Reviewer’s report

Title: Executive function does not predict coping with symptoms in patients with a diagnosis of schizophrenia

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Reviewer: Paul Lysaker

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This study examines an important and interesting issue: the links between executive function and coping with symptoms in schizophrenia. I have several suggestions for the authors to consider. All but the first fall under the range of compulsory from my viewpoint.

1. There are several places where the idea could be stated more clearly. For instance on page 3: "maladaptive or emotion focused coping is regarded as less effective..." maladaptive would mean less effective - later on that page "cognitive deficits in subjects with a diagnosis of schizophrenia can be hypothesized to exhibit a negative association with the coping response" could be reworded to say that author hypothesize that cognitive impairment in schizophrenia is associated with poorer coping...

2. A strength of the study is that it focuses on coping with symptoms rather than coping in general. This said the authors might talk a little more about how coping with an illness is different than coping in general - for instance as noted later, it requires an accurate appraisal of the symptom. It also a matter of coping with a socially stigmatized stressor.

3. A concern is that given two thirds of the sample met criteria for remission (page 10) it is not clear how coping with symptoms is meaningful for them - would this mean coping with the residual symptoms? Is it not also possible that low levels of symptoms are also easier to cope with and thus coping with lower levels of symptoms might not be linked to neurocognition? At the very least should the title reflect this very specific quality of the sample.

4. The authors note on page 12 that persons aware of illness and therefore eligible for the study may have had better neurocognition. They then note that the relationship of neurocognition and insight in "nonlinear." I think this is inaccurate. The relationship may be nonlinear for some but this is not an established fact nor widely replicated finding. A related point is also that persons in remission may also have better neurocognition, again biasing the sample against finding significant correlations.

5. There is a limitations section that offers limitations but then it often counters these with suggestions that the results are nevertheless valid. I would suggest eliminating any defensive language. The sample is small and homogenous. It offers ideas for future study but it is not known how much it applies to other groups including persons with more severe symptom levels.
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, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests