The Aberg et al results include more $P$ values $<$ .01 than expected under the theoretical null distribution: 117 vs 80 overall and 139 vs 79 for Europeans only. (See http://www.people.vcu.edu/~ejvandyenkoord. For $P < .005$, the numbers are 43 vs 40 and 68 vs 40, respectively. Fifty-three percent of ORs agree with the meta-analysis (Table 1 and Table 2 in the Aberg et al article.) It is unclear whether and how much these numbers differ from what might occur under the null hypothesis. True significance levels depend on sampling variability as well as expectations and are affected by SNP correlations and deviations from the theoretical distribution occurring for reasons other than genetic association or population stratification alone. Permutation tests or similar computer-based methods can robustly evaluate significance in complex situations; however, as Aberg et al note, implementation is difficult in this setting.

This study illustrates a troubling statistical trend toward more complicated analyses comprising multiple filters, steps, and heuristic algorithms joined together, applied to large, complex data sets ascertained from multiple sources. Such analyses are impressive and provide a wealth of data, but their statistical significance can be difficult, if not impossible, to evaluate realistically. It may be better to avoid complexity when possible. Permutation tests and related computer-based methods can be facilitated, while maintaining their validity, by applying them to more computationally tractable analyses.1–4 Simpler study designs and analyses, with clearly understood performance properties, may ultimately yield faster progress in psychiatric genetics than more complex strategies.

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Failure to Report Financial Disclosure Information

*To the Editor* We apologize to the editors and readers of JAMA Psychiatry for our failure to fully disclose our financial interests in an article1 that reported a diagnostic tool, the Computerized Adaptive Test for Depression (CAT-DI). Following acceptance of the paper, we disclosed that “The CAT-DI will ultimately be made available for routine administration, and its development as a commercial product is under consideration.” The company that owns the rights to CAT-DI and several related tests is Psychiatric Assessments, Inc (PAI), which uses the trade name of Adaptive Testing Technologies (ATT) on a website describing these tests.

Lead author Robert D. Gibbons, PhD, is the president and founder of PAI, which was incorporated in Delaware in late 2011, then registered to do business in Illinois in January 2012. Dr Gibbons awarded “founder’s shares in PAI” to us, yet all 5 of us failed to report our financial interests in connection with our article and again in a Reply to Letters to the Editor regarding the article.2

Neither PAI nor ATT has released the CAT-DI test (or any other test) for commercial or professional use, but our ownership interests were relevant to the research article and Reply we submitted and should have been disclosed to the editors. Our submitted disclosure lacked transparency, and we regret our omission.

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Conflict of Interest Disclosures: Dr Gibbons is president and founder of Psychiatric Assessments, Inc, a corporation that uses the trade name Adaptive Testing Technologies, through which CAT-DI ultimately will be made available. The development of CAT-DI as a commercial product is under consideration. Drs Weiss, Pilkonis, Frank, and Kupfer were each awarded a founder’s interest in PAI by Dr Gibbons in 2011.

Funding/Support: This work was supported by grant R01-MH66302 from the National Institute of Mental Health.

Role of the Sponsor: The National Institute of Mental Health had no role in the design and conduct of the study; collection, management, analysis, and interpretation of the data; and preparation, review, or approval of the manuscript; and decision to submit the manuscript for publication.


In Reply In response to our recent findings of increased suicidality among deployed military personnel with multiple mild traumatic brain injuries (mTBIs),3 Riechers et al ask if a stronger relationship of suicidality exists among military personnel with mTBI marked by loss of consciousness (LOC). We examined data from the 133 of 161 participants (82.6%) diagnosed with traumatic brain injury subsequent to their most recent index injury. Seven of the 60 personnel (11.7%) with LOC vs 15 of 73 (20.5%) without LOC reported lifetime incidence of sui-