Reviewer's report

Title: The Physician’s Unique Role in Preventing Violence: A Overview of Aetiology and Treatment from a Neurobiological Perspective

Version: 2 Date: 31 August 2012

Reviewer: Scott Lane

Reviewer's report:

Major considerations

1. This manuscript reads as a call to action, and this is appropriate as the topic addresses an under noticed problem in clinical medicine. However, the basic message can be addressed more succinctly than the present format. I suggest considering either revising this manuscript as a short report, or expanding it to deal more formally and in more detail with regard to scientific and diagnostic issues.

2. Intro and throughout the ms: The paper appears to focus specifically on intermittent explosive disorder with regard to etiology and treatment of aggression. Do the authors intend only to deal with impulsive aggression? If so this should be clarified. Additionally, if the focus is solely on impulsive aggression, then the connection with frequently-associated (and often comorbid) disorders such as substance abuse, antisocial personality disorder, and borderline personality disorder should be covered in the ms. If not, then a contrast with premeditated, goal-directed forms of aggression (less common but certainly a feature in several patient populations) should be addressed, including the construct of psychopathy (e.g., antisocial, callous unemotional traits), and the connection with homicidal behavior and severe depression. At a minimum, the paper should state up front that issues will not be addressed because they are beyond the scope of the paper.

3. Background, page 3: While hostility and impulsive aggression are not commonly the presenting complaint in outpatient clinical settings (save for adolescent mood and externalizing disorders), this behavior is a common reason for involuntary commitment to an inpatient psychiatric setting.

4. Page 4: The section on neurobiology is underdeveloped and overly simplistic. It uses non-scientific jargon in several places. This section should be edited (if a revised brief report is chosen), or it needs to be expanded with more complete and technically precise information.

5. Page 12, summary: There are suggestions made regarding identifying and potentially treating patients who have problems with impulsive aggression. Here it should be noted that there are several well validated psychometric measures of impulsiveness, hostility, and aggression that could be valuable tools. Some of the more common instruments include the BIS-11 (Barrat); EIVQ (Eysenck); BPAQ
(Buss & Perry); LHA (Coccaro); and STAXI (Spielberger).

Minor considerations

6. Page 2: the phrase “this behavior is rarely apparent” is unclear are perhaps misleading. Please revise and clarify.

7. Background: Many of the claims lacking supporting references. The table is thorough, and the references that populate the table could be used in the text to support many of the assertions.

8. Page 6-7: The section that describes pharmacotherapy should have a separate heading.

9. Page 11: The section on patient perspective seems out of place with the rest of the ms, and detracts from the overall impact. Suggest removing this section.

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