Reviewer's report

Title: Metabolic risk factors profile associated with use of second generation antipsychotics: a cross-sectional study in a community mental health centre

Version: 1 Date: 21 October 2005

Reviewer: Robert C. C Smith MD PhD

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General
This is a useful addition to the literature, although the study has important limitations.

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

1.1 Table 4 is unclear. From the text this should be a ChiSq analysis. However, the table presents what seems an ANOVA and the DF is even unclear (8.34 is not how DF is expressed) in ANOVA 8,34 or 8(34)). The F’s cannot all be 4. The more appropriate statistic here is the ChiSq and DF for chs and p for ChiSq. Since some of the n’s are small (less than five in box), exact tests might be more appropriate, such as fishers exact tet. SPSS give both ChiSq and Fishers Exact test if asked for. I don’t know what statistic’s options are. Please revise table and put footnote as to statistics used.

1.2 The authors can’t really say if these rates a higher than would be found on conventional antipsychotics, because there is no conventional (FGA) antipsychotic group. I suppose this can’t be helped at this stage of their study, but it should be commented on. Also in the discussion, it should be pointed out that schizophrenia itself (even without treatment with antipsychotics) is associated with higher rates of diabetes and not only to associated medical complications in these patients. There are recent article showing more abnormalities glucose levels in drug naive schizophrenic patients. So it is not clear from this data whether schizophrenia itself or drug treatment is responsible for the higher rates of diabetes. These points should be made cleaner in the discussion.

1.3 Was there any funding for this study, by drug companies or others? This should be cited. If no fuddling, this should also be mentioned.

1.4 Some of the English writing is ungrammatical in tense, grammar, and/or sentence structure. Someone really fluent in English writing, either at the BMC editorial staff, or at the author’s institution should go over the paper to correct these grammatical errors and/or extreme awkwardness of some of the sentences.

1.5 Was the metabolic data based on a single fasting sample or a mean of several fasting samples? Was it drawn at a specific time of the day or range of times (eg. 8-10 AM)? We have found it hard to assure fasting samples in outpatients, and have to take a lot of special care and precautions. Some more details of the number and way fasting samples were collected is necessary.

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

Although olanzapine has been associated consistently with weight gain, most studies show clozapine has the greatest amount of weight gain, with olanzapine possibly second. The authors’ statement in the discussion seems to equate olanzapine and clozapine weight gain in the literature,
either because they really mean these or because the English of their sentence structure is inappropriate. This should be corrected.

Discretionary Revisions (which the author can choose to ignore)
3.1 In light of the comments in 1.2 above, it would be very helpful if the background data showed the rate of previously diagnosed diabetes or family history of diabetes in the patients. However, if this data is not available at all, the lack of it should not be a bar to publication.

3.2 The authors might compare their data to a recently published large cross-sectional study of psychiatric inpatients in the US.


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

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

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

Statistical review: No

Declaration of competing interests:

Independent Investigator Research Grants from Eli Lilly Pharmaceuticals both currently and in past.