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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Dear Editor,

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

Reviewer: Peter Schofield

Reviewer's report:

Major revisions

1) I suggested the issue of potential attrition due to patient mortality could be addressed in the discussion. This is important as the authors themselves say “Psychotic conditions and especially schizophrenia, have been associated with increased morbidity and mortality.” Furthermore, one of their main conclusions - that differs from the previous literature - is that there was no difference in CVD outcomes however there is no discussion as to why this might be. The lack of any mortality data might help explain why there is not a significantly increased CVD risk in this study – and should therefore be addressed.

We have included a discussion on this with a possible explanation in the text.

“Our study based on a large GP-based morbidity database indicates significantly higher morbidity rates for some somatic conditions in patients with psychosis: diabetes, physical trauma, GI inflammation, alcohol abuse, chronic lung disease and mouth and teeth problems, but surprisingly not for cardiovascular disease, although from literature this could be expected [17]. A similar study to ours
however also found that older patients with psychotic disorders are diagnosed with cardiovascular diseases less frequently than other types of elderly patients. For younger patients there was no difference [16]. It could be hypothesized that the follow-up period is still too short for cardiovascular disease to emerge because a long period of exposure to risk factors is needed before cardiovascular disease emerges and/or that due to excess mortality in the psychosis group there is a selection bias.”

2) The language is still poor and potentially misleading – for example a sentence like: “Studies have revealed good validity of using GP diagnosis for diagnosing psychotic illness” suggests the GPs themselves are diagnosing psychotic illness – is this the case or is it the diagnosis as recorded by GPs that they are talking about?

We agree this is not relevant for our study report (covers a different load) and have removed this.

3) The table giving unadjusted ORs has been removed – however my original request was that this should be presented as RRs so that the figures can be compared with the main table. This is potentially useful information that I can see no reason to exclude. Also the original sentence about calculating unadjusted ORs is still in the text - although no results are given.

This is adjusted and the table is added.

Minor revisions:
1) As the authors state "Many studies have found that patients with schizophrenia have increased rates of several chronic medical conditions”. However, their claim to originality is that "Most other studies on somatic comorbidity in psychosis patients are crosssectional". It would be useful then to know more about how this study compares with these other studies that have used longitudinal data – as it is the comparison with other studies is very sparse.

We have included data from a similar study to ours