Author’s response to reviews

Title: Reduced mentalizing in patients with bulimia nervosa and features of borderline personality disorder: A case-control study

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Sacchetti et al

**Response to editor and reviewer

**All changes made in the paper have been highlighted in yellow

Editor Comments:
I agree with the reviewer that this is a paper on an interesting and potentially important topic.

However I am concerned about the sample sizes reported in Table 1. For three critical variables (BMI, EDE-Q and ZAN-BPD) there are 62 subjects missing (44%). It is difficult to see how one can correct for so much missing data particularly if the missing data is not at random. This is a serious diversion from the planned statistical analysis lessening confidence in the integrity of the results. It is also difficult to understand how this could happen given that all assessments took place at baseline.

**We have explained on Page 7 in the paragraph beginning “However, not all the participants completed the whole assessment” that recruitment occurred in two phases and that the exclusion of eating disorder and BPD symptoms was done differently in the two cohorts, resulting in the missing values. The two approaches were deliberate and part of the plans of research in the two phases. The approach in the second phase was more rigorous, but we consider it unlikely that a control subject in the first phase would have stated that he or she had “no history of or current Eating Disorders or any mental health difficulty requiring treatment” and still have significant symptoms of an eating or borderline disorder.

Some other minor points:

1. In the abstract please add the number of participants in the study and also by group in the methods section.

   **That has been done

2. Page 6, line 27 please add the N’s to the percentages of female/male participants.

   **That has been done

3. Page 11, line 5 the word “predict” should not be used in the context of a cross-sectional study.
**We have throughout the paper replaced “predict” with “was associated with” or a similar form of words.

4. Page 11, line 29. The EDE-Q seems to be used in two different ways in this sentence, one way is symptom severity (?global score) the other is unclear. Please clarify.

**We acknowledge that the wording does suggest this. However, the same variable is meant in both cases. We have now changed the variable mentioned to EDE-Q Global score in each case.

5. Page 12, line 11. In this paragraph the demarcation between previous studies and the present study is unclear.

**We have made changes in the paragraph beginning “In some of previous studies” which make it clear to which studies we are referring.

6. Figures: Figure 1 does not seem to add anything beyond what is shown in Table 1. I suggest that you omit this figure. For Figure 2 please spell out all abbreviations of the assessments in the caption.

**Figure 1 has been deleted. Abbreviations in the remaining figure have been spelt out.

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Reviewer reports:

Federico Amianto (Reviewer 1): Manuscript number: BPSY-D-18-00433
Manuscript title: Reduced mentalizing in patients with bulimia nervosa and borderline personality disorder features: A case-control study

The paper is well written despite the difficult topic. This research represents an important preliminary analysis concerning a complex psychological dysfunction in the context of Bulimia Nervosa. Some minor revisions need to be done before publishing the paper.

Introduction

The introduction is precise and coherent with scientific background. I only suggest to better argue the concept of comorbidity with the borderline personality disorder (page 4 lines 48-50) because they exist different theories about this item: a more categorical approach is focused on the concept of comorbidity while the phenomenological approach that focused on the concept of different clinical expressions of the same deep problem.

**Two additional paragraphs beginning “In this respect, recent lines of research” have been added which we think address this important point.

Methods

Concerning the selection of the sample, why do you not also exclude mood disorders? The mentalization impairment is also compromised in these disorders, and if you don't consider this possibility, it could represent a bias in the interpretation of the results.

**Because the majority of patients with BN, and even more with additional BPD, fulfill criteria for major depressive disorder we would have been left with a tiny sample if we had excluded them. We measured psychological distress using the DASS-21 questionnaire total score and looked for the influence of this variable in analyses of variance and in correlations and we did find that the DASS correlated with the RFQu and RFQc.

Furthermore it could be important to evaluate the age of illness of patients group and to differentiate patients that had a onset with anorexia nervosa (and than shift to Bulimia) or not.
This is an important point and we wish we had collected the information. However, we did not and so cannot, sadly cast light on these important questions.

Discussion

I suggest to the authors to make some hypothesis about clinical implications of this study. Another suggestion is to think about how to turn this preliminary exploration into a more robust and consistent investigation.

We have added sections beginning “Future research should consider additional variables” and “It could be postulated that ED symptoms” which we hope address these points.

We wish to thank the editor and Dr Amianto for reviewing this paper and making constructive suggestions for change which we have done our best to implement.

Dr Paul Robinson, UCL

22/8/18