Author's response to reviews

Title: Clinical and Psychosocial Remission in Schizophrenia: Treatment Variables.

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

Re; manuscript # 1884103609691479

Enclosed please find our REVISED manuscript now titled:
“Clinical and Psychosocial Remission in Schizophrenia: Treatment Variables.”

We have carefully answered the reviewers’ comments as follows:

**Reviewer:** Kelly Buck

**Reviewer's report:**
1. Is the question posed by the authors well defined?
   We have changed the manuscript’s title as suggested by the reviewer.
   It is now clearly stated in the Abstract and the Introduction which rating scale was used to rate the different remission dimensions as follows: “Psychiatric case managers rated psychosocial remission using the PsychoSocial Remission Scale (PSRS) and clinical remission using the Remission in Schizophrenia Working Group symptomatic remission criteria (RSWG).”

2. Are the methods appropriate and well described?
   The methods section now clearly states what scales are measuring which forms of remission (See 1 above).
   It is now clearly stated who the participants were – see new paragraph at the end of the Methods section.
   As requested we have added a table (Table 1) containing the PSRS 8 items.

3. Are the data sound?
   The relative proportion of psychiatrists, nurses and social workers reflects the staff employment in Israel’s public mental health sector.
   We have changed the term “area of expertise” to “profession” so as to clarify that there were no differences between the raters according to their respective professions (see last paragraph of the Results section).
   All healthcare survey participants were provided with the same instructions. This is now added to the Methods section (paragraph 3).
4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
The percentage of patients who were on both IM medications and oral medications was very low and thus they were excluded from the analysis.

5. Are the discussion and conclusions well balanced and adequately supported by the data?
The first paragraph of the Discussion section is now placed in the Introduction.
The last sentence of the second paragraph in the Discussion and the first sentence of the next paragraph are now clarified.
The sentence "onset of schizophrenia typically…impinges on developing social skills often leading to social isolation…" has been deleted from the text.

6. Are limitations of the work clearly stated?
We have added the limitations mentioned by the reviewer to the XX paragraph in the Discussion.

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
We have included a new paragraph in the Discussion reflecting the work by Lysaker on rehabilitation and Slade, and Davidson (See new references # 15 and 16).

8. Do the title and abstract accurately convey what has been found?
The title and Abstract were changed as per the reviewers’ suggestions (see above).

9. Is the writing acceptable?
We have carefully edited the language of the manuscript. We leave it up to the editor to decide if using “suffering from schizophrenia” is a stigmatizing phrase. This is the common phrase in the majority of recent studies.

Reviewer: Marina Kukla

Reviewer's report:
1. Please include an expanded rationale for the delineation between clinical vs. psychosocial remission.
This issue is now detailed in the new opening paragraph of the Introduction.
2. Please provide some discussion/rationale for the design of the study/analytic strategy focusing on a between-groups comparison based on antipsychotic medication.

We have analyzed the data according to medications used as these are validly recorded in patients files. Relying on less valid variables would have compromised the integrity of the data.

3. Please add a data analysis section in the "Methods" stating what statistical analyses were run pertinent to the study aims.

The Methods section now has a new last paragraph describing the “statistical analysis”.

4. Regarding the PSRS, please discuss the psychometrics in more depth.

We have added detailed description of the PSRS’s psychometric properties to the second paragraph of the Methods section.

5. Please discuss other background/demographic characteristics of the sample such as ethnicity, housing status, work status, socioeconomic status, etc.

We have mentioned clearly in the limitations (Discussion section) that additional variables were not available.

6. Please provide means and standard deviations pertaining to symptomatic and psychosocial remission scores for the remission/no remission groups based on type of antipsychotic, probably best presented in a table.

We added the mean and SD in the Results section.

7. Please expand the limitations section.

We added this limitation to the expanded paragraph (See 6 for Reviewer # 1)

Minor Essential Revisions

1. In the "Abstract," capitalize the first word after each subheading.

We have so capitalized.

2. Please explain how the two instruments are rated—clinician ratings based on interviews?

It is clearly now stated in the Methods that BOTH instruments are clinician rated following an interview with the patient (paragraph 3).

3. In the Results section, please discuss where the rest of the sample fell in terms of remission;
In the Results section we have now added the data as to the rest of the sample (See new added last paragraph titled “Non-remitted Patients”).

4. Are the authors speculating that long lasting injectable antipsychotics are associated with increased adherence which is associated with remission?
   Indeed we assume that injectable long acting medications improve adherence, as is widely shown in the published literature (see ref 10).

5. The authors highlight the discrepancy in findings between this study and prior studies (e.g., Rosenheck et al., 2011).
   We have added the possible reasons for differences between studies at the end of the first paragraph of the Discussion section.

6. The authors state on page 10 of the “Discussion”: “IM long acting preparations in the present survey were associated with higher remission rates, and thus treatment choice may influence rates of remission in schizophrenia patients.”
   This is redundant from “Results” section and earlier in the Discussion section.
   We have deleted the phrase: “... and thus treatment choice may influence rates of remission in schizophrenia patients” as per the reviewer’s suggestion.

**Discretionary Revisions**

1. It would be helpful to provide a brief rationale for the inclusion/exclusion criteria.
   The inclusion/exclusion criteria are based on the definition of remission; thus, only patients that are treated for a minimum of 6 months (the “duration” criteria for remission) may be included. Including patients with less than 6 months follow-up will negate the possibility that they may reach remission; “per definition.”

2. Where did the question bank originate?
   This is detailed in our publication (ref 5) and we shall be happy to add these details if required by the editor.

3. Please provide sample sizes (in addition to percentages) for each set of descriptives (e.g., gender, type of antipsychotic etc.).
   We have added sample sizes in the Results section as requested.

4.1. Considering the primary aim of the study, a discussion of the PSRS items, i.e., which items were endorsed most often will be useful and will provide information
as to the areas of psychosocial remission most often achieved.
See details in the Results section “Psychosocial Remission” sub-section.
4.2. In addition, where did the remaining 69% of the sample fall on the PSRS?
See answer 3 for this reviewer.