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## 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<sup>1</sup> for the interest shown in our study and the remarks. As elaborated in the article,<sup>2</sup> 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 pro-

file 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<sup>2</sup> and incorporating comments from

the letter<sup>1</sup> in future studies would further enhance our collective understanding.

### 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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