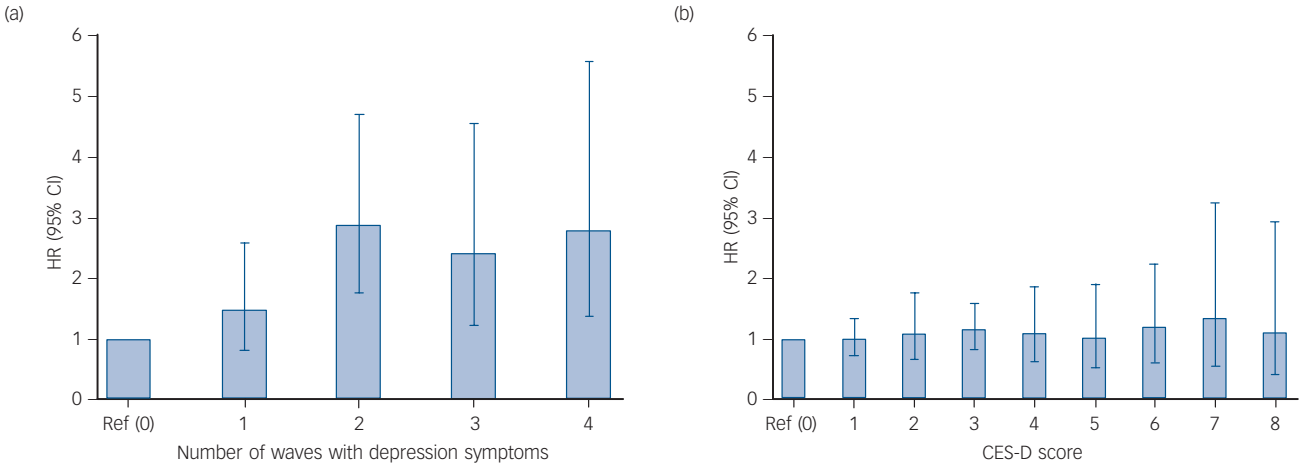

Fig. 1 Hazard ratios (95% confidence intervals) for the associations of duration (a) and severity of depressive symptoms (b) with cardiovascular disease mortality in the English Longitudinal Study of Ageing. HRs adjusted for age and gender (a); age, gender and ethnicity (b).

relationships with cause-specific mortality, including CVD. We take this opportunity to do so here. Figure 1 shows the analysis requested by Kawada. We see associations of the duration of depression symptoms (Fig. 1a: 233 CVD deaths in 9560 people over a median of 3.6 years of follow-up adjusted for age and gender) and the severity of symptoms (Fig. 1b: 703 CVD deaths in 11 104 people over a median of 9.7 years of follow-up adjusted for age, gender and ethnicity) with CVD mortality. These figures show a somewhat similar shape to that apparent for all-cause mortality for the association with duration of depressive symptoms and a flatter association for symptom severity. In both analyses the wide confidence intervals illustrate the low precision of the point estimates.

In conclusion, our results seem to accord with extant literature that has found basic adjustments reveal effects are lost after taking into account multiple covariates. Advancing this field now requires a more rigorous examination of cause and effect. Among other approaches, this could be tested using aetiological trials in which the impact of successful treatment for depression on CVD risk is quantified, or using Mendelian randomisation where gene variants for depression are employed as instrumental variables to explore apparently unconfounded associations with CVD.

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Correction

Empathy in individuals clinically at risk for psychosis: brain and behaviour. *BJPsych*, **207**, 407–413. The first two authors (B. Derntl, T. M. Michel) are joint first authors on this paper; they contributed equally to the work. The online version has been corrected post-publication, in deviation from print and in accordance with this correction.

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