Reviewer's report

Title: Antipsychotic Adherence Patterns and Health Care Utilization and Costs Among Patients Discharged After a Schizophrenia-Related Hospitalization

Version: 2 Date: 12 July 2013

Reviewer: Jay Hamm

Reviewer's report:

No Major Compulsory Revisions necessary

Minor Essential Revisions:

1--The language used in the introductory description of schizophrenia seems to paint an overly pessimistic view of schizophrenia as an exclusively chronic disease that requires lifetime medication management. This is not consistent with accumulating evidence from the recovery movement highlighting the potential for recovery from schizophrenia. Although for some the course of schizophrenia is as described in the introduction, involving lifelong prescription of medications, for many others with schizophrenia recovery may follow a quite different course. The authors might consider tempering their language to more accurately reflect the range of recovery possibilities for persons with schizophrenia.

example citations that may be of interest in this regard:

2--Inconsistent labeling of time period (i.e. 0-60 vs. 60-0) that should be uniform across paper. See pp. 10,14

3--The authors note the decision to exclude persons with other psychiatric conditions, but it would be helpful to include more of a rationale for why it was predicted that a diagnosis of schizoaffective disorder, in particular, would be predicted to differ in the hypotheses in question here.

4--While the limitations include mention of efforts made to establish a “clean schizophrenia cohort”, another remark regarding the potential impact this might have on generalizability seems warranted, particularly in conjunction with the authors’ presentation at the outset of the paper as this being a ‘real-world’ study.
In the discussion section, the authors use language such as ‘lower adherence may have resulted in rehospitalization’. I would suggest tempering the language to avoid implications of causality, particularly in light of the absence of a discussion of a variety of other factors that have been identified as correlates of rehospitalization. While certainly medication adherence appears to be a factor related to rehospitalization rates, it is unclear why the authors did not include a number of other factors that have been identified in the research (e.g. symptom severity at discharge, readiness for treatment, and involvement in other non-medication treatments). With regard to other forms of treatment, it would seem to be particularly relevant to offer some information about what other non-medication interventions (e.g. psychotherapy, psychoeducation, or psychosocial rehabilitation interventions), if any, the participants in the study were involved in during the period following hospitalization. If this information was not available to be included for data analysis, then this should be addressed as a limitation. If it was available, it seems important to provide some rationale for excluding it from the analysis.

Discretionary Revisions

As a more general point, I think the article might be more impactful and have enhanced appeal to a broader readership if the authors were able to more closely situate their findings into a larger context of treatment and recovery from schizophrenia. While hospitalization and associated healthcare costs are important, clearly rehospitalization is only one factor in recovery. It would be interesting and make the article more accessible if the authors offered some additional thoughts about the implications of these findings for treatment and recovery.

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

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.