

Influence of Socioeconomic Status on Delusional-Like Experiences in Adults

TO THE EDITOR: I read with great interest the article by James Scott, M.B.B.S., F.R.A.N.Z.C.P., et al. (1), published in the May 2009 issue of the *Journal*. Importantly, Scott et al. showed that measures of psychopathology identified at ages 5 and 14 years predict delusional beliefs at age 21. Although previous cross-sectional studies have documented such a relationship (2), this is one of few longitudinal studies in the area.

In order to minimize the effect of potential confounding variables, the authors made adjustments for gender, age, and substance use. After doing so, statistical relationships remained significant. The authors also appear to have collected data from the study cohort on a number of additional relevant demographic variables, such as education and marital status. However, they did not examine the effects of these variables on the relationship between childhood psychopathology and adult delusions but rather explored the effects of these variables on missing data.

In my view, a number of these demographic variables may be relevant to the data described in the article. In particular, variables that relate to socioeconomic status may be important. Research suggests that low socioeconomic status is related to both behavior problems in childhood (3) and later schizophrenia (4). It is plausible that the relationships observed by Scott et al. could be moderated or mediated by socioeconomic variables. For example, being from a low socioeconomic background could increase the risk of both childhood psychopathology and adult psychosis independently. Thus, controlling for socioeconomic variables may influence the effect size of such relationships. In addition, it would be interesting to examine the effect sizes of relationships in low versus high socioeconomic subsets comparatively.

I am unsure exactly what, if any, additional data on socioeconomic variables the authors hold for the study cohort. However, if they do hold such data, examining the effects of socioeconomic status would bring new insight into the important relationships observed in their article, which does state that "understanding the biological and psychosocial factors that influence this developmental trajectory may provide clues into the pathogenesis of psychotic-like experiences" (1, p. 567).

References

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The author reports no competing interests.

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Drs. Scott, Najman, and McGrath Reply

TO THE EDITOR: We thank Mr. Richardson for drawing attention to the likely relationship between low socioeconomic status in childhood and adult delusional-like experiences. Low socioeconomic status in childhood is associated with a wide array of adverse health outcomes, affecting both physical (1) and mental health (2). We are also interested in the influence of socioeconomic status on adult delusional-like experiences and adult psychosis but would like to consider a number of potential confounding factors. For example, parental mental health problems would be associated with both low childhood socioeconomic status and an increased risk of delusional-like experiences in offspring (3). Abuse in childhood is known to be more prevalent in families with low socioeconomic status, but this exposure is also associated with psychotic symptoms in adulthood (4). Thus, any relationship between childhood socioeconomic status and adult delusional-like experiences would probably be complex and warrants detailed and focused investigation. We look forward to reporting our findings in this area in future studies and encourage further exploration of the many factors influencing pathways to psychosis.

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Nonsignificant Weight Gain With Atypical Antipsychotics in Men With Alzheimer's Disease: An Important Result of the CATIE-Alzheimer's Disease Study

TO THE EDITOR: We read with great interest the article by Ling Zheng, M.B.B.S., Ph.D., et al., published in the May 2009 issue of the *Journal* (1). The authors commented that Alzheimer's