Importantly, Black women may be less likely to initiate and continue medication treatment for depression. The Strong Black Woman Schema (ie, Black women’s identification with the pursuit of strength) has been associated with negative mental health outcomes, including distress, anxiety, and depression. The self-silencing of the Strong Black Woman Schema can also be a barrier for Black women to seeking treatment. Using medication-treated depression as a proxy of depression assessment may underestimate the distribution of depression among the 3 groups.

Third, the study by Zhou et al1 was conducted during the COVID-19 pandemic, and the authors believe that the outcome of iCBT may be similar before and during the COVID-19 pandemic. However, evidence indicates a 27.6% increase in prevalence of major depressive disorder and a 25.6% increase in anxiety disorder globally during the COVID-19 pandemic. Moreover, a previous study2 suggested a bidirectional association of anxiety and depression with insomnia. Therefore, the outcomes of the study by Zhou et al may have been confounded by the impact of COVID-19 pandemic. This view is supported by the relatively low placebo effect in the patient education group (only 18.7% improvement).

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In Reply Kung et al raise 3 potential limitations of our randomized clinical trial of internet-delivered cognitive behavioral insomnia treatments. First, they proposed that there may have been selective reporting by suggesting that postintervention data were missing. However, Table 2 in our article presents data on insomnia severity and other sleep outcomes following treatment (labeled as “time 2”), as well as 6 months later (labeled as “time 3”). Thus, all primary sleep outcomes specified a priori are presented. Second, we agree that depression and insomnia are often associated. Prior Sleep Healthy Using the Internet (SHUTi) trials have shown that in-person cognitive behavioral therapy for insomnia is associated with a reduction in depressive symptoms and prevention of the development of depression in older adults. Secondary analyses from our trial, including depression, will be reported in the future. Third, we concur that the COVID-19 pandemic was a possible confounder. However, because the women were randomized to the 3 treatments during the pandemic, it is expected that the groups were equally affected. Also, in our publication, we cite research from Mahoney et al3 that showed that internet-delivered cognitive behavioral therapy for insomnia was associated with comparable effect size reductions in insomnia symptom severity before and during the pandemic.

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CORRECTION

Change to Open Access Status: The Original Investigation titled “Receipt of Telehealth Services, Receipt and Retention of Medications for Opioid Use Disorder, and Medically Treated Overdose Among Medicare Beneficiaries Before and During the COVID-19 Pandemic,” published online August 31, 2022, was changed to open access status under the CC-BY license. This article was corrected online.