

develops enhanced colonic inflammatory responses in adulthood (3). This would set the stage so that when the perinatally BPA-exposed female rat becomes pregnant, the pregnancy may be marked by enhanced inflammation. Paradoxically, estrogenic exposure may have anti-inflammatory effects in the exposed adult, but inappropriate estrogen exposure may have pro-inflammatory effects in the perinatally exposed offspring. These effects were observed at levels of BPA exposure previously believed to be too low for observed adverse effects in humans (3).

I have proposed elsewhere an estrogenic endocrine disruption theory of schizophrenia, in which inappropriate dosage, timing, or duration of prenatal estrogen exposure causes schizophrenia (4, 5). Within this theoretical framework, inappropriate estrogen exposure occurring in the brain could also be occurring in the colon so that an association of celiac disease or some other inflammation and schizophrenia may be observable not from a genetic link per se but rather a transgenerational effect of prenatal estrogen exposure.

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## Alternative Interpretation for the Early Detection of Psychosis Study

TO THE EDITOR: In the April issue, the Treatment and Intervention in Psychosis (TIPS) early-detection study reports 10-year results in a manner that overstates the impact of reducing the duration of untreated psychosis (1). The authors dismissed a 50% increase in hospitalization in the treatment group after 5 years as the result of regional policy differences. They did not describe the policy differences or analyze the effects of this impressive confound on the small difference in symptoms, instead claiming to have demonstrated “positive effects on clinical and functional status” (2, 3). They omit hospitalization results altogether at 10 years, despite this being by far the most impressive result at 5 years (1).

Perhaps because at 5 years the researchers reported a nonsignificant advantage in remission for the control group (2), at 10 years they introduce a new recovery metric, based largely on work function, which showed a significant advantage for the treatment group (1). Although they acknowledge a significant attrition bias by 10 years, they do not report that at 5 years there was no difference in work function, or suggest how reducing the duration of untreated psychosis at baseline would not improve work function at 5 years but double work function at 10 years.

The authors reported that the control group achieved independent living significantly more often at the 10-year mark, but dismiss this evidence of worse function in the treatment group, suggesting that independent living is not evidence of recovery because it is not included in the new metric. They do not analyze the possibility that failure to achieve independent living is evidence of poor function (1).

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## Response to Amos Letter

TO THE EDITOR: Dr. Amos raises several points of criticism regarding the TIPS study and our interpretation of the data, as he did previously (1) in response to abstracts from our group. We thank the *Journal* for the opportunity to respond.

First, Dr. Amos points out that patients from the health care area practicing early detection had significantly higher rates of hospitalization at the 5-year follow-up, and he is critical of the fact that we did not thoroughly investigate this possible confounder. This is a valid concern; however, he seems to miss the point that it is the group of patients *not* in symptom remission (a prerequisite of recovery) who received more inpatient care in the early-detection area. For recovered patients, there was no difference between early and usual detection. Knowing that more hospital time did not lead to better recovery, hospitalization cannot be a confounder.

Second, Dr. Amos questions the finding that while there apparently were no differences in work function at the 5-year follow-up, the early-detection patients had double the chance of full-time employment at 10 years. He goes on to imply that we might have chosen a new measure of “recovery” out of convenience, having made sure that this measure would yield us more favorable results. At 5 years, we used “working at least