

Dear Editors and Reviewers,

Thank you for the revisions and comments on our manuscript. We have greatly appreciated the constructive criticism of the two referees which helped us improving, we hope, our manuscript. We followed the Reviewers' suggestions to revise our work.

In particular:

- Reviewer #1:

- “Pleasure and disgust and etc. have very important autonomous / vegetative nervous system equivalents: focus on those”

Author's response:

We are grateful for this remark, as now we enriched the paper with the following sentences adding also 5 new citations: “Disgusts involves the autonomic nervous system; several studies showed neuro-vegetative equivalents' like nausea and changes in the normal rhythm of stomach contractions and fainting, associated with changes in the cardiovascular system during disgust by activation of the vagus nerve ^{[24] [25] [26]}.

Whereas neuroimaging studies reported activation of brain areas implicated in the emotion of disgust, such as the insula. Insula has been strongly implicated in perceiving and experiencing different forms of disgust ^{[27] [28]}.”

- “if you mention evolutionary hypotheses, and speak about 'survival or death' consider that olfaction among humans scarcely feeds or ensures such a function. It is highly important for mood; partner selection etc. but men usually rely upon new (neo) neural systems to increase survival likeliness. In a few words, speculations will confuse the reader - even if you quote Darwin”

Author's response:

We thank the Reviewer for this suggestion. As suggested by Reviewer, we have removed from the Introduction any comment relative to evolutionary aspects and considerations about “psychic euosmia” and OCPD, leaving only a short note about it in the Discussion in order to avoid confusing readers.

- Reviewer #2:

- “Just one simple question. It is much simpler than the assessment of disgust. Is it a yes/no binary answer? or quantitative scale? How to evaluate those "examples"?”

Author's response:

To explore the presence of PE in both groups we added an additional question to self-report Structured Clinical Interview for DSM-5 Screening Personality Questionnaire (SCID-5-SPQ) derived from the most common unsolicited affirmation of patients regarding this phenomenon. Furthermore, we evaluated the examples in order to verify if subjects' answers were congruent with the framework of PE.

We acknowledge that estimates of sensitivity and specificity data are still lacking, and we plan to do a study about this important issue. However, for the limited purpose of our comparative study, we believe that the remarkable difference observed between the two groups cannot possibly stems from problems of validity, high or low that it could be, given that the same instrument was administered by the same study associate in the same way to the two groups and we did our best to minimize the possibility of both selection and information bias.

Regarding the assessment of disgust, we employed the Disgust Scale Revised which is a quantitative (0-4) questionnaire.

- “Can the patients be assessed several times to see whether the responses are stable?”

Author’s response:

We thank the Reviewer for this suggestion and an estimate of reliability would be useful. However, at the moment, due to the health emergency related to Covid-19, it is not possible to verify the stability of responses in both groups.

- “Sample size is quite small. Only 45 cases. I'd love to see a replicate, just for the PE traits in OCPD vs control. Since the evaluation seems very simple, hope it will not be difficult to add that in.”

Author’s response:

The reviewer is right, our sample size is small, and we did acknowledge this issue as a limitation in the Discussion. However, on the basis of the actual data, we believe that is could be sufficient. In order to clarify this point we have improved the analysis of data, by calculating Odds Ratio and its 95% confidence limits. The estimated odds ratio is 5.34 (2.28-12.46). This is like to say that:

1. 5.34 is significantly different from 1 at the 95% confidence level and there is no need of a bigger study in this regard.
2. The precision of our estimate is satisfactory, although we acknowledge that a bigger study might results in a more precise estimate.

A further table was added.

- We have incorporated the abovementioned points and comments into the revised version of the manuscript. The changes made are enlighten in yellow in the text.

- All references were revised.

Many thanks to the referee for their very helpful suggestions.

Kind regards

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