Reviewer's report

Title: In-depth Study of Personality Disorders in First-admission Patients with Substance Use Disorders

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Reviewer: Wei WANG

Reviewer's report:

First, I am really happy to see any paper that addressing personality disorders in any journal. I also take the same attitude to review this one submitted to our BMC Psychiatry. However, after I have read it several times, some comments and sympathy to the manuscript have raised in my mind.

MAJOR

1 When we design an investigation about prevalence, we need a reliable sample collection method and a large sample size. Unfortunately, the authors did not pay much attention to these two points. The sample size is small (n = 61), even it is very difficult to collect data from a specialized population such as patients with substance abuse disorders. The smaller sample size has a potential to increase the occurrence of type I error. Regarding the sampling quota, catchment-area-based design is good, but their inclusion covers psychiatric and addiction services only, omitting other situations such as family (as a control). This is crucial, for instance, the authors found more antisocial and borderline PDs in their sample as previously reported, and they found less avoidant PD which might be due to these patients are normally stay at home.

2 The manuscript lacks some specific hypotheses. What will be the PD occurrence difference between their coming results and those come from the general population, or what will be difference between specific subtypes of substance abuse disorder of their own participants?

3 Regarding the statistics, the authors should treat the PD scale (e.g., SCID-II) scores in different subgroups of abuse disorders (e.g., AUD, DUD, etc) as repeated measures, at least largely by Clusters A, B and C, therefore use ANOVA test instead of just Student t test.

4 Since the authors have collected the data regarding GAF, SCL-90-R and IDS, are there any correlations between these variables and the PD classification scores (e.g., SCID-II)? Such data could support their discussion about the relationship between Axis I and II symptoms.

MINOR

5 When reporting their personality distributions, the authors omitted the information regarding schizotypal and dependent PDs (also the coming DSM-V does not include the dependent PD) (page 9). If they have the data, please present them.
6 When presenting their data, the authors should avoid using “not shown in tables” when they even have not shown their respective data in text.
7 Please don’t mention too much etiology stuff in the discussion part, since they have no direct data from their own study.
8 Should the authors add some information about the Narcissistic type in Table 2?
9 There are too many abbreviations used in the manuscript. Please try to keep the abbreviations as minimal as possible. In the Abstract, please try to avoid using abbreviations unless they are necessary. In the text, please abbreviate when first use it. Once it is abbreviated, please use it later, otherwise, please do not abbreviate it.

**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:**

No, I have nothing to declare