Author's response to reviews

Title: Comorbid mental disorders in substance users from a single catchment area - a clinical study.

Authors:

Anne-Marit Langås (anne-marit.langas@vestreviken.no)
Ulrik F Malt (u.f.malt@medisin.uio.no)
Stein Opjordsmoen (s.e.o.ilner@medisin.uio.no)

Version: 2 Date: 9 December 2010

Author's response to reviews: see over
Dear Editor,

Thank you for your comments to our study protocol. The revised manuscript is attached, and the changes are highlighted in text coloured in red.

The reviewer asks for power analyses. It is suggested to estimate prevalence from assumptions about their prevalence in the background population. Most studies show a higher prevalence in clinical samples than in epidemiological surveys. The clinical samples, however, show varying prevalence depending on samples, methods etc. There are no previous studies on complete samples of first time admitted treatment seekers with SUD. Therefore, there is insufficient basis for such assumptions. As we will describe all SUDs, all axis II and most axis I disorders, sample size analyses of a few of the disorders will be of limited value. In this connection, our study is hypotheses generating and not evidential.

The reviewer calls for a more detailed definition of “first time contacts”. This is included on page 15 and 16 in the manuscript: “In order to ensure that the patients have not previously been treated in the specialist health services, the patients will be thoroughly asked about treatment history, and also asked for written consent to give access to previous medical records. If the patient has been treated elsewhere, he/she will be offered help to find out whether the treatment was on a specialized level (i.e. treatment where a specialized psychologist or physician is responsible). Previous treatment before the age of 16 will be accepted.”

A plan for dealing with attrition is wanted. This is added in more detail on page 17 and 18: “As the assessment is comprehensive, and most of the sample probably will be outpatients, the assessment may take several appointments. The following is planned in order to prevent attrition: (i) all patients will be asked how they want to be contacted if they fail to appear to appointments, (ii) they will be contacted for new appointments as long as they express the agreement to new appointments, (iii) the researchers may do the interviews in any suitable places and at times suggested by the patient, (iv) the patients are motivated by the assurance that the results from the assessments will be communicated to them or to their therapist. The
results will, with the patients’ consent, be written in the medical record where the patient gets his/her treatment. Thereby their therapist can concentrate on the treatment, and not on further assessment. In the analyses, the patients will be included if they have given enough information. An overview of drop-outs will be provided within limits decided by the Regional Committee for Medical Research Ethics (REK).

Finally, the reviewer is concerned about patients dropping out after being referred for further assessment elsewhere, which will mean that the correct diagnoses will stay unknown to the researchers. As such patients will be referred to further assessment from the project; the researcher will receive the results from the external assessments. See added information on page 17: “When referring a patient with suspected organic brain disorder, to further neurological or neuropsychological assessment, the patient will be asked for written consent to receive the results from such assessment.”

More of the reviewer’s comments deals with the difficulty in keeping contact with the included patients until the assessments are completed. We are aware of this challenges when working with patients with comorbid disorders, and this is probably why most comparable studies apply more limited assessments. One advantage of this study is that it is catchment area based. The interviewer is in contact with most of the patients’ ordinary treatment settings on a daily basis. This makes it possible to keep an overview on and follow up each patient in the sample. In this lies the strength of the study, but at the expense of a larger sample.

Hopefully, this added information is satisfying.

Kind regards,

Anne-Marit Langås
MD / PhD research fellow