Reviewer's report

Title: Adjunctive long-acting risperidone in patients with bipolar disorder who relapse frequently and have active mood symptoms

Version: 1 Date: 19 May 2011

Reviewer: John Davis

Reviewer's report:

Introduction
The introduction took a long time to explain what the paper was about. A lot of the information in the introduction is really trivial. I would start off right from the very beginning to discuss non-compliance, although this could be handled more succinctly in one or two sentences, moving on to the role of depot medication specifically. The introduction should then state an overview of what the present study is. In my opinion, the most useful way to think about the scientific hypothesis of the present analysis would be to identify predictors or of whether or not depot risperidone will (A) improve patients and (B) establish stability. In other words, in which type of bipolar disease is depot risperidone useful? Undoubtedly, some of the improvement may be a consequence of receiving medication and being in a clinical trial. This cannot be assessed without a placebo group. But data on open trials can be helpful in giving us some information about what may be important.

I think it is good to choose an acronym which is intuitively obvious. If you are reading fast and miss the first time it is defined, you get confused about what it stands for. I would call it depot risperidone such as DepRis.

Method, Study Design
I had to look up the original study to try to figure out just how this fit in. Since patients were started on treatment as usual, it is pertinent to examine the stage of their illness and their state of the last acute episode and the medication use in the TAU. If they were started close to an acute episode, patients might have more room for improvement; however, some patients may have been on maintenance medication for some time, but had a history of frequent relapse. Therefore, predictors of who depot risperidone would help would be (1) near and acute episode versus not near an acute episode; (2) The type of the most recent episode (bipolar depressive, manic, or mixed); (3) The medication they were on at start (mood stabilizers, antipsychotics; mood stabilizers plus antipsychotics); (4) How depressed they were at start; and (5) whether they had mixed symptomatology; (6) whether or not they usually had psychotic manias or depressions; (7) whether they had more psychotic-like symptoms such as grandiosity; (8) number or relapses per unit time. (The absolute number of relapses are not pertinent because the older the patient is, the more time they would have had to have had relapses.) (9) frequencies of past hospitalizations.
You should identify more such variables. In order to find out what the indications for depot risperidone would be (A) the outcome criteria and improvement, (B) improvement adjusted by baseline state, (C) successfully becoming stabilized. (Y/N) This is different from absolute improvement because the patient could start very psychotic and have a good deal of improvement, but never stabilize. After such analyses are done, one could then choose the most interesting findings to present. The present tables tend to give too much minor information. Your search for indications for depot risperidone and finding some would help structure the rest of the paper. It is interesting that the patients did improve considerably; but this all could be placebo effect (broadly conceived) and finding indications for the drug would make it a much more clinically useful paper. Once you have indications of varying degrees, one wants to find out to what degree of overlap between the indications, so this needs to be statistically examined as well. One has to think thoroughly how to handle the so-called “law on initial value” (the baseline where the patient started) because a patient with an elevated level on a given scale has more room for improvement.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests'