Reviewer's report

Title: Pharmacotherapy for Bipolar Disorder and concordance with treatment guideline: a tertiary care survey.

Version: 2 Date: 10 February 2013

Reviewer: Ellen Dennehy

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Minor Essential Revisions

This paper is a report on concordance with the CANMAT guidelines for bipolar disorder, and adds to the growing literature on evidence-based treatment of bipolar disorder. The paper is very well cited, and the authors have a strong command of the appropriate literature and background in this topic area.

1) My biggest issue with the paper was in the treatment of patients with bipolar I and bipolar II disorder, which eventually led me to pull the original citation and check how the recommendations for patients with bipolar II were managed. This was first driven by a question over the decision to apply the guideline for mania to patients with hypomania. While it wasn’t explicitly stated in the CANMAT guidelines that the mania guideline is appropriate for patients with hypomania, they also provided no instruction on what to do with those patients. Perhaps this is one of the reasons the rates of concordance are so low in this population – the uncertainty of how to handle hypomania, even among experts. While the sample does not include any BDI patients with acute mania, I did wonder whether the paper would be stronger if there were a very clear analysis of the BDI patients, according to the very clear guidelines issued by CANMAT, and then a separate approach to the patients with BDII.

2) There is also an opportunity here to discuss, more specifically, how treatments are discordant. I’d like to understand more about the BDII patients who were discordant in their treatment for “hypomania” – I’m guessing the lack of any anti-manic medication; e.g., antidepressant monotherapy, but was a little hard to follow which diagnostic group, which episode.

3) The CANMAT paper does have some individual recommendations for the treatment of acute BDII depression, and maintenance treatment of BDII, that are separate from the main guidelines. These are included in Tables 7.2 and 7.4 of the paper (Yatham et al., 2009). Given that the majority of the sample is bipolar II, it would seem appropriate to apply those specific guidelines in the appropriate instances.

4) Table 3 should be broken out by bipolar I and bipolar II

5) It was a little difficult to follow the patient selection procedures – 113 patients were referred (page 7) but then there was a SCID (page 8). On page 10 it looks
like you were able to keep all 113 but that seems unusual from clinical referral to full diagnostic interview.

6) Importantly, the cases were referred and presumably treated between December 2006 and February 2009. The CANMAT guidelines were published in 2009. The paper should explicitly discuss the differences in treatment that might be expected given the historical context as a limitation. I don’t know to what extent you might have a nice historical cohort here, but you might have an opportunity to look at some changes in prescribing patterns over time in your sample, for example.

Discretionary Revisions
1) It is more correct to say “were prescribed” than to say that patients “took” a medication.

2) As someone who has worked on guidelines in places where funding and systems of care impact access, I found myself wondering throughout this piece how the health care system in Canada might impact uptake the CANMAT guidelines. Some mention of the interaction of policy and implementation would be nice.

Summary
It would be beneficial to have more information about evidence-based treatment in Canada. Separating the diagnostic subgroups would provide better information about prescription patterns in those groups. Learning about how evidence-based care, formularies, and the health care system interact would be helpful for readers outside of Canada. Unfortunately, the sample is very limited by a small number of bipolar I patients, none with acute bipolar mania. Combining the diagnostic subgroups results in some confusing findings. However, I think there is a good opportunity to write a more nuanced paper on treatment of both bipolar I and II disorder, taking into consideration the recommendations in CANMAT. Some small modifications would strengthen the impact of this paper.

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

Quality of written English: Needs some language corrections before being published

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

Declaration of competing interests:
I am currently employed by Eli Lilly (2011-current).