Reviewer's report

Title: Validity of subjective versus objective quality of life assessment in people with schizophrenia

Version: 2
Date: 31 October 2014

Reviewer: Matthew Kurtz

Reviewer's report:

The research question posed by the authors is timely and of the utmost importance in understanding factors that produce a positive outcome in schizophrenia, (and even more importantly how outcome is best conceptualized in the disorder), the paper is well-written and scholarly with appropriate citations made and lastly the data analytic approach is consistent with the hypotheses posed. Conclusions are consistent with results of the data analysis (but may not go far enough). Thus, my comments are designed to make a thoughtful paper stronger.

Major Compulsory Revisions

1. Conceptually, I think a better definition of subjective quality-of-life as it is measured in this project is required by the work. Does subjective quality of life mean “life satisfaction” e.g., how satisfied are you with the number and quality of your social contacts? Or is it simply having the client report the number of social contacts they have. Stated more directly, does the difference between subjective and objective QOL lie in the methodology of collection of QOL data (clinician-rated vs. self-report) or in the nature of the QOL question (e.g., satisfaction with social life vs. number of social contacts reported by client), or both? What is the role of collateral information in the objective QOL measure? My opinion is these conceptual and methodological boundaries are very fuzzy in this area of research and the current paper shouldn’t continue to contribute to that status of this research area.

2. I think the issue of the Heinrichs scale measuring the deficit syndrome is underplayed and is a bigger concern than the authors acknowledge. Method variance between the PANSS negative scale and the objective QOL scale selected for this study may have obscured other key determinants of objective QOL. The very substantial correlations between these measures in the observed data elevates this concern. This should be acknowledged more specifically.

3. The lack of a relationship between negative symptoms and subjective quality-of-life suggests negative symptoms are neutral with respect to subjective quality of life. I wonder whether negative symptoms linked to the deficit syndrome might be even protective with respect to subjective quality-of-life. The authors are advised to consult and cite Aaron Beck and his colleagues paper in Scz Bull suggesting that clients with deficit syndrome have higher self-esteem than those
without---the theory has been that social withdrawal might protect self-esteem for these clients.

4. Could the authors speculate more on the role of insight in influencing the discrepancy of subjective and objective quality-of-life and the consequences of this finding for our understanding of outcome, if client-rated, subjective quality-of-life is valued as an important dimension of outcome. Does increased insight then become a less-valued goal of treatment (with the caveat that directional relationships are of course impossible to discern in this type of analysis)?

5. It would be helpful to link the current findings to recent work from John Brekke and his colleagues showing that change over time in different domains of outcome (social vs. work, for example) can actually be linked to different relationships between subjective and outcome measures of function (with one functional domain showing a close correspondence between change in subjective and objective measures and another domain showing change in different directions). This could suggest that the differential factors identified in the current report are operative in these types of divergences between change in subjective and objective domains.

6. The ICC for the Heinrich’s scale seems so high (.99) to this reviewer, particularly as the anchors for the scale in my experience have never been as well-delineated as the PANSS, for example. Could the authors explain more how these very high ICCs were obtained?

Minor Essential Revisions

7. What were the ICCs for other rating scales in the study such as the PANSS?

8. Were QOL ratings conducted blindly with respect to other ratings in the study?

9. Could the authors tie their findings more closely to those of Narvaez et al. given the similarity of the studies?

10. Is this really a study of the validity of QOL measures? The title seems like a misnomer. If subjective and objective outcome measures are similarly valued by the academic community isn’t this simply a study of differential determinants?

**Level of interest:** An article of importance in its field

**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