Dear Sir or Madam

Thank you for the comments of Dr Pilowsky - they were most helpful and we do hope that we have addressed every one.

Yours etc.,

Clive Adams

Comment 1. Could the authors describe the patients better. It is not clear whether the sample are mainly suffering from psychiatric disorder or have physical problems and are experiencing acute organic psychoses. This is an important point because all the patients in the Maudsley study were treated at a specialist psychiatric facility and were inevitably mentally ill.

Response 1. We hope we have addressed this in a couple of places in the text. Firm diagnoses were not made in the Brazilian survey, although attempts were made to screen out substance abuse - but it, like the Maudsley study, our Brazilian survey
was undertaken in specialist psychiatric facilities so we have also emphasized that most people were likely to have serious mental illnesses.

Comment 2. The conclusion of the abstract does not make much sense and has not summarised their actual findings. I would prefer to see a comment as to whether the medical management of aggression in their study was in their opinion safe and appropriately used. Should it be used more often or less?

Response 2. We agree with the peer review and have revised and simplified the conclusion - both in the abstract and the full text. The Brazilian clinicians, of course, see their management as safe and effective. I have added this line. They were acutely conscious, however, that they could not strongly recommend such practices without evidence from RCTs and are therefore undertaking one such study.

Comment 3. Pilowsky et al (1992) is miss-cited frequently in the paper. The Pilowsky et al survey was performed in 1989 and published in 1992 (so the date on page 5 of their manuscript is wrong). It was in fact a prospective study of all rapid tranquilisation events over 160 days and staff were interviewed within 24 hours of the event. It took place in a major psychiatric centre which included 2 locked units for patients with a special violence management problem, a locked forensic facility and unit for violent mentally impaired patients. So the quotation that it was a 'general hospital with some psychiatric beds' is wrong. That is why rates of restraint are so high but of course the authors have totally misunderstood the paper. They need to go back and read it carefully and cite it properly.

Response 3. We do apologize for this and have corrected all citations and descriptions of the study.

Comment 3 - continued. Table 1 is completely wrong (the year of the Pilowsky paper is cited as 1994 this time - WRONG). What does IM:IV ean? What is table 1 trying to say in relation to their data?

Response 3 - continued. Table 1 refers to another paper published, indeed, in 1994. I have clarified the reference to this within the table. Table 1 is not a survey of practice - such as the Pilosky paper, it is a survey of clinicians' preferences. I have tried to clarify this in the text as well. The "IM:IV" has also been changed to "Ratio of means of administration IV : IM".
Comment 4. What is their evidence for the statement on page 6 that the greatest burden of care of people with schizophrenia falls to low or middle income countries? Please cite support.

Response 4. I have done this using WHO figures.

Comment 5. Could the authors mention in the results whether other techniques were also used including restraint, talking down or seclusion to manage their patients?

Response 5. I have expended a little on this and hopefully made it clearer.

Comment 6. There are no real conclusions here. The authors need to mention whether they think the management is appropriate and safe. What are the risks of the promethazine/haloperidol mix? How do these ER patients compare as a group with the psychiatric patients described in Pilowsky et al 1992? What do they think of the management of these situations in the light of their data?

Response 6. I have tried to simplify the conclusions. This is a survey of practice not of the effects of the interventions. I have added information from the BNF on the possible adverse effects of promethazine. The authors simply wanted to present data on practice that is considered safe and effective in Brazil - and, as it turns out, India. There is no evidence for efficacy presented or reported here and the authors are acutely aware that such evidence is needed, and that is why they are randomizing.

It is difficult to compare the Brazilian group with the psychiatric patients described in Pilowsky et al 1992 as data are so limited. I have, however, clarified that both studies were undertaken in highly specialist units in major psychiatric centers, in large cities.