Reviewer's report

Title: Insight dimensions and cognitive function in psychosis: A longitudinal study.

Version: 1 Date: 9 December 2005

Reviewer: Henry Silver

Reviewer's report:

This study examines the clinically and theoretically important topic of the relationship between insight and cognitive performance in psychosis. Seventy-five consecutively admitted inpatients with psychotic symptoms from schizophrenia, affective disorder schizoaffective disorder participated were assessed at discharge and after 6 months or more. Insight was assessed with 3 insight scales. A neurocognitive battery was used to test cognitive function.

Authors found no significant association between the two domains. Insight dimensions and cognitive performance were not significantly associated at cross-sectional and longitudinal assessments and importantly, cognitive performance did not predict in insight dimensions at follow-up (including in the subset of schizophrenia patients). They concluded that lack of insight and cognitive function are unrelated phenomena in psychosis.

Introduction is comprehensive and shows a good grasp of the field. The methodology is suited to the aims and the longitudinal relations are of particular importance.

The manuscript may benefit from addressing some of the following issues:

How did the diagnostic mix of patients influence results? Did affective and schizophrenia patients differ in cognitive function and/or in insight? How could this influence findings?

Somewhat related is the issue of clinical severity and the difference in symptomatology admits effect on the relationships.

Clinical symptom data should be included in particular as the authors reported in a previous study that the clinical state influenced variation in attitudes to treatment at follow-up (Cuesta MJ, Peralta V, Zarzuela A: Reappraising insight in psychosis. Multiscale longitudinal study. Br J Psychiatry 2000, 177: 233-240). The relationship of the current study to that previously reported should be specified as a Major Compulsory Revision.

The overall findings of the authors are consistent with much of the literature but discussion should include issues of diagnostic heterogeneity (e.g., Affective vs. schizophrenia) and clinical severity differences and possible effects on the findings. Were potential relationships masked by the heterogeneity of the study group? This may be particularly relevant in light of reports of differential association between some aspects of insight (e.g., attitudes to medication versus awareness of illness) and some cognitive functions in chronic schizophrenia patients (Goodman et al Int Clin Psychopharmacol. 2005 Mar;20(2):93-6). Comprehensive Psychiatry. 2005 Volume 46, Issue 4, (July-August):284-290.

What were the relations between various measures of insight?

Some other points

Methods do not include Clinical assessment tools which are included in tables.
The paper could benefit from close editing in particular attention to continuity and linguistic aspects. For example on Pg 4 In 9 the results of the study mentioned are not reported P3 In4 and that it also influences notably on cooperation with treatment and outcome of patients.

I would consider the suggested revisions as discretionary apart from the one specifically noted otherwise

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

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

Statistical review: No

Declaration of competing interests:

'I declare that I have no competing interests'