of the participants and I would respectfully highlight that this statement does not seem consistent with the information provided in the accompanying table of sample characteristics. This table states that 58.4% of cases and 43.2% of controls were unemployed. The percentages in this table have some inaccurate rounding but more worryingly, contrary to the authors' report, there is a clear statistically significant difference ($P = 0.001$ using a z-test for proportions).

This also seems to be a highly relevant and clinically significant difference that may have introduced considerable bias into this study and merited the attention of the 14 authors. In the discussion the authors state 'the increased availability of skunk cannot alone explain why our control group members are less likely to prefer higher-potency types than the cases group across time'. The requirement to hold down a job may be a highly significant reason why controls smoked cannabis of lesser potency less often than the unemployed. Moreover, individuals who are unemployed are highly likely to have poorer social and health status, which further serves to obscure the true role of cannabis in this study.

1 Di Forti M, Morgan C, Dazzan P, Pariante C, Mondelli V, Marques TR, et al. High-potency cannabis and the risk of psychosis. *Br J Psychiatry* 2009; **195**: 488–91.

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Authors' reply: Among the sociodemographic variables we reported in Table 1, it is correct to point out that unemployment rates are statistically significantly higher in the cases compared with controls ($P < 0.001$). This difference has already been reported in previous epidemiological studies and there is no evidence that this arises from a bias in the sample selection. However, it is rather a potential confounder. In our paper we did not discuss if or how employment status might have influenced our findings, because, together with other relevant variables, we controlled for it in the statistical analyses. Thus, the higher rate of unemployment in cases than controls might partially account for the drop of the crude odds ratio (OR) of 8.1 (95% CI 4.6–13.5) to the adjusted one (OR=6.8, 95% CI 2.6–25.4), which occurred when we controlled for confounders including unemployment. However, the odds ratio still remains strikingly high and statistically significant ($P < 0.05$), indicating that our findings cannot be explained by the effect of employment status or by any of the other social variables listed.

Lastly, we wish to comment on the suggestion that controls' preference for low-potency cannabis might be consequent to their need to continue being able to work. Would this not indicate that high-potency cannabis is more likely to negatively affect social functioning perhaps via its detrimental effect on mental health? Exactly what our findings suggest.

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Corrections

Superior temporal gyrus volume in antipsychotic-naive people at risk of psychosis. *BJP*, 196, 206–211. The second sentence of the Method (p. 206) should read: Those recruited were aged 14–30 years, had not experienced a previous psychotic episode, had never received any psychotropic medication (antipsychotics, antidepressants, mood stabilisers or benzodiazepines) and had an IQ score above 70, assessed with the National Adult Reading Test.

Bringing new life into psychiatry – extra. *BJP*, **196**, 248. The doi was printed incorrectly and should be: 10.1192/bjp.196.3.248a. The online version has been corrected in deviation from print and in accordance with this correction.

Recent trends in the incidence of recorded depression in primary care. *BJP*, **195**, 520–524. In the key to Fig. 1 (p. 522) 'Depression' and 'Combined' are transposed. The correct figure is reproduced below.
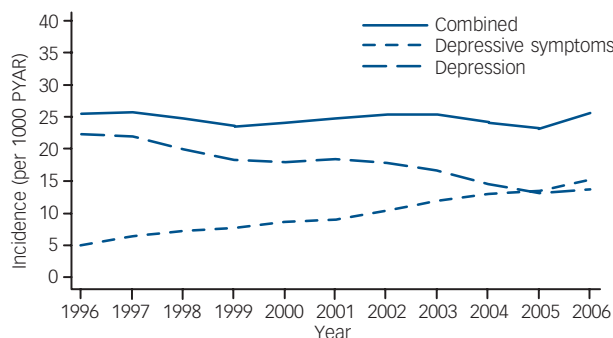

Fig. 1 Incidence of diagnosed depression and depressive symptoms.

PYAR, person-years at risk.