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doi: 10.1192/bjp.202.1.74a

Authors' reply: We agree with Basu & Nebhinani that recent studies have questioned the psychometric properties of the FTND in this population. Indeed, as Steinberg *et al* suggest, we may have underestimated nicotine dependence by using the FTND.¹ We acknowledged this shortcoming in the article. We conducted a principal components analysis on our data-set, in accordance with Steinberg *et al*. Our results revealed a two-factor structure similar to that of Radzius *et al*, explaining 53% of the total variance.² The first factor reflected the degree of urgency to restore nicotine levels after night-time abstinence, and the second factor reflected the persistence with which nicotine levels are maintained during waking hours, thereby tapping into different domains of nicotine dependence itself. This is in contrast to Steinberg *et al*, who found two factors that were non-meaningful. In addition to other limitations acknowledged by Steinberg *et al*, exploratory factor analysis techniques have a number of methodological concerns. Most importantly, interpreting the results of any exploratory analyses like principal components analysis is heuristic and may not necessarily reflect the truth in the given data.³ This is probably one of the reasons why studies that have used such approaches have shown inconsistent factor structure for the FTND, even in non-psychiatric samples. Such studies should be interpreted with caution. In addition, as Basu & Nebhinani rightly point out, reducing a complex, overlapping and holistic concept such as dependence to a few simple meaningful factors may not be theoretically correct or possible.⁴ At a pragmatic level, a measure such as pack-years (which only measures amount and duration of smoking) may be a useful measure of lifetime nicotine consumption. We are, however, unaware of any studies that have validated the FTND (or its modifications) or pack-years using a gold standard diagnostic criterion for nicotine dependence in the schizophrenia population. The closest we came was Patkar *et al*, who found a significant correlation ($r = 0.89$) between the FTND scores and DSM-IV diagnosis of nicotine dependence.⁵ Although it is possible that psychopathology may have affected the FTND scores, in our study, the scale administration was facilitated by two clinicians (S.S. and S.T.) thereby lending some objectivity to the measurement.

All participants gave written informed consent. We considered antipsychotic type as a covariate in the model. With regard to other potential confounding factors, our relatively small sample

size meant that we did not have enough power to stratify the sample or to add more covariates into the model. It should, however, be noted that adding variables that may themselves significantly covary with nicotine dependence (independent variable) – such as smokeless nicotine/substance use and physical comorbidity – would, in view of controlling for their effects, have decreased the variance explained by nicotine use itself and therefore have been deemed inappropriate in this setting.⁶

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doi: 10.1192/bjp.202.1.75

Methodology and reporting of systematic reviews and meta-analyses

In their study, Brugha *et al*¹ discussed the search strategies employed by the compilers of the systematic reviews and meta-analyses that they analysed. We wish that they had pursued this issue in more detail.

Brugha *et al* wrote that 'Authors generally gave comprehensive details of search strategies employed, including details of electronic databases searched, exact search terms, dates covered by search and other methods used' (p. 447). In examining many systematic reviews and meta-analyses of psychiatric literature in the course of our work with the PILOTS Database, an online index to the worldwide literature of post-traumatic stress disorder (PTSD) that we produce at the National Center for PTSD, we have often observed the inadequacy of the search strategies described by their authors. It is evident that few of these studies have made proper use of the controlled indexing vocabularies used by databases such as MEDLINE and PsycINFO or displayed evidence that the thesauri in which these controlled vocabularies are published have been consulted. The reader familiar with these tools will often have reason to question the reliance that can be placed on systematic reviews and meta-analyses whose authors have not consulted them.

In Lerner & Hamblen,² we explain in detail the importance of properly using controlled vocabularies in the compilation of systematic reviews and meta-analyses, demonstrate problems that may arise from not doing so, and offer suggestions for improving the literature searches underlying these compilations.

Declaration of interest

The PILOTS Database is produced by the National Center for PTSD.