Reviewer's report

Title: Dyskinesia in an Adolescent Male Abusing Quetiapine via Nasal Insufflation: A Case Study

Version: 3 Date: 30 September 2013

Reviewer: Joseph M Pierre

Reviewer's report:

The paper is much improved and suitable for publication with a few revisions as follows.

1. There are some misstatements in the Background section about movement disorders that should be cleaned up. First, the authors note that most drug induced movement disorders are late onset. That statement should be omitted; it is not correct. Second, the authors note that parkinsonism is often a late side effect. That is not quite correct either – it typically occurs with a few weeks of exposure, can occur much more quickly, and is usually categorized as an acute rather than a tardive side effect (so that it is not grouped with tardive dyskinesia). Third, the authors list a variety of different dyskinesias, though “fixation of the jaw, retrocollis, torticollis, and oculogyric crisis” are really all examples of dystonia (which is already on the list). I would omit these extra examples of dystonia, and add myoclonus and tremor on the list instead. Likewise, facial grimacing is usually an example of a choreiform movement that is typical of tardive dyskinesia rather than an acute side effect. Actually, this entire paragraph does not need to be in the report and could simply be omitted.

2. Similarly, the movement disorder references seem to be confused. Reference 1 is a paper that specifically focuses on dystonia, whereas the authors cite it in a statement about risk factors for acute dyskinesia. While dystonia can be considered an acute dyskinesia, acute dyskinesia is a broader umbrella term (as the authors explain in the following sentence) that does not always include young men as the population of greatest risk. Again, getting rid of that entire first paragraph would fix the problem.

References 2,3,4 are all case reports of tardive dyskinesia associated with QTP. Those references should be grouped in the following paragraph with the sentence about movement disorders associated with QTP. Reference 5 could be omitted along with reference 1.

A new improved sentence might read something like, “QTP has been uncommonly associated with both acute movements disorders including myoclonus (6,7,8), dystonia (Desarkar 2006 Aust NZ J Psych), parkinsonism (Bharadwaj 2008 J Clin Psych), and akathisia (Shah 2010 Indian J Psych) as well as tardive dyskinesia (2,3,4).

3. Given the restlessness and inability to sit still, the authors should probably
mention the likelihood that the patient had akathisia, an acute movement disorder relatively uncommon with QTP (see Shah 2010 review).

4. Did the patient say why he snorted the QTP? Some detail here would be helpful for clinicians. Likewise, was there a formal psychiatric diagnosis to help understand what the QTP was being prescribed for?

5. In the Background, the authors state that quetiapine (QTP) has “high abuse potential.” “High” is relative, but seems overstated to me.

6. Fischer & Boggs 2010 Neurosci Biobehav Rev should be added to Table 1.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

'I declare that I have no competing interests' below. If your reply is yes to any, please give details below.'