

The Editors Respond

In their letter to the editor, Dr. Orth-Gomer and Dr. Deter comment on the significance of reporting sex-related differences in articles published in *Psychosomatic Medicine*. We concur with the importance of investigating and reporting sex differences and gender differences in the biobehavioral processes involved in health and disease.

The issue is important and also timely because of the new policy by the National Institutes of Health (NIH) that will require NIH-funded projects to explicitly address sex as a biological variable; this policy will be implemented for all grant applications beginning in January 2016 (see: <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-102.html> and http://orwh.od.nih.gov/sexinscience/overview/pdf/NOT-OD-15-102_Guidance.pdf). This policy recognizes the importance of sex as an essential biological variable in health-related research and its development was supported by the Office of Extramural Research and the Office of Research on Women's Health. These policies complement the existing requirements for equal enrollment of men and women and minority groups in NIH-funded research projects. It is likely that other (international) funding agencies will follow a similar direction in developing their research policies. Although these policies do not necessarily result in changes in the scientific evaluation of the articles received by this journal, they will affect the research conducted in our field.

Psychosomatic Medicine requires all articles to specifically report sex, age, and ethnic/racial characteristics of the study samples. However, the author instructions for *Psychosomatic Medicine* do not specify that sex-specific results should be reported in each original research paper. As with other factors that influence biological and behavioral processes in health and disease, we expect authors to examine sex-specific findings if there is an a priori rationale to do so. The authors of the letter the editor correctly argue that in the case of cardiovascular disease, there is an a priori reason to describe sex-specific results. To further clarify the issue, if subgroup analyses are reported, we require authors to report the statistical interaction term(s). Specifically, we will evaluate manuscripts as follows: 1) if there is an a priori reason to examine (sex-specific) subgroups then we a) require that the relevant interaction term is reported, but b) this interaction term does not have to be statistically significant for the subgroup analyses to be presented, and 2) if there is not an a priori reason for (sex-specific) subgroup analysis, then we will require the statistical interaction term to be significant if authors wish to present subgroup analyses. Reporting findings stratified by sex is left to the discretion of the authors and will be considered on a case-by-case basis, depending on the nature of the study, reviewer comments, the state-of-the art in a particular field of research, and the statistical power to reliably conduct subgroup analyses.

We also agree with Drs. Orth-Gomer and Deter that it is important to make a distinction between sex and gender. The terms “sex” and “gender” are often used interchangeably and most academic disciplines use different definitions for sex versus gender, whereas others do not make a clear distinction. The general consensus is that sex refers to the biological distinction between female and male, and gender refers to the characteristic “feminine” and “masculine” social roles, behaviors, activities, and attributes that are typically associated with an individual's biological sex in a particular culture. We were pleased to read that the authors responded positively to the article by Pelletier et al. (1) published in *Psychosomatic Medicine*. This article makes an important contribution to the field by demonstrating that cardiovascular risk factors may be more strongly related to gender than to sex. It is noteworthy that this study indicated that feminine gender characteristics were associated with an adverse cardiovascular risk profile, whereas no sex differences were found. These findings may seem in contrast with the larger literature indicating that male sex is associated with an adverse cardiovascular risk profile. The journal expects authors to use the word “sex” when they intend to indicate the biological characteristics of the study sample (i.e., females and males) and “gender” when referring to social roles, behaviors, and other culturally related aspects related to an individual's sex. The findings by Pelletier and colleagues will hopefully stimulate additional research in biobehavioral processes that may be differentially related to sex, gender, and gender identity and sexual orientation (2).

The letter to the editor by Orth-Gomer and Deter addresses an important and timely topic. It is critical to increase awareness regarding the importance of sex-specific findings in the biomedical, behavioral, and social sciences. *Psychosomatic Medicine* encourages authors to continue submitting innovative research articles on sex- and/or gender-related differences in biobehavioral processes involved in health and disease.

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