Author's response to reviews

Title: Predicting personality disorder functioning styles by the Chinese Adjective Descriptors of Personality: a preliminary trial in healthy people and personality disorder patients

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Author's response to reviews:

Dr. Anna Clark
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Title: Predicting personality disorder functioning styles by the Chinese Adjective Descriptors of Personality: a preliminary trial in healthy people and personality disorder patients

By: Fan H et al.

Dear Dr. Clark:

Many thanks for your email regarding the revision of our manuscript, and for offering us such a great opportunity. We are also very grateful to the comments from our Reviewer, Dr. van...
Alphen. These comments all point to the diagnosing procedure of our patients, some of them were raised by Dr. van Alphen for the second time (the first time was on our previous submission, BPSY-D-15-00392). BUT we totally agree that, all these comments are very important and constructive to our present paper, also to our future work (scientific design), Many Thanks Again. We have revised our manuscript according to these comments. Here we outline in detail about the changes (in RED in the manuscript). Our answers are in these big brackets {}.

To Reviewer (Dr. van Alphen)

1. The kind of brief interview to detect possible neurological or psychiatric problems seems to be a semi-structured interview. However, more detailed information is needed about the name, reliability, validity etc. of this interview.

Answer: {Thank our Reviewer, and sorry for the unclearness of our expression in our previous draft. Actually, the semi-structured interview has no name, it is mainly focusing on the rough categories of neurological and psychiatric disorders, with the main symptoms etc., just as those in the second-order contents of a text-book. We did this for many years in our daily clinics and routine researches. We dont have trialed the structure-validation study (reliability and validity) concerning this semi-structured interview, because we think it is just part of our daily clinical diagnostic consideration, just like some interview for clinical fever detection/classification/diagnosis. Maybe later we will follow Dr. van Alphens idea to validate this semi-structured interview (if we have time). Here in this draft of our paper, we have added more information about the semi-structured interview (please see page 6, para 4, lines 5-7).}

2. So the patients were first diagnosed on the DSM-IV-TR criteria of personality disorders and later this was fully confirmed by the SCID-II? This is hard to understand; on what way did the researchers first diagnose these patients regards personality disorders, based a LEAD standard (Spitzer, 1983) or on another way? And later with the SCID-II, there was 100% concordance between the first mentioned Axis-II diagnosis and the results of the SCID-II of each patients? Please explain these remarkable results.

Answer: {Once again, we are sorry for not introducing our diagnostic procedures clearer in our previous draft. Our current study design was aimed to detect the associations between normal personality traits and personality disorder functioning styles in two samples, therefore, we
focused on the accuracy of our patient diagnoses. Yes, we totally agree with Dr. van Alphen, that there are several ways to diagnose a personality disorder. The LEAD standard (Spitzer, 1983) was chronologically rooted at an age of a DSM version earlier than the DSM-IV-TR one, which is a very nice standard; but there are other ways to diagnose a personality disorder. In order to gain more accuracy of our diagnoses, we used two diagnostic procedures, one was the DSM-IV-TR (not that difficult) and the SCID-II. The first DSM-IV-TR as a filter for our patient selection, and the SCID-II as a diagnostic verification. During the filtering procedure, a patient was diagnosed as having personality disorder type as less-labeled as possible (i.e., no comorbid personality disorders). Once a patient was diagnosed with one personality disorder, s/he would be requested to receive the SCID-II test. Moreover, our diagnoses were compared to our own PERM results in the study. Therefore, the diagnostic congruency between the two procedures was high, to our experience in this study, over 90%. We had never said that the diagnostic accuracy congruency was 100% in our previous draft; in the current draft, we only stated that the congruency was over 90%. Please see the corrections in page 6, last 4 lines to page 7, top 4 lines.}

3. In total 67 patients with personality disorders were included, all specific personality disorder and the DSM-IV-TR personality disorders Not Otherwise Specified (NOS) was not diagnosed at all in this sample. Of course 10 patients with passive aggressive personality disorders were included (also categorized as personality disorder NOS), however all these 67 patients met the full criteria of one or two specific personality disorders, and there were no patients with symptoms characteristic for a personality disorder but did not meet the full criteria for any specific personality disorder (NOS criteria)? This is remarkable and in contrast with literature; personality disorders NOS are (most) often diagnosed (see Roel Verheul and others). Please explain.

Answer: {We are also sorry for the confusion created in our previous draft. As we have explained our diagnostic procedures in the above Point 2, we deliberately selected ideal patients into our study, just as other investigators had selected their participants for their designs by specific age range, specific education or gender. Here in our study, we deliberately selected patients who received no comorbid personality disorders (ideally, only one personality disorder type), and who received a clear personality diagnosis, in order to purify the associations between normal personality disorder traits and personality disorder functioning styles. More specifically, our study was fixed on the personality disorder patients-healthy volunteers comparisons, rather than a population or clinical epidemiological study. Although we totally agree with Dr. van Alphen that personality disorder NOS seems more prevalent in some situations/ populations (according to Dr Verheul and colleagues excellent work), the above two reasons might help explain the reason we had chose so many pure personality disorder type patients. Yes, passive-
aggressive type is listed under NOS, but since it was clearly labeled, we then used these labels in our study. Following Dr. van Alphen, the information we added to answer Point 2, might serve as an explanation for this point too; please also see page 6, last 4 lines to page 7, top 4 lines.}

Dear Dr. Clark, we hope our changes this time would satisfy you and our Reviewer (Dr. van Alphen). If you have any suggestions, please feel free to contact me.

Yours sincerely,

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