Author's response to reviews

Title: Incident somatic comorbidity after psychosis: results from a retrospective cohort study based on Flemish general practice data

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Author's response to reviews: see over
Dear Editor,

Please find below our answers to the questions and report of changes to the document where needed.

Reviewer Peter Schofield

We have included most of the remarks in the revised version.

With regard to the ‘scarce data’, we have removed this paragraph and have included the suggested article of Nazareth et al in the discussion section.

With regard to the presentation of the results we have incorporated all suggestions (deleted table 2, made CIs consistent, put stars for significance, and deleted the figure).

The question regarding the mortality and how this could influence the results is a valid one. It is unclear how this would influence the data. We could argue that due the higher (earlier) mortality the incidence of other diseases would diminish (less time in the population; less incidence of disease)? But this is merely a hypothesis. Hence we did not include it in the discussion.

Reviewer Dirk Devroey

Major Compulsory Revisions

1. Our research question was incident comorbidity after psychosis and since most if the diseases studied are chronic in nature these patients would not be able to get the disease anymore after a first diagnosis of psychosis. Therefore it is standard procedure to exclude patients with one of the studied diseases in order to avoid bias. Survival analysis is essentially a ‘time to’ analysis, so time is inherently included in our analysis.

2. With regard to drug use, we used ‘ever used’, so people switching from one group to the other were included in both groups.

3. We did not use this because we did not have data on weight or BMI for all patients. However, it has been hypothesized in the past that gain of weight could be at least partially an intermediate factor between treatment and occurrence of diabetes. Even if we would have measurements for such data the frequency of follow-up (due to the study design, routinely collected data) would not suffice to answer the relationship of antipsychotic medication use, weight gain and diabetes, because many of the events occur quite rapid after initiation of drug treatment. We added this to the discussion section with a reference.

Minor essential Revisions

All of the suggestions were included in the revised text.
Discretionary remarks

1. Included in the text
2. Explanation provided
3. Based on the significant outcomes in table 2; we have rephrased the sentence accordingly.