## Biased Reporting of Results in Patients at Ultra-High Risk of Psychosis

**To the Editor:** In the April 2013 issue of the *Journal*, McGorry and colleagues[1] reported that there were no differences in the transition to psychosis at 12-month follow-up of 115 patients at ultra-high risk initially randomized to risperidone plus cognitive therapy, placebo plus cognitive therapy, or supportive therapy plus placebo. Although they accurately report the absence of statistical differences, they emphasize that all groups improved substantially during the trial and conclude that this is evidence of improved outcomes for supportive therapy. This is an example of a technique that misrepresents nonsignificant results as beneficial, which Boutron and colleagues[2] have described as "spin." As there is no active control for supportive therapy (such as a wait list), McGorry and colleagues cannot claim to have demonstrated that supportive therapy is superior to no treatment. The only valid conclusion based on the evidence provided is that adding risperidone and/or cognitive therapy to supportive therapy does not change the transition to psychosis.

### REFERENCES

1. McGorry PD, Nelson B, Phillips LJ, et al. Randomized controlled trial of interventions for young people at ultra-high risk of psychosis: twelve-month outcome. *J Clin Psychiatry*. 2013;74(4):349–356.
2. Boutron I, Dutton S, Ravaud P, et al. Reporting and interpretation of randomized controlled trials with statistically nonsignificant results for primary outcomes. *JAMA*. 2010;303(20):2058–2064.

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