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 the 2nd revision of our manuscript now titled:
“Clinical and Psychosocial Remission in Schizophrenia: Correlations with Antipsychotic Treatment.”

We have carefully answered the reviewers’ comments as follows:

**Reviewer:** Kelly Buck  
**Reviewer’s report:**  
1) To characterize those with schizophrenia as "suffering from" implies that they are victims and is not in concert with the goals of conceptualizing them as being able to recover. I believe this language should be changed.  
**We have changed the wording to “persons with schizophrenia” as requested by the reviewer.**  
2) The title would be more reflective of the article if it was "Clinical and Psychosocial Remission in Schizophrenia: Correlations with Antipsychotic Treatment.”  
**We have changed the title as suggested by the reviewer.**  
3. Although the authors explained to me why there was such variation in the percentages of psychiatrists, nurses and social workers (the proportion reflects the employment in Israel within the public mental health sector), they should explain this is in the paper which they neglected to do.  
**This is now explained in the first paragraph of the Results section.**

**Reviewer:** Marina Kukla  
**Reviewer’s report:**  
1) In the Abstract and Background section, they clearly sell this paper as an examination of symptomatic vs. psychosocial remission with little mention of antipsychotic medications. Yet, this paper is actually a between-groups comparison of antipsychotic medications/administration methods on the outcome of remission. This should be discussed and made clear early on. As the reader, I am left confused as to what this paper is really about.  
**We have now emphasized in the Abstract (end of 1st paragraph) and the last sentence of the Introduction the following:” We emphasized between-groups comparison of antipsychotic medications and administration methods on the outcome of remission.”**
2) The authors have added a data analysis section, however, it is under-specified. They mention the tests they used, however, do not specify exactly which variables were tested in each analysis. In addition, they do not explain why non-parametric tests were used instead of parametric tests (I’m assuming that the data were skewed, but they do not say this).

The statistical analyses are now detailed as follows:” The t-test and a non-parametric test were undertaken to assess differences between the evaluations for continuous variables (age, scales score). Differences between categorical parameters were tested according to the McNemar test for dependent (matched) populations (gender, case manager profession, dichotomous definition of remission). We employed the non-parametric test as a “conservative” test to ensure analyses in case of skewed data.”

3) Please provide means and standard deviations pertaining to symptomatic and psychosocial remission for the remission/no remission groups based on antipsychotic, probably best presented in a table. The “status” or remitted or Non-remitted is dichotomous and has no ±std.

4) While the authors do provide descriptives on the non-remitted sample, they do not discuss remission status according to antipsychotic medications; given that this is the main data analysis.

We have added a new subsection to the last paragraph of the Results detailing the distribution of medications between remitted and non-remitted patients.

Editors comment:

1) if they wish to resubmit it is necessary that they fully discuss the construct of recovery as involving both objective and subjective elements. Recent work by Roe et al published in Sz Res and Silverstein and Bellack are good resources and results must be placed in the context of this and related work.

We have now added a new paragraph to the Discussion (third last paragraph) emphasizing the contribution of these authors to the concept of recovery (see new refs 17,18).

2) Additionally, treatment for this condition should not be implied as solely pharmacological in nature as a range of empirically validated psychosocial approaches exist.

We added a sentence in the concluding paragraph of the Discussion stressing the role of non-pharmacological interventions as follows:” It must be stressed that a variety of non-pharmacological interventions as well as a range of empirically validated psychosocial approaches are employed in achieving remission for persons with schizophrenia.”