

What we did was create four dichotomous measures of pregnancy history corresponding to: abortion (X_1); pregnancy loss (X_2); unwanted pregnancy coming to term (X_3); and other pregnancy (X_4). These dichotomous response variables were assessed cumulatively at four time periods (15–18, 18–21, 21–25 and 25–30 years). The consequence of this method of scoring is that the pregnancy history of the cohort was represented by four cumulative distributions assessed at four times. In our main analysis, the properties of these distributions were represented by the model:

$$G(Y_{it}) = B_{0t} + B_1X_{1it} + B_2X_{2it} + B_3X_{3it} + B_4X_{4it} + u_i + e_{it}$$

where Y was the mental health outcome of interest assessed at time t (15–18, 18–21, 21–25 and 25–30 years). This analysis takes into account the accumulative pregnancy history of our cohort and provides an effective method for representing the properties of multiple non-independent events assessed at multiple times.

Second, our definition of abortion could include fetal malformation. Although the reasons for abortion were not recorded in our study, available population figures show that in New Zealand, 0.6% of elective terminations are performed because of fetal malformation.¹

Third, Taft & Watson claim that we did not use the strongest measure of domestic violence that we had available. This is not so, since measurements of domestic violence were not available at ages 15–18. The measure of sexual or physical violence victimisation used was based on repeated life event reports that included all physical or sexual assaults occurring at each time period. This covariate was significant in eight of the twelve regressions reported in Table 2.

Finally, the argument that our analysis does not establish that the mental health risks of abortion were greater than the risks of

other pregnancy outcomes is not correct. What we showed was that: (a) abortion was associated with a small significant increase in mental health risks; and (b) other pregnancy outcomes were not associated with significantly increased risks. Recently, we have extended these findings to conduct a Bayesian analysis of the probability that the increase in risk associated with abortion ($RR = 1.37$) was greater than any increase in risk associated with unwanted pregnancy ($RR = 1.11$). This analysis used Markov chain Monte Carlo² methods to model the distribution of $P(B_1 > B_3)$ adjusted for covariates, given the observed data and a non-informative prior distribution. This analysis showed that there was a greater than 90% probability that the small adverse effects associated with abortion were greater than the smaller adverse effects associated with unwanted pregnancy. This approach provides a more sensitive assessment of the equality of small effects than the logistic model proposed by Taft & Watson. The evidence from our study is consistent with the view that the adverse effects of abortion on mental health were greater than the adverse effects of unwanted pregnancy.

- 1 Abortion Supervisory Committee. *Report of the Abortion Supervisory Committee*. New Zealand Parliament, 2007 (http://www.parliament.nz/NR/rdonlyres/5EEE7711-E3BE-4672-839E-2F6F59E798FB/88969/DBHOH_PAP_16195_5833.pdf).
- 2 Chen MH, Shao QM, Ibrahim JG. *Monte Carlo Methods in Bayesian Computation*. Springer-Verlag, 2000.

David M. Fergusson, Christchurch Health and Development Study, University of Otago, Christchurch School of Medicine and Health Sciences, PO Box 4345, Christchurch, New Zealand. Email: dm.fergusson@otago.ac.nz; L. John Horwood, Joseph M. Boden, Christchurch Health and Development Study, University of Otago, Christchurch School of Medicine and Health Sciences, New Zealand

doi: 10.1192/bjp.195.2.181a

Corrections

Strengths and Difficulties Questionnaire Added Value Scores: evaluating effectiveness in child mental health interventions. *BJP*, 194, 552–558. The first equation on p. 554 should read:

$$\begin{aligned} \text{Raw SDQ Added Value Score (in SDQ points)} \\ &= 2.3 + 0.8 \times \text{baseline total difficulties score} \\ &\quad + 0.2 \times \text{baseline impact score} - 0.3 \\ &\quad \times \text{baseline emotional difficulties subscale score} \\ &\quad - \text{follow-up total difficulties score} \end{aligned}$$

The online version of the paper has been corrected post-publication, in deviation from print and in accordance with this notice.

Prevalence of autism-spectrum conditions: UK school-based population study. *BJP*, 194, 500–509. The following should be included under 'Funding' (p. 508): This study was conducted in association with the NIHR CLAHRC for Cambridgeshire and Peterborough. Also, Patrick Bolton's affiliation is now MRC SGDP Centre, Institute of Psychiatry, London.

doi: 10.1192/bjp.195.2.182