Author's response to reviews

Title: Compliance, persistence, costs and quality of life in young patients treated with antipsychotic drugs: results from the COMETA study

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Author's response to reviews: see over
Dear Editor, Dear reviewers,

Thank you for your last feedback on the revised paper sent on 25\textsuperscript{th} January.

We have received a further minor essential comment, which we address in the discussion with two paragraphs and three additional references.

One paragraph starts in the fifth line of the discussion, reporting details on the results of persistence: “The study showed how these patients received several and complex treatments to manage their condition, using the many options available in the healthcare system. In particular, many antipsychotic drugs and concomitant therapies were used in different combinations. As regards the antipsychotic drug treatment, we found a higher persistence for the treatment with atypical antipsychotic drugs (more than 400 patient-days) than for typical drugs (263 patient-days). In this study we saw also how”.

The second paragraph is reported as a fourth limitation of the study, explaining some aspects as suggested by the reviewer: “Fourth, our results on the higher persistence for atypical versus typical drugs classes could partially depend on the higher proportion of patients using atypical drugs, hence on a possible bias attributable to that these patients more probably switched to another atypical drug, which could not have been detected because we limited the attention on classes of drugs rather than on molecules. Nevertheless, the difference of persistence between the two classes of drugs appeared relevant. The approach we used to measure persistence in this study is not commonly applied and not comparable to those adopted in other studies conducted in this sector, where the observation was restricted to a limited number of drugs used (e.g., one out of 4 drugs in the CATIE randomized controlled study [19], one out of 7 drugs in the naturalistic study by Guo et al [57]). However, because our study aimed at obtaining a real-world picture of our target population, we did not impose any criteria in regard to the treatment followed during the observational period. As a consequence, we enrolled patients that were using different combinations of many different antipsychotic drugs (18 in total), obtaining information that can actually be considered new for the community. Although not common, the approach of measuring persistence on classes of drugs can be useful to show the natural complexity of a treatment pattern, similarly to other areas, e.g., hypertension [58]. However, because we did not observe persistence between molecules, or even dosages, within the same class of drugs, we obtained results that should
be considered conservative. Nevertheless, our results already show how complex is the antipsychotic treatment even considering only classes of drugs, and suggest a much higher complexity that can be relevant for the treatment decisions and related consequences.”

We hope that the paper can now be considered suitable for publication. If necessary, we remain willing to further adjust the paper for its acceptance.

Yours sincerely,

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