Reviewer's report

**Title:** Remission in Schizophrenia: Survey of Clinical and PsychoSocial Dimensions.

**Version:** 1  **Date:** 6 April 2012

**Reviewer:** Marina Kukla

**Reviewer's report:**

Major Compulsory Revisions

1. Please include an expanded rationale for the delineation between clinical vs. psychosocial remission. This is clearly important, however, the authors have not cited important literature in this domain and have not adequately covered the facets of this domain. Social functioning is the only area of psychosocial focused on.

2. Please provide some discussion/rationale for the design of the study/analytic strategy focusing on a between-groups comparison based on antipsychotic medication. Currently, this does not seem to flow directly from the stated aim of the study—to characterize symptomatic vs. psychosocial remission using two new measures derived from existing measures.

3. Please add a data analysis section in the "Methods" stating what statistical analyses were run pertinent to the study aims. I am lost reading the "Results" section without a data analysis section.

4. Regarding the PSRS, please discuss the psychometrics in more depth (even though they are discussed in the previous paper). What is the validity of the instrument? Any evidence regarding construct validity or criterion-related validity? Internal consistency?

5. Please discuss other background/demographic characteristics of the sample such as ethnicity, housing status, work status, socioeconomic status, etc. These variables are important to consider when discussion symptomatic and psychosocial remission.

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.

7. Please expand the limitations section to recognize the issue of construct validity of the PSRS and discussing the generalizability of the findings given the restricted sample used.

Minor Essential Revisions

1. In the "Abstract," capitalize the first word after each subheading.
2. Please explain how the two instruments are rated—clinician ratings based on interviews? Any self report? State the range of total scores.

3. 37% and 31% of patients reached symptomatic vs. psychosocial remission. Please discuss the scores needed to reach those benchmarks and how those were chosen in the Methods section. In the Results section, please discuss where the rest of the sample fell in terms of remission; in other words, were the remaining 63 and 69% of the sample doing poorly (not close to remission) or did they just miss the cut-off for remission? This will better characterize your findings and increase the meaningfulness of the findings for the reader.

4. The authors state (p. 9) “One possible interpretation of these findings is improved adherence frequently reported with long-lasting antipsychotics.” This statement is somewhat unclear. Are the authors speculating that long lasting injectable antipsychotics are associated with increased adherence which is associated with remission? In other words, the use of injectables improves adherence and thus, outcomes? Please clarify.

5. The authors highlight the discrepancy in findings between this study and prior studies (e.g., Rosenheck et al., 2011). Any possibly hypotheses or speculations as to why the current findings differed from the Rosenheck et al. (2011) findings? Perhaps because participants in the current study all received case management services which further increased adherence--i.e., case managers helped to ensure that participants came in for their periodic antipsychotic injections? The Rosenheck study included veteran participants with hospitalizations within the last two years or at imminent risk for hospitalization; this sample is different than the sample in the current study, which were stable at baseline at receiving community mental health services, rather than VA services. This may partially account for differences in remission. Possible explanations for differences in findings should be explored.

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. In addition, again, it remains unclear whether this paper is mainly about antipsychotic medications or the delineation between symptomatic vs. psychosocial remission in schizophrenia and the instruments use to measure those constructs. Please clarify.

Discretionary Revisions

1. It would be helpful to provide a brief rationale for the inclusion/exclusion criteria. Why were participants with more active/acute phase of illness not included? Using stable participants only creates a problem of range restriction. In addition, these findings may not generalize to many people with schizophrenia who commonly experience 2+ hospitalizations per year. These limitations should be acknowledged.
2. Where did the question bank originate? Please add a sentence explaining.

3. Please provide sample sizes (in addition to percentages) for each set of descriptives (e.g., gender, type of antipsychotic etc.). This will add to the completeness of the data reporting and better orient the reader to your findings.

4. 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. In addition, where did the remaining 69% of the sample fall on the PSRS? This finding is surprising, particularly because the inclusion criteria centered around illness remission/no acute phases of illness or recent hospitalizations.

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

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.