Reviewer’s report

Title: Measuring cognitive insight in schizophrenia and bipolar disorder - a comparative study

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Reviewer: Aaron Beck

Reviewer’s report:

The authors’ report expands the emerging database on a new self-report measure of cognitive flexibility, the Beck Cognitive Insight Scale (BCIS). The background section of the paper is a succinct summary of the literature and the data analysis and results sections provide enough detail to render the paper’s main conclusions intelligible. A couple of recent papers have already reported upon BCIS results for Biploar patients (i.e., Colis, Steer, & Beck, 2006) and healthy controls (Warman, Lysaker, & Martin, 2007); the following suggestions are offered, in light of this recent work, for improving the current paper.

• Colis and colleagues, for example, find differences in BCIS subscales for Bipolar patients who were manic versus those who were depressed. One wonders if there are similar illness phase effects in the present authors’ data. More generally, the relation of BCIS scores to mood symptoms is unexplored in all three sample groups. The control data could be interpreted very differently if a significant percentage of the sample had current depressive symptoms or had previous experience of depression.

• Warman and colleagues also find that patients and healthy controls do not differ in BCIS subscale endorsement rates. The present authors, however, move the field forward with their suggestion that some of the items on the BCIS may not be validly administered to individuals who have not experienced psychotic symptoms. This is the singular innovation of the present paper.

• Warman and colleagues also find that the PANSS delusion item to be associated with self-certainty: that is, patients with active delusions are more likely to endorse the rigid thinking of the self-certainty items. One wonders if this effect replicates in the present authors’ data, and, more generally, whether BCIS subscales associate predictably with the features of schizophrenia.

• A unique feature of the present paper is the employment of a combined inpatient and outpatient sample. All previous BCIS studies have employed either outpatients or inpatients. It seems a shame that the authors pool their data rather than explore potential differences between inpatients and outpatients on BCIS endorsement rates. Since inpatients tend to be symptomatically more severe, it is natural to ask whether thinking style is different as well. And this is not an idle curiosity, as cognitive theory suggests that thinking style might well serve as a mediator of psychotic exacerbation. The best evidence for this would be longitudinal; but, the present study could provide preliminary cross-sectional data bearing on this important point.

What next?: Accept after minor essential revisions

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

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

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests