Reviewer's report

Title: Attitudes towards physical health in people with severe mental illness: a cross-sectional comparative study

Version: 1 Date: 3 April 2011

Reviewer: Jacquie White

Reviewer's report:

This is a useful contribution to the literature in the major public health challenge of physical wellbeing in serious mental illness. The authors' findings of a lack of awareness of risk and lack of prioritisation of physical health in the SMI group are important. However there is a need to reorganise the work to make the rationale and potential impact of the chosen comparison group more transparent within the methodology, results and limitations. The findings should also be placed within the current research literature even though it as acknowledged that this is limited.

Major Compulsory Revisions

1. Mortality rates in people with SMI related to CVD is higher than suicide (not may be as stated on page 5) although SMR for suicide is of course much higher. Hansen et al, 2001 were clear about this in their paper.

2. Aims and hypotheses (page 6): As this is descriptive research it is not appropriate to state hypotheses or 'what is expected'.

3. Details about ethical approval and the process of recruitment and consent (page 9) should appear earlier in the methodology section.

4. There is a lack of detail about ethical considerations and more detail should be added about what steps were taken to address or signpost patients who expressed an interest in changing health behaviour as a result of participation in the survey.

4. Dates when the research was undertaken should be included. The REC which gave approval has been through several name changes and is now called the 'Camden; amp & Islington REC. If NHS R&D Approval was given this should also be stated.

5. Sample selection:
There is a need to be more transparent about the reasons why the comparison sample was chosen as non SMI diagnosis patients who responded to the invitation to participate in the clinics. Was this related to the sample of convenience and difficulties accessing a comparison group from the general population? The patients in the non SMI comparison group were diagnosed with depression, anxiety disorder or personality disorder. All three of these diagnoses are associated with a higher external locus of control in the literature (including powerful others and chance) and (certainly for anxiety disorder) a tendency to focus on somatic experiences. This would be expected to impact on the results
and needs to be discussed by the authors and compared with what is known about these patients compared to the general population.

6. Health and Lifestyle Questionnaire: It should be stated that this was adapted from the questionnaire used by Silagy et al (1993) as these authors did not ask their participants if they had been successful in bringing about behavioural change.

7. The findings of lack of awareness of risk and lack of prioritisation of physical health in the SMI group should be related to what is already known. See for example the recent review into incentives and barriers to lifestyle interventions for people with SMI in the Journal of Advanced Nursing by Seren Haf Roberts and Jois Elisabeth Bailey.

Minor Revisions

1 NICE 2002 Schizophrenia Guidance has been replaced by CG82 Schizophrenia (updated) 2009.

Discretionary Revisions

1. It would be useful to define insight (page 5)

2. It would be interesting to know how many of the self reported diagnoses matched the primary diagnoses in the case note record (assuming these patients were analysed in the diagnosis group this indicated).

3. Language used could be more consistent throughout e.g. ‘disorder’ or ‘disease’

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 I have no competing interests