Cognition and functioning in bipolar depression

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Kapczinski et al. investigate the relationship between cognition and global functioning in a group of adults with bipolar depression. They selected standardized measures such as the WAIS-III and WCST and assessed the severity of depressive symptom with the MADRS. Global functioning was assessed with the FAST. The authors found that patients, with severe depression displayed deficits in the WCST and digit span compared to healthy controls, and showed worse global functioning than those with moderate depression. The authors conclude that cognitive impairment and global functioning impairment are associated with the severity of depressive symptoms in bipolar depression.

I would like to commend the authors for their original work and the strengths of their study including the sample size, selection of the severity of clinical symptoms, and decision to focus on cognitive functioning in relation to global functioning as it is a relatively new concept in the field. I am suggesting very minor revisions that should be easily addressed by the authors.

1. Inclusion criteria: were individuals with substance use disorders included into the sample?
2. Statistical section: what was the statistical threshold (e.g. p<.05), did they use chi-squares to compare categorical variables such as gender?
3. Results: could they please report degrees of freedom for the analyses they performed. It would help the reader figure out the N in each analysis. Why do authors report F for WCST and MADRS and switch to Z for global functioning?
4. Table 1: could authors add p-values for the comparisons of all measures between BD and HC. The authors could consider mentioning somewhere the N of high and low MADRS scorers. Was the N comparable in the 2 groups?