

- Medicine*. Published online 3 April 2013. doi:10.1017/S0033291713000548.
- Carey K (2002). Clinically useful assessments: substance use and comorbid psychiatric disorders. *Behaviour Research and Therapy* **40**, 1345–1361.
- Donovan D, Bigelow G, Brigham G, Carroll K, Cohen A, Gardin J, Hamilton J, Huestis M, Lindbald R, Marlatt G, Preston K, Selzer J, Somoza E, Wakim P, Wells E (2012). Primary outcome indices in illicit drug dependence treatment research: systematic approach to selection and measurement of drug use end-points in clinical trials. *Addiction* **107**, 694–708.
- McHugo G, Drake R, Brunette M, Essock S, Green A (2006). Enhancing validity in co-occurring disorders treatment research. *Schizophrenia Bulletin* **32**, 655–665.
- Van Dorn R, Desmarais SL, Swartz MS, Young MS, Sellers BG (2013). Critique of Bahorik *et al.* (2013) – ‘Underreporting of drug use among individuals with schizophrenia: prevalence and predictors’. *Psychological Medicine*. doi:10.1017/S0033291713002511.
- Ziedonis D, Smelson D, Rosenthal R, Batki S, Green A, Henry R, Montoya I, Parks J, Weiss R (2005). Improving the care of individuals with schizophrenia and substance use disorders: consensus recommendations. *Journal of Psychiatric Practice* **11**, 315–339.

AMBER L. BAHORIK^{1,2}, CHRISTINA E. NEWHILL¹, COURTNEY C. QUEEN¹ AND SHAUN M. EACK^{1,2}
¹School of Social Work, University of Pittsburgh, PA, USA
²Western Psychiatric Institute and Clinic, University of Pittsburgh, PA, USA

Author for correspondence:
 A. L. Bahorik, M.S.W.
 3811 O'Hara Street, Webster Hall Suite 150,
 Pittsburgh, PA 15213, USA
 (Email: alb186@pitt.edu)

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Letter to the Editor

Comments on ‘Cognitive remediation improves memory and psychosocial functioning in first-episode psychiatric out-patients’

The authors (Lee *et al.* 2013) assume that meta-cognitions, such as self-efficacy might explain social and role functioning improvements of the group treated with cognitive remediation.

According to our own data (Trebo *et al.* 2007; Stürz *et al.* 2011), computer-assisted cognitive training

leads to significant declines in depression scores (compared to control groups) in mildly (Beck Depression Inventory: mean=17) and moderately (Beck Depression Inventory: mean=25) depressed patients.

In our two studies mentioned above, we also assessed dysfunctional meta-cognitions as attributional styles and found that they were not significantly altered by computer-assisted cognitive training. Therefore, we propose that the improvement in social functioning scores reported by Lee *et al.* (2013) might have been mediated by mood stabilization because their sample was mildly depressed according to the reported Hamilton scores. These authors did not present post-treatment HAMD scores.

Declaration of Interest

None.

References

- Lee RS, Redoblado-Hodge MA, Naismith SL, Hermens DF, Porter MA, Hickie IB (2013). Cognitive remediation improves memory and psychosocial functioning in first-episode psychiatric out-patients. *Psychological Medicine* **43**, 1161–1173.
- Stürz K, Hartmann S, Eder-Pelzer B, Günther V (2011). Computer assisted cognitive training advances mood and psychological wellbeing. *Neuropsychiatrie* **25**, 85–92.
- Trebo E, Holzner B, Pircher M, Prunnelechner R, Günther V (2007). The effects of a computer assisted cognitive training on neuropsychological parameters, mood and dysfunctional cognitions in depressive patients. *Neuropsychiatrie* **21**, 207–215.

K. STÜRZ AND V. GÜNTHER
 Innsbruck Medical University, Innsbruck, Austria

Author for correspondence: Dr K. Stürz, Department of General and Social Psychiatry, Innsbruck Medical University, Anichstraße 35, Innsbruck, Austria
 (Email: kristina.stuerz@uki.at)

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Comments on ‘Cognitive remediation improves memory and psychosocial functioning in first-episode psychiatric out-patients’: a reply

We respectfully disagree with Stürz & Günther’s (2013) remark that ‘the authors assume that meta-cognitions, such as self-efficacy, might explain social and role functioning improvements of the group treated with cognitive remediation’. We direct the reader to our discussion (Lee *et al.* 2013), where we state that self-efficacy ‘may moderate functional change over and above cognition’ [*italics added*]. We were merely canvassing potential factors that may additionally explain