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We would like to thank the reviewers for their thoughtful and very thorough review of this manuscript. The reviewers' suggestions are specifically addressed below.

Reviewer 1

In Abstract, it was described that "The rate of omission or commission errors on the CPT did not differ between groups ($p < 0.05$)". This sentence seems to indicate no significance, but the p value shows significance. It was confused. Furthermore, the description that shows this p values was not found in the section of Results. Please add information in the Results, too.

Thank you for drawing our attention to this discrepancy. We have corrected the abstract to $p > 0.05$. More information regarding the rate of commission and omission errors has also been added to the results.

Regarding Continuous Performance Tests, what does response time mean? Please explain it in the Methods. In addition, please describe definitions of proportion, Hits and False alarms with relations to omission errors or commission errors in the Methods.

Definitions of hits and false alarms in relation to omission and commission errors were provided in the original manuscript. Further information regarding the definition of response time has been added to the revised methods section.

Reviewer 2

In this article, the authors claim that there is a discrepancy between self-reported and behavioural impulsivity in patients with anorexia nervosa (AN). The study appears to have been carefully planned with appropriate tests and adequate controls. The results are interesting and can lead to novel therapeutic approaches in AN. AN should be spelled out in the Abstract.

Thank you for your review. We have defined AN in the abstract of the revised manuscript.

Reviewer 3

Abstract AN abbreviation needs explanation.

We have defined AN in the revised manuscript.

Introduction Anorexia nervosa is a disorder with planned weight loss, fear about obesity and diets. Obsessive behaviors and perfectionistic tendencies are more core symptoms in Obsessive compulsive disorder.

We have revised the introduction to include details about the core features of AN, and the perfectionistic tendencies which are secondary to the condition.

ADHD abbreviation needs explanation. ADHD and Anorexia nervosa has very few clinical, psychological and etiological correlations. This should be explained to the reader. Where are the reasons to use this test? There is missing the explanation about healthy people.

ADHD has been defined in the revised manuscript. Apologies for the confusion here. This section was aiming to justify our use of the CPT – a task that has been used to assess impulsivity and inattention in conditions associated with such features, such as ADHD. This section has been revised to better explain this.

The aims are confusing.

The aims of the study have been revised.

Discussion The authors suggest that attentional impulsivity is associated with negative mood states, but it is necessary to explain to the reader what was the purpose of this finding and they should explain it. Mood disorders could complicate the anorexia nervosa but it is not a must.

Thank you for this suggestion. We have discussed this further in the Discussion.

IIV abbreviation needs explanation.

Thank you for drawing our attention to this. We have provide the definition in the revised manuscript.

Discussion is unclear because of unknown abbreviations.

The discussion has been revised to ensure all abbreviations are defined in the first instance.

The sentence: Groups in the current study did, however, differ in the mean and IIV of response times of false alarms, with increased response times and IIV in AN. – Unclear!

This sentence has been revised.

Conclusions The negative mood states are a normal part of a anorexia nervosa, as the patient has a disproportionate and negative thoughts about her(him)self. Which ideas for a further research or clinical practice should the reader become from the conclusions?

The findings of the study suggest that attentional impulsivity is related to negative mood states in AN. Negative mood states are indeed common in AN, but often improve throughout the course of the illness. Thus, the attentional impulsivity self-reported in AN may improve at different illness stages.

Reviewer 4

The paper does not discuss issues of statistical power. The conclusion that the inconsistency between self-report and behavior may be resolved by improving depression is speculative and only based on a statistical association. It ignores that such a conclusion should be based on longitudinal observation. In addition measures like the DASS and the BISS have unsatisfying divergent validity and this way produce false positive associations.

Thank you for these suggestions. We have included discussion on these points in the Discussion section of the revised manuscript.