Reviewer’s report

Title: Evaluation of behavioral changes and subjective distress after exposure to coercive inpatient interventions

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Reviewer: Tilman Steinert

Reviewer’s report:

This is a well-designed study which provides significant contributions to the question which kind of coercive measures is least restrictive. Not all good studies yield “good” or clinically significant results. This one does. An important background is that in many countries the legal thresholds for involuntary medication have increased within the last 10 or 20 years and there is a tendency in many countries of Europe to separate involuntary hospitalisation from involuntary treatment, with the inherent danger that elevating the requirements for involuntary medication may increase the use of mechanical measures, first of all seclusion and restraint. Therefore there is high ethical and political interest in the question which kind of measure is least restrictive. Most answers to this question have been rather opinion-based than evidence-based so far. This to my knowledge is the first study with a sufficient sample and well-designed methods yielding evidence that medication is less distressing for patients than seclusion or restraint. Generally, the methods are appropriate and smart, the sample size is sufficient and the paper is well written. I have only some suggestions for minor revisions:

1. Abstract: I would recommend to mention the sample size (n=125) somewhere.

2. Page 3, last par. and page 16, study-limitations: This is not the first study. The RCT published by Bergk et al. in Psychiatric Services 2011 should be mentioned. Further, there is a 2nd RCT, the TREC-SAVE study (Huf et al.), the study-design of which has been published in Trials 2011. The paper has just been accepted in Psychological Medicine and could be mentioned as “in press” or by referencing the study-design paper.

3. Page 5, procedure: “Rapid tranquilizer” should be defined more exactly for clinical readers. What is meant, benzodiazepines, antipsychotics, or both?

4. A more precise definition of involuntary medication would be desirable. “Without the consent of the patient” is a rather blunted definition. What about the role of psychological pressure? According to clinical experience, there is a continuum of possible pressure on the patient, reaching from persuasion to threat of immediate intramuscular application of the medication. The only clear definition of involuntary medication I know is the use of physical force, e. g. holding, which is a very restrictive definition. Perhaps the problem of definition and inclusion should be mentioned as a limitation.

5. Table 1: Mean GAF Score: I do not understand why the scores are so high. By
definition, danger to self or others results in a GAF Score below 20, presence of any psychotic symptom below 40.

6. Figure 1: It is striking that the differences in the overall CES Scores are not significant (1.5; 1.4; 1.3 vs. 0.6). At least this needs a comment. Is it because of a low N, because many patients did not fill the CES questionnaire or because of a high standard deviation? By aspect, the difference looks very “significant”. I would recommend using box plots for the total score and for the significant results; the non-significant results could be described in one sentence. The use of lines suggests something like a course which is not very appropriate because the single scores are independent. Also from that point of view I would suggest another kind of illustration.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests: none