Reviewer's report

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

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Reviewer: Eric Granholm

Reviewer's report:

General
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This study by Engh and colleagues provides an initial examination in bipolar disorder of the Beck Cognitive Insight Scale (BCIS), which is a 15-item self-report questionnaire measuring a person's self-reflectiveness about and overconfidence in interpretations of experiences. The BCIS has previously been examined in people with psychotic disorders (schizophrenia or schizoaffective disorder) and people with depressive disorder (major depressive disorder with or without psychotic features). The article is concise and well-written, the study is well-controlled, with thorough psychopathology assessments, and a particular strength of the study was the relatively large sample sizes.

This is a solid study that brings us closer to a better understanding of the emerging construct of “cognitive insight” and its presentation in different populations.
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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

The reader might benefit further from a more thorough description of the extant literature on cognitive insight. For example, it is important to note that in Beck et al. (2004) the BCIS differentiated samples with and without psychosis (e.g., schizophrenia v. depression and psychotic v. non-psychotic depression). Similarly, the discussion might comment on the study's findings for bipolar disorder in comparison to previous studies. In particular, it would be helpful to know whether any of the bipolar disorder participants in this study had psychotic symptoms. The BCIS was developed, in part, to examine whether reflecting on the evidence for beliefs and overconfidence in beliefs contributes to delusional belief formation and conviction. In this regard, it would be important to know the severity of psychosis in the bipolar sample, as well as whether self-reflectiveness or self-certainty scores correlated with their PANSS Positive scores. The bipolar sample could also be divided into psychotic and non-psychotic subgroups and compared on the BCIS scores to address this issue.
Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

There are a few typos in the last table (periods missing; "may" instead of "my").

Discretionary Revisions (which the author can choose to ignore)

Previously-reported data on the stability of cognitive insight is also relevant to this study. Engh and colleagues found good internal consistency for the subscales in this study. Granholm et al. (2005) found that BCIS Reflectiveness-Certainty Index scores were relatively stable over 18 months in middle-aged and older (mean age 55) people with schizophrenia or schizoaffective disorder, when they were receiving treatment as usual, but BCIS scores improved significantly relative to treatment as usual when participants received Cognitive Behavioral Social Skills Training (CBSST). Improvements in BCIS in CBSST were associated with improvements in symptom severity.

Given these changes on the BCIS in CBT and associations between BCIS scores and psychosis severity and clinical insight, it might be important to determine what a “good” or “normal” score on one of the BCIS scales might be. The controls in this Engh study had (nonsignificantly) lower self-reflectiveness and self-certainty scores than the patient samples. This is consistent with previous research. Warman et al. (2007) found that undergraduates tended to score lower on self-reflectiveness (M=11.7 to 13.7) and on self-certainty (M=6.7 to 6.8), relative to patient samples. In an unpublished study, this reviewer also found lower scores in a relatively large (N = 125) sample of middle-aged and older (M age = 55) healthy controls on self-reflectiveness (M = 12.9) and self-certainty (M = 7.7). Given that higher self-reflectiveness and lower self-certainty scores have been associated with less severe psychopathology or greater insight, these scores in healthy controls are puzzling. Engh and colleagues concluded that the scale might not be appropriate for use in nonclinical samples. They suggested that four BCIS Self-Reflectiveness subscale items related to unusual experiences and false beliefs were not appropriate for use with normal controls, due to high percentage of item omissions in this group and lower means for these items in the normal control group relative to the patient groups (while group means were comparable for the remaining items). This point is well-taken and their study provides good evidence to support it. The BCIS was originally developed to increase understanding of cognitive insight and its relationship to psychosis and was not originally intended for use with nonclinical samples.

Nonetheless, data presented by Warman et al. (2007) has shown that the basic factor structure of the BCIS is the same in nonclinical undergraduates and schizophrenia patient samples. BCIS scores were also associated with subclinical schizotypal symptoms in undergraduates (Warman, 2004). The BCIS
with all items, however, may be appropriate for use in normal controls in some studies. For example, as Engh et al. suggest, psychotic experiences may exist on a spectrum (e.g., subclinical perceptual aberrations, magical thinking, and paranoia in schizotypy or the general population). While normal controls fall lower on this spectrum, they may at times experience “unusual experiences” and “false beliefs” as described in the BCIS, so the scale may help us understand the contribution of cognitive insight to anomalous experiences in different populations. Thus, the entire BCIS might be administered, even when we anticipate that different people might approach the items in a different way. Some discussion of caveats to the suggestion not to use the BCIS with normal controls might benefit the reader.

References:


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, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.