Reviewer's report

Title: Quetiapine Augmentation of SRIs in treatment refractory obsessive-compulsive disorder: A double-blind, randomised, placebo-controlled study

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Reviewer: lorin M koran

Reviewer's report:

General

Page 6 first paragraph. Although the number of failed SRIs was not different between the two treatment groups, did this number distinguish between responders and non-responders with the treatment groups or across the treatment groups combined? That is, did an increased number of trials predict a lower likelihood of response, or a lower degree of change in Y-BOCS score?

Page 7 Discussion, second paragraph. Line 2-3. What is the meaning of "significant majority (63.4% mean 1.59)?"

The discussion might also mention that symptom type (e.g., hoarding) may contribute to the likelihood of response. Was the number of subjects with hoarding as the primary symptom equal in the quetiapine and placebo groups?

Probably the manuscript should indicate the dose range for each SRI the subjects were taking, so that readers can be assured that each subject was indeed taking a demonstrated effective dose of the SRI before augmentation was attempted.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Page 6. Treatment outcomes. The mean quetiapine dose at week 6 (168.75 mg, SD 12.82) is low, close to the ineffective dose observed by Sevincok & Topuz. With an SD of about 13, many patients were dosed close to 150 mg/day. How many were dosed at or above 200 mg/day, and did these subjects have a better response than those treated with the lower doses? When the authors write that "Responders (YBOCS) (183.33 mg) did not differ significantly from non-responders (211.96 mg) in their mean daily dose (p=.428)" it seems that they have included both the quetiapine and the placebo group in this calculation. If this is so, then a separate calculation is needed. If this is not so, the manuscript should make this clear.

Page 7 third paragraph. The statement that the mean daily dose of 168 mg/day with a median of 300 mg/day is not a clear description of the distribution of doses achieved. There is too great a separation between the mean and the median. Please indicate how many subjects reached a dose of up to 100 mg/, 150 mg/d, 200 mg/d, 250 mg/d and 300 mg/d, or some other detailed description that conveys more accurately the distribution. Line 15 in this paragraph
speaks of "adequately low" doses. Don't the authors mean adequately high
doses? The authors might mention that inadequate duration of treatment at
200 mg/day or more may have been a factor, not just "inadequate doses." Do
we know whether extending a trial at such a dose for say 4 or even 8 weeks
at this dose, to allow more time for a neurophysiological response to the
perturbed dopamine and serotonin systems, would or would not lead to a
higher response rate?

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the
author can be trusted to correct)

Page 4, Study Design, line 1014 seems to be an incomplete sentence.

Page 5 Statistical Analysis. State why the two subjects withdrew
prematurely.

How were the 11 subjects with tics distributed across the two treatment
groups (even though there was no statistically significant difference between the groups).

Page 6. tolerability. When did the two subjects withdraw because of
sedation?

Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the
major compulsory revisions

Level of interest: An article of importance in its field

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

Statistical review: No

Declaration of competing interests:

t have no competing interests.