Reviewer's report

Title: Health Service Costs and Clinical Gains of Psychotherapy for Personality Disorders: A randomized controlled Trial of Day Hospital-based Step-down Treatment versus Outpatient Treatment in Specialist Practice

Version: 1  Date: 28 November 2012

Reviewer: marco MC chiesa

Reviewer's report:

Major Compulsory Revisions

The results presented in the study are interesting and deserving of publication. However, the style of presentation and the way the paper is organised need major attention. It makes heavy reading and I had to read the paper several times before I could get a somewhat clear understanding of the content. Sentences are very short and the punctuation makes the paper bitty. There are repetitions, and times unnecessary reiteration of the same content. Several sentences could be merged into one with improved clarity, relevance and flow.

For example, the discussion section is very long and mostly it consists of repeating the results outlined in the 'results' section, at times stating the obvious. May I suggest that after a brief outline of each most relevant result a discussion of possible reasons for such results and above all of the possible implications in terms of health policy and clinical practice. The main finding is the superior cost-effectiveness of OPC over SDC. This is the headline, the main thread that needs unravelling and discussing. Interestingly, this is not even mentioned under the 'main findings' sub-section. The authors appear to be cautious and they present the result as 'sdc was not superior to opc', which is somewhat misleading as it implies that there is no difference between the 2 programs. Then, other relevant results can be briefly reiterated and discussed. The two sub-sections on Avoidant PD ought to be merged into one and shortened. The number of stylistic changes needed is too many, and I would like to encourage the authors to have the paper proof-read carefully before re-submitting. The study has many strengths but the way the paper is written detracts from its originality and potential scientific interest.

Minor essential revisions:

1) The authors mention cost-effectiveness throughout the paper, but then the term 'cost-efficiency' appears on page 17: do they use it interchangeably or do they mean something else?

2) The 'results' section may improve clarity if organized as follows:

a) Cost of delivering the two specialist treatment programs

b) Differences in health service costs in the study sample, which would include an initial paragraph about service costs in the year before the trial (the mean and median are considerably higher for OPC v SDC, what was the p value?). I would
then report all findings for the study sample divided by paragraphs.

3) I found the figures difficult to read. Would the authors consider outlining means and SD in a table with statistics from the mixed-model at the bottom of the table, and only presenting 1 or 2 most relevant graphs as figures?

4) In tables the actual p value ought to be presented rather than NS

5) Reporting of non-significant differences ought to avoided or be done cautiously (page 13, line 17)

6) Would specialist OP treatment program be better than OP specialist practise?

**Discretionary Revisions**

1) The increase in APD use of service during the first phase of OPC may indicate that treatment is working and patients are becoming less avoidant (ie less anxious of seeking help), as borne out by their concurrent clinical improvement?

2) When the 2 treatment programs are described, I suggest trimming information about staff and therapist, but adding the clinical indication and rational the centre used to allocate cases in normal practice

**Level of interest:** An article of importance in its field

**Quality of written English:** Not suitable for publication unless extensively edited

**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