Reviewer's report

**Title:** Wisconsin Card Sorting Test performance among schizophrenic patients on classical and atypical antipsychotics: possible contribution from a remediation strategy

**Version:** 1 **Date:** 24 August 2005

**Reviewer:** Janusz K Rybakowski

**Reviewer's report:**

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**Major compulsory revisions**
1. In paper submitted in 2005 the criteria for diagnosing schizophrenia according to DSM-IIIR (1987) seem to be obsolete. Why not DSM-IV and/or ICD-10? The type of schizophrenia in patients studied should be given, according to e.g. DSM-IV.
2. Total score PANSS as well as scores for positive and negative symptoms should be given in patients studied (mean, SD, range).
3. Duration of neuroleptic treatment and/or duration of treatment with current neuroleptics should be provided in patients studied (mean, SD, range). Kinds of neuroleptics used should be listed - typical and atypical. Were there any patients treated concomitantly with typical and atypical antipsychotics?
4. How were the cut-off criteria for good or poor performance on WCST as 3 correct categories established? Was they made according to literature or was it the arbitrary cut-off by the investigators?
5. The description of remediation procedure is unclear. Who made the verbalization: investigator or patient? Was the patient corrected by investigator if he/she did the mistake?
6. In interpretation of WCST, the term unique error is rarely used and should be defined in detail. Why such scores as nonperseverative errors, % conceptual responses and set to the first category were not applied?
7. References on papers measuring the effect of typical and atypical neuroleptics on WCST performance in schizophrenic patients should be provided and discussed (e.g. Int. J. Psychiatry Clin. Pract. 2001, 5, 249-256)

**Minor essential revisions**
1. Title should read: The effect of verbalization strategy on WCST performance in schizophrenic patients receiving classical or atypical antipsychotics.
2. The reference to cognitive enhancement therapy or cognitive styles is not substantiated by the results of study.
3. Limitations of the study should be given: low number of subjects, naturalistic design etc.
4. Conclusions are in fact vague remarks and should be stated more clearly.
5. References 24 and 25 seem not to correspond to the text. Reference 26 is not covered in the text at all.
6. Table 2 is too busy to be understood and should be divided into 2 tables.

**Discretionary revisions**
1. Instead of “patients were screened for” (p.4) it should read “patients were excluded if”
2. What are main findings of the study?
3. In the tables, two decimal places are not necessary and make the tables even more difficult to read.
**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No

**Declaration of competing interests:**

I declare that I have no competing interests