


Comparison of Neuropsychological Factors and Childhood Maltreatment Between Children with DMDD and ODD: A Cross-Sectional Comparative Study

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1. Round 1

1.1. Reviewer 1

Reviewer:

The statement in the background section that “Individuals with depression and anxiety often misinterpret ambiguous cues, leading to a bias in perceiving hostility” appears theoretically relevant but lacks a clear transition explaining how this mechanism specifically differentiates DMDD from ODD. The conceptual linkage between irritability-based disorders and hostile attribution bias should be developed more systematically with direct reference to the study rationale.

The paragraph beginning with “Until about twenty years ago, it was widely believed that family, with its intimate and loving relationships, was the ideal environment...” reads more like a general sociological narrative than a focused scientific argument. This section should be condensed and more directly tied to empirical literature on childhood maltreatment and externalizing psychopathology.

The research question “Is there a difference between neuropsychological factors and childhood maltreatment in children with DMDD compared to those with ODD?” is overly broad considering the study actually operationalizes neuropsychological factors solely through executive function domains. The terminology should be refined throughout the manuscript to avoid implying a broader neuropsychological assessment than what was conducted.

The objectives section presents “overall patterns of executive functioning and childhood maltreatment experiences” as the primary hypothesis; however, no multivariate effect statistics such as Wilks’ Lambda, Pillai’s Trace, or Hotelling’s Trace are reported in the results section. Since the study used MANOVA, these omnibus multivariate indices should be presented before interpreting univariate outcomes.

The data analysis section mentions assessment of skewness, kurtosis, Levene’s test, and Box’s M test, yet the actual results of these assumption tests are not reported anywhere in the manuscript. Since MANOVA assumptions are critical for valid inference, the authors should present the obtained values and significance levels either in text or in a supplementary table.

Authors revised and uploaded the document.

1.2. Reviewer 2

Reviewer:

The sampling method raises concerns regarding external validity. The manuscript states that participants were recruited using purposive sampling from psychiatric clinics in Fars Province, but no information is provided regarding clinic characteristics, referral patterns, or socioeconomic composition of the sample. These factors may substantially influence both trauma exposure and executive function profiles and should therefore be described.

The diagnostic procedure requires greater methodological precision. The sentence “Diagnoses were confirmed by a board-certified child and adolescent psychiatrist through clinical interview and review of clinical history” does not clarify whether structured or semi-structured diagnostic interviews were employed. The absence of standardized diagnostic instruments weakens diagnostic reliability and should be acknowledged more explicitly.

The inclusion criterion “Normal intellectual functioning as determined by clinical assessment” is insufficiently rigorous because no standardized cognitive or IQ assessment tool is identified. Given that executive function performance is highly associated with intellectual functioning, the study should clarify how cognitive impairment was excluded.

The manuscript reports that the BRIEF was used as a parent-report measure of executive functioning, yet the discussion repeatedly interprets the findings as direct neurocognitive deficits. Since BRIEF assesses behavioral manifestations of executive functioning rather than performance-based executive processes, the interpretation of results should be more cautious and methodologically accurate.

The psychometric reporting for the Childhood Maltreatment Questionnaire is incomplete. While reliability coefficients are presented, the manuscript does not report validity evidence, factor structure, or evidence supporting its use specifically in clinical child populations. Given the centrality of maltreatment measurement to the study hypotheses, additional psychometric detail is warranted.

Authors revised and uploaded the document.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.