Reviewer’s report

**Title:** Previous hospital admissions and disease severity predicts use of antipsychotic combination treatment in schizophrenia

**Version:** 2  **Date:** 7 April 2011

**Reviewer:** Alkomiet Hasan

**Reviewer’s report:**

The authors present the revised version of their initially submitted manuscript and they have addressed adequately all questions of the reviewers.

**Major Compulsory Revisions:** N/A

**Minor Essential Revisions:** According to the answer to question 5 of reviewer 2 “To the best of our knowledge, there are no major clinical guidelines that specifically recommend antipsychotic combination treatment for treatment-refractory patients”, I just want to refer to the international treatment guidelines for the long term treatment in schizophrenia (Falkai et al (2006), The World Journal of Biological Psychiatry, 2006; 7(1): 5-40). In this guidelines) and the references quoted in this guidelines. Maybe the authors wish to add this to their manuscript. Furthermore, Wolff-Menzler and colleagues published recently a review about the combination Therapy in the Treatment of Schizophrenia (2010, Pharmacopsychiatry) addressing this question and reviewing the literature.

In this case their conclusion (“which deviates from current treatment guidelines”) should be eased a bit.

**Discretionary Revisions:** N/A

**General remarks:** This an interesting article. The lacking information of age and DUP is a major disadvantage of this work. However, the authors can answer their initial questions and provide some interesting information in the field of schizophrenia research and clinical practice.

**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 have been invited to scientific congresses by Astra Zeneca, Lundbeck and
Janssen Cilag but this is not related to this report. Therefore, I declare that I have no competing interests.