Comments on “Serum Lipids among Drug Naïve or Drug-Free Patients with Obsessive Compulsive Disorder and Their Association with Impulsivity”

Vats et al.1 presented a cross-sectional, comparative study on serum lipids and obsessive compulsive disorder (OCD)-related impulsivity. It is a good attempt to search for a biomarker of impulsivity. However, the study is methodologically flawed in different dimensions that should be discussed before taking any clinical conclusion from it.

Though the sample size was small (N = 40), it is acceptable in a case-control design. The sample was not explored for the metabolic profile, lifestyle factors, pregnancy, or post-pregnancy changes (which is relevant given the higher female to male ratio), neither did the study mention specifics on substance abuse. Does comorbid diagnosis according to International Classification of Diseases, Tenth Revision mean nicotine dependence too? That also should have been specifically mentioned, as having a metabolic syndrome and substance use can have a significant impact on the lipids fraction.2 Moreover, persons with psychiatric illness have a higher prevalence of metabolic syndrome.3

Even though the study speaks about the OCD types, it did not mention OCD symptomatology. For example, a person with severe OCD-related slowness can have a significant sedentary lifestyle that results in dyslipidemia.4 Hypothetically, an OCD patient can have binge-eating habits, leading to an increased level of lipids, especially triglycerides.5

The impulsivity construct was divided into high and low with an author-made analogy by using the median, although the scoring manual of the Barratt Impulsiveness Scale does not allow it. The authors could have checked the relationship with the use of Pearson or Mann–Whitney tests, without molding the nature of the scale.

The conclusion achieved was a negative correlation between high density cholesterol and impulsivity. There are a few studies that say low HDL can be present in the normal population as well.6 As the authors did not consider normal controls in correlating impulsivity, the HDL-related finding might be just a normal phenomenon.7 In the end, the authors did not explain any clinical significance of the study.

We feel that it is a welcome step, being the first study, but more studies with a stringent study design are needed in this area.

Declaration of Conflicting Interests
The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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References
1. Vats P, Das B, and Khanra S. Serum lipids among drug naïve or drug-free patients with obsessive compulsive disorder and their association with impulsivity: A comparative study. Indian J Psychol Med 2020; 42: 281–289.
2. Attard R, Dingli P, Doggen CJ, et al. The impact of passive and active smoking on inflammation, lipid profile and the risk of myocardial infarction. Open Heart 2017 Aug 1; 4(2): eoo0620.
3. Penninx BWJH and Lange SMM. Metabolic syndrome in psychiatric patients: Overview, mechanisms and implications. Dialogues Clin Neurosci 2013 Mar 1; 35(2): 154–159.
4. Albert U, Aguglia A, Chiarle A, Bogetto F, and Maina G. Metabolic syndrome and obsessive–compulsive disorder: A natu- ralist Italian study. Gen Hosp Psychiatry 2013 Mar 1; 35(2): 154–159.
5. Rasmussen AS, Jørgensen CR, O’Connor M, et al. The structure of past and future events in borderline personality disorder, eating disorder, and obsessive–compulsive disorder. Psychol Conscious: Theory Res Pract 2017 Jun; 4(2): 190.
6. Bartlett J, Pedrazzi IM, Williams SM, et al. Is isolated low high–density lipoprotein cholesterol a cardiovascular disease risk factor? New insights from the Framingham offspring study. Circ Cardiovasc Outcomes 2016 May; 9(3): 206–212.
7. Tomson-Johanson K, Kaart T, Kiviet RA, Veidebaum T, and Harro J. Low cholesterol levels in children predict impulsivity in young adulthood. Acta Neuropsychiatrica 2019 Dec 2; 32(4): 1–39.
Responses to the Comments on “Serum Lipids Among Drug Naïve or Drug-Free Patients with Obsessive Compulsive Disorder and Their Association with Impulsivity: a Comparative Study”

We thank the authors of the comments for the interest shown in our study and the remarks. As elaborated in the article, our study had three specific aims, none of which was to “search for a biomarker of impulsivity” per se. Therefore, to consider that the study aimed to search for biomarkers of impulsivity would attract inappropriate and far-fetched attempts to extrapolate or generalize our findings, to find biomarkers of impulsivity. Neither did our article discuss about it anywhere in the manuscript. Had “searching for biomarkers” been an aim of our study, it would have been designed differently. Studying impulsivity among groups of patients with other psychiatric diagnoses including impulse control disorder, their first-degree relatives, and healthy controls (HC) would have been needed.

The authors rightly pointed out the absence of assessment of metabolic profile in the study sample. We have mentioned this in the limitation of our study and recommended the same for improvement in future studies. We agree that incorporating other suggestions in future studies would enhance the generalizability of the findings.

Based on statistical analysis, our study found a negative correlation between serum HDL and all scores of impulsivity in the obsessive compulsive disorder group. Following the aims of the study, the HC group was assessed for serum lipids but was not assessed for impulsivity. Therefore, impulsivity and serum lipids were not correlated in the HC group. Examining the HC group both for serum lipid profile and impulsivity and correlating between them would have provided additional information related to biomarkers for impulsivity among patients with OCD.

We regret that the article missed mentioning the clinical significance of the findings. Our study adds to the existing literature on lipid abnormalities and their varying associations with impulsivity across psychiatric disorders. Regular assessment of deranged serum lipid profile among patients with OCD, both with and without impulsivity, is warranted, and management of the same would reduce the ill effects of dyslipidemia. Addressing limitations mentioned in our article and incorporating comments from the letter in future studies would further enhance our collective understanding.

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References
1. Comments on “Serum lipids among drug naïve or drug-free patients with obsessive compulsive disorder and their association with impulsivity: A comparative study.” Indian J Psychol Med 2020; 42.
2. Vats P, Das B, Khanra S. Serum lipids among drug naïve or drug-free patients with obsessive compulsive disorder and their association with impulsivity: A comparative study. Indian J Psychol Med 2020; 42.