Reviewer's report

Title: Psychometric properties of the abbreviated version of the Scale to Assess Unawareness in Mental Disorder in schizophrenia

Version: 2 Date: 18 July 2013

Reviewer: ilanit Hasson-Ohayon

Reviewer's report:

Dear Prof Lysaker,

Thank you for sending me the paper entitled “Psychometric properties of the abbreviated version of the Scale to Assess Unawareness in Mental Disorder in schizophrenia” to review.

In this paper, the authors use data from four cross-sectional studies to examine the psychometric properties of a short version of the SUMD that assess insight into the illness. This study is of clinical importance and uses a variety of analyses that provide rich data on the reliability and validity of the scale. However, the paper needs further work in order to present and discuss the issue of insight into the illness in a richer and comprehensive manner. In addition, in few places English editing will be beneficial. Below are few comments that I suggest to address:

Major revisions:

1. In the first paragraph – only negative consequences of low insight are mentioned. However, there is a rich developing research and theoretical discussions that shows insight to have both positive and negative consequences. For example: studies showed that insight is positive for persons with low self-stigma, while is has negative implications for persons with high self-stigma. Other studies showed insight to be positively related to reduced hope, shame proneness and quality of life. Few relevant references might be:


Toward understanding the insight paradox: internalized stigma moderates the association between insight and social functioning, hope, and self-esteem among people with schizophrenia spectrum disorders.


Meaning in life, insight and self-stigma among people with severe mental illness.

Hasson-Ohayon I, Ehrlich-Ben Or S, Vahab K, Amiaz R, Weiser M, Roe D.

2. Method- data was based on four studies from the same hospital – please explain how the researcher checked that there are no participants who participated in more than one study.

3. The rationale for the selected items in the abbreviated version is not clear. It seems that two of the three general items: awareness of need for treatment and awareness of consequences are missing. Please provide the rationale for the selection of items. This is important since studies showed that specific items are related to outcomes (e.g. Hasson-Ohayon et al, 2006 in comprehensive psychiatry). In the discussion, authors refer to awareness of illness and awareness of positive and negative symptoms as the 3 dimensions of insight. However- they choose these 3 and not awareness to need for treatment and consequences. These choices might be better based and sentences referring to these 3 dimensions should not make the impression that these are the only three dimensions. The short version does not take into account the other dimensions.

4. Page 13- it is stated that one limitation of the short version of scale is the narrow definition of insight- which does not include attribution. It is also need to clearly mention that 2 general items- need for treatment and consequences are not included either in the short version.

Minor revisions:

1. In page 1: "Because improving insight in schizophrenia is one important goal of pharmacological and psychological treatments.."- this statement does not seem to reflect the complicated consequences of insight and is not necessarily true. Please provide relevant references to support this.

2. In the end of the introduction – please explain what does classical test theory mean?

3. Please avoid writing "schizophrenic patients". It is more appropriate to write patients/people with schizophrenia.

4. I find the two scoring methods very interesting and relevant. However, a rationale for viewing "not applicable" as having a better insight is lacking. Please explain.

5. Page 9-"All of the details are provided in Table 3."- Details concerning what? please write the sentence more fully.

6. Second line in the discussion- it seems better to write analyses than projects.

7. Page 12- it is not clear: "Older patients presented a lesser degree of insight regardless of disease duration (data not shown, no interaction; p>0.05) suggesting a specific effect of age on insight." Results were significant or not? Please be clear.

8. Page 12- please explain what is meant by "We speculate that items of the SUMD behave in the same way according to the patients' characteristics."
**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

'I declare that I have no competing interests’