



Aggression: Is that an issue for worrying?

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Dear Editor-in-Chief

Aggression is a behavior that might be accompanied by violence and agonistic behavior. Aggression and violence have numerous social adverse effects such as family conflict, crime, murder, rape and theft. International issues of war and terrorism are correlated as well (1).

WHO categorizes violence among the top 20 causes of disability adjusted life years worldwide and this figure projected to increase by 2030s (2). Anger and violence has been associated with numerous adverse outcomes both individual and social. The relation of coronary heart diseases (CHD) with anger has been proven repeatedly. Fear and stress arousal because of aggression can lead to tachycardia, hypertension and atherosclerosis (3). Studies linked the unhealthy anger management behaviors to social and individual adverse effects. A somewhat smaller literature has focused on health-promoting ways of managing anger (controlling anger and releasing it through discussion with a confidant), showing that these anger management styles are associated with lower BP and other health benefits, such as lower body mass index and better glycemic control in diabetic patients (1).

Specific features of aggression such as violent driving behavior and Intimate partner violence are more frequent among more aggressive personalities (4). Aggressive behaviors are related to occupational and educational attainment as well

(5). Under-aged behavioral problems such as drinking and smoking are related to aggressive behavior (6). Few studies focused on this important issue in Iran.

In a population-based survey using Buss-Perry Aggression Questionnaire, aggressive behaviors in four dimensions including physical, verbal, anger and hostility were assessed in Mashhad, Iran, 2014. Mashhad is the second most populous city in Iran and is the capital of Resave Khorasan Province. The city is however most well-known and respected for housing the tomb of Imam Reza, the eighth Shia Imam. We interviewed people referred to parks, public parking lots and car parks of shopping centers, hospitals as well as banks all around the city for data collection.

We observed gender, age, marital status, history of divorce, infertility and physical illness as well as history of driving fines, prison and alcohol abuse as predictors of various domains of aggressive behaviors in Mashhad Iran.

A national survey of 6,159 college students enrolled in 32 institutions in the USA showed approximately 81% of the men inflicted or received, some form of verbal aggression at least once (7). The theory of social representations of aggression emphasizes on gender differences in the expression of aggression. Instrumental form of aggression is more frequent among boys than girls is. However, a meta-analysis argued males and fe-

males of all ages hold direct, especially physical aggression more than other types with a peak between 20 and 30 years (8). Anger indicates no sex differences. Female indirect aggression occurs in later childhood and adolescence. The general model shows male's aggressive behavior is more costly for the society (8). Another meta-analysis showed a reducing pattern of gender differences in recent studies. They also explored a negative relation between gender differences and age (8).

There is continuity in aggression from age 8 to adulthood, the level of aggression stays high in aggressive adolescents and level of aggression stays low in lower aggressive people. Those who were more aggressive in early adulthood were also problematic in some fields in their future lives (5). One study concludes a positive relationship between the amount of driver irritation and frequency of aggressive actions. Male drivers are more likely to act aggressively than female drivers are; on the other hand, female drivers tended to become more irritated. Finding reveals expression of aggressive behaviors may lead to irritate other drivers (4). However a meta-analysis depicted physical intimate partner violence were slightly more likely among women. Frequency and variety of forms of physical aggression were both higher among women. However, men were more likely to impose an injury. This review also reveals more than half of injured victims are female (9).

Higher levels of hostility and aggression among children of divorce in comparison with children of quality marriage are observed. Exhaustive family support in company with early education may raise long-term prevention through short-term protective modalities on multiple risks. Both components are necessary to control multiple risks and later reductions in delinquency (10).

Prevalence of aggressive behavior and alcohol-related aggression of females are lower than males. Excessive alcohol use is correlated with early or proximal aggressive behavior and alcohol-related aggression. Levels of alcohol use are not remarkably associated with later or distal aggressive behavior. Early aggressive and antisocial behaviors can be predictors of later alcohol-related problems (6).

Tailor interventions based on the introduced predictors to reduce aggressive behaviors among specific subgroups would be of interest.

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