Reviewer's report

Title: Treatment and outcomes of an Australian cohort of outpatients with bipolar I or schizoaffective disorder over twenty-four months: implications for clinical practice

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Reviewer: Richard H Weisler

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The well written article provides important information from a useful real world study of patients with bipolar I and schizoaffective disorder. As the authors noted the patterns of prescribing seen in the study differed from that found in many of the prevailing treatment guidelines. Most clinical trials do not allow for commonly seen psychiatric co-morbidities which often impact clinician treatment choices. Many of the guidelines are significantly influenced by these more restrictive trials without significant co-morbidities used primarily for regulatory approval.

1) Consider referencing this article as well: Psychotropic medications for patients with bipolar disorder in the United States: polytherapy and adherence.

Baldessarini R, Henk H, Sklar A, Chang J, Leahy L.

2) Additionally, if reasonable it would be very interesting to look at dosages of Olanzapine used by smokers versus non-smokers. Smoking induces CYP 1a2 enzymes that can significantly lower olanzapine levels in some studies. Did smoking appear to impact clinical treatment and/or outcomes in this study? Also, were the subjects with multiple hospitalizations overrepresented by smokers. Many hospitals have no smoking policies, but most psychiatric patients resume smoking after discharge potentially significantly lowering Olanzapine blood levels because of the enzyme induction. If so it would be useful to remind clinicians of the need to to consider readjusting the dosing of Olanzapine when patients start or stop smoking.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

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

Declaration of competing interests:

Richard Weisler, MD, in his career, has been on the Speaker’s Bureaus of, a
consultant to, received research support from and/or was a stockholder of the following: Speaker’s Bureau–Abbott, AstraZeneca, Biovail, Bristol-Myers Squibb, Burroughs Wellcome, Cephalon, Ciba Geigy, Eli Lilly, Forest, GlaxoSmithKline, Janssen, Johnson & Johnson, Novartis, Organon, Pfizer, Sanofi, Sanofi-Synthelabo, Shire, Solvay, Sunovion, Validus, and Wyeth; Consultant–Abbott, Agency for Toxic Substances and Disease Registry, AstraZeneca, Biovail, Bristol-Myers Squibb, Centers for Disease Control and Prevention, Cephalon, Corcept, Eli Lilly, Forest, GlaxoSmithKline, Johnson & Johnson, Medscape Advisory Board, National Institute of Mental Health, Organon, Otsuka America Pharma, Pfizer, Pharmacia, Sanofi, Sanofi-Synthelabo, Shire, Solvay, Sunovion, Transcept Pharma, TransTech, Validus, and Wyeth; Research Support–Abbott, AstraZeneca, Biovail, Bristol-Myers Squibb, Burroughs Wellcome, Cenerx, Cephalon, Ciba Geigy, CoMentis, Dainippon Sumitomo Pharma America, Eisai, Eli Lilly, Forest, GlaxoSmithKline, Janssen, Johnson & Johnson, Lundbeck, McNeil Pharmaceuticals, Medicinova, Merck, National Institute of Mental Health, Neurochem, New River Pharmaceuticals, Novartis, Organon, Pfizer, Pharmacia, Repligen, Saegis, Sandoz, Sanofi, Sanofi-Synthelabo, Schwabe/Ingenix, Sepracor, Shire, Sunovion, Synaptic, Takeda, TAP, Theravance, Transcept Pharma, UCB Pharma, Vela, and Wyeth; Stockholder (has held or holds stock)–Bristol-Myers Squibb, Cortex, Merck, and Pfizer.