the given reports at all! Many statements seem more like personal opinions. Current findings need to be put into context with finding from previous studies finally leading to conclusions.

Response: Thank you for pointing this out and we have revised the content on the section of Discussion. And we have made a complete revision on the discussion section.

Comments10: Discussion: The authors did not describe in previous sections of the manuscript how they examined demographic characteristics such as satisfaction with the major or relationship with the parents. Correlational analyses would have indicated an association between these two factors with impulsivity and aggression and finally with suicide ideation and attempts.

Response: Thanking for giving us suggestions and we have added the content on the 9th line of p.9. Here below are our descriptions on revision.

The demographic variables included gender, age (16 to 43 years), ethnicity, major of study, year of study, satisfaction with major, parental relationship,
maternal education and paternal level, university classification, and family economic situation. We defined < 800 ¥ as low income (poor), 800-2000 ¥ as middle income (moderate) and >2000 ¥ as high income (good), which is the criteria used by the State Labor and Social Security Department.

Comments11: Discussion: The discussion section needs a complete revision.

Response: Thank you for pointing this out and we have revised the content on the section of Discussion.

Thank you and all the reviewers for the kind advice.

Sincerely yours,

Wang Lin