Reviewer's report

Title: Understanding treatment non-adherence in schizophrenia and bipolar disorder: a survey of what service users do and why

Version: 3 Date: 14 October 2012

Reviewer: Benjamin Buck

Reviewer's report:

PLEASE PROVIDE TABLES providing percentages in response to each question, and it would be nice (but not absolutely essential) if these were broken down by bipolar and schizophrenia.

- This paper is long and some of the findings can be obscured by the amount of information, particularly without statistical analyses. Tables listing percentages are very important.

ABSTRACT
MAJOR

MINOR

1. In the first sentence of the background section of the abstract, the authors write that half of service users with schizophrenia or bipolar do not fully follow "agreed" treatment programs - I'm wondering what's meant here by agreed? The paper discusses adherence to doctor recommendations, and focuses less so on specific agreed programs. I'm not sure what this term means or what's meant by the suggestion.

2. The conclusions in the abstract are written in a slightly cursory manner (e.g. "service users ... should have this valued by clinicians" etc.). This should be written about in more specific terms. It seems to me that the primary conclusions involve taking into account the short-term needs of service users, and therefore providing immediate assistance in making management decisions. This comes across in the abstract, but with the point about "long-lived experience" the emphasis becomes a little lost and the wording confusing.

DISCRETIONARY

3. In the results section of the abstract, the language of the results is more definitive than is called for by the results. While granted, the statements are non-controversial, it should nonetheless be noted that the results drawn from this study come from this survey only.

METHOD
MAJOR

1. Please report how participants were recruited for the survey. This is important
in interpreting the characteristics of the sample.

2. While it's listed that individuals came to agreement in the qualitative analysis of the open-ended questions, the method utilized in determining what "themes" were present in each narrative were not explained to the length that I would find satisfactory. Was this taken care of as a theme checklist? What's meant by "checked against the data"?

3. It seems that differences between the bipolar and schizophrenia groups have to be noted, particularly (for example) as it pertains to differences in reasons for non-adherence that have to do with symptoms. It seems that these experiences may have serious qualitative differences and this is not addressed by the paper. Because the groups are combined for all comparisons, these potential differences are not acknowledged.

MINOR
(none)

DISCRETIONARY
(none)

RESULTS

MAJOR

1. The expectations section is very powerful, and this should be noted more specifically in the context of the discussion, particularly in suggestions for treatments.

MINOR

2. When participants say they're satisfied with their current medication (78%) does this mean just with the specific medication or the amount and regimen as well?

3. Another point which should be mentioned in the discussion is the difference between clinicians and service users in emphasizing the importance of a good patient/doctor experience.

4. In the unintentional section the two subsequent numbers are confusing. When the authors write that half of service users have at least once unintentionally done something contrary to recommendations, THEN that a third gave symptoms as a reason - does that mean this is OF the half that did something to unintentionally go against recommendations?

DISCRETIONARY

5. The findings in “support from health care professionals” is a bit curious in that I’m not sure if the authors mention these findings as notable or not. 34% seems like a fairly expected (or perhaps low) number of people who would like support from a doctor to help them achieve the change to their treatment regimen. I’d like this finding to be contextualized more in subsequent sections.

LIMITATIONS

MAJOR
1. It seems to be a very important and discussable finding how few participants in the survey were not receiving psychological treatment.

MINOR

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Important subject matter and rationale is sound and respectable. I enjoyed reading it and it provides a message which needs to be shared with more clinicians.

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:

I declare that I have no competing interests