

Reply

Aydemir et al. found that deficits in facial emotion recognition were associated with different domains of subjective psychosocial functioning in euthymic patients with bipolar disorder (BD), while there was not any effect in manic and depressive states (1). The authors concluded that emotion recognition impairments seem to affect remitted patients' social aspects of daily life. The topic is interesting and timely, although we think that more sophisticated designs and analyses are necessary for the progress in this field.

First, as shown in our meta-analysis (2), several studies documented impaired theory of mind (ToM) and emotion processing in euthymic BD patients. However, confounders such as subsyndromal symptoms, neurocognitive deficits, and exposure to medications were not adequately controlled in most investigations. In fact, three studies (3–5) reported that impairments in attention and executive functions contributed to explain deficits in social cognition. Moreover, in a study by our group (5) neither ToM nor emotion processing discriminated between patients and healthy controls when attentional and executive impairments and exposure to medications were controlled.

On the other hand, data on the relationship between social cognition and psychosocial functioning among BD patients are limited (5, 6). We found that recognition of fear and disgust correlated negatively with psychosocial functioning, although these social cognitive variables did not contribute to variance beyond neurocognitive impairments and they were not independent predictors (5). Taken together, these data suggest the need to control confounding biases in studies assessing the performance in social cognition tasks as well as in those exploring the relationship between social cognitive flaws and psychosocial functioning in BD. If this requirement is not considered, studies may

not be able to contribute to the prior publications in this field.

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