Author's response to reviews

Title: Predictors of patient satisfaction with antipsychotic medication in schizophrenia: Data from a randomized double-blind trial

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RESPONSES TO REVIEWERS’ COMMENTS

SCP-402-MSQ Predictors of patient satisfaction with antipsychotic medication in schizophrenia: Data from a randomized double-blind trial

Response to Editors comments:

1. Trial registration number is:  NCT00061802 this has been added to the methods section
2. Details of ethics approval have been added in the Methods section.

Reviewer 1:

Change title to:  Reduction in psychotic symptoms as a predictor of patient satisfaction with antipsychotic medication in schizophrenia: Data from a randomized double-blind trial

Title has been changed as suggested.

Reviewer 2:

1. The abstract does not include any statistical data such as p-values etc. aside from predictor variables explained over 30% of the variance in medication.

We have revised the first sentence of the results section of the abstract by adding p value (underlined) as follows:

Results- Medication satisfaction at both time points was significantly associated in multiple regression analysis with improvement on three PANSS factor scores (positive, $p<.01$; uncontrolled hostility/excitement, $p<.0005$; anxiety/depression, $p<.04$) and treatment with risperidone ($p<.03$); at day 14, significant association was also found with older age ($p=.01$).

2. The major finding that patient satisfaction is related to symptom improvement, particularly improvement of positive symptoms, might be related to the duration of the trial. Within 6 weeks, positive symptoms usually decline much more than negative or other symptoms. This issue should be mentioned more in the discussion.

We have added this important point to the discussion.

3. The statistical analysis is described, but for me it is not clear whether the findings would be the same if the analysis were done totally independent of medication.
Efficacy and side effects profile of quetiapine, risperidone and certainly placebo differ markedly. Thus, the relationships mentioned above should also differ. I am not sure whether the statistical analysis, done by the authors, is appropriate.

We have now conducted an additional regression analysis that did not include medication as an independent variable. The results are very similar, the same variables were significant. While a separate analysis by treatment group would give a more complete answer to your question, the size of the samples was not large enough to conduct a separate regression analysis on each group that would render meaningful results.

4. Most important for me would be the question whether compliance is more related to the patient’s perspective (satisfaction) or to the doctors perspective (improvement of psychopathology). I am not sure whether this simple, but important question has been answered by the statistical procedures mentioned.

We agree that it would be informative to know whether compliance is more related to patient’s satisfaction or physician rated symptom improvement. Since the two measures are very highly related and it’s not possible to know what came first, we feel that we can not properly answer the question.

5. Since the authors apparently used a non-standard principal component analysis, more details and references need to be provided to assess the validity of this approach. For example, the extraction criteria (Kaiser-Guttmann, Scree-plot etc.) are not described and it is unclear which items were entered in the PCA. I would recommend that the authors perform a standard PCA, save the factor variable to the matrix and then correlate these with the dependent variables (e.g., MSQ).

As suggested, we elaborated more in the section on statistical analysis on focused PCA. This highlights the utility of this technique, especially in these circumstances. We noted that focused PCA was used as a method to graphically represent and examine the relationship between Medication Satisfaction and the five PANSS factors. Thus for these purposes extracting factors was not appropriate. Our interest was in how the PANSS factors were correlated with Medication Satisfaction.

Reviewer 3:
It would be helpful if the authors also include a table of pt satisfaction and outcomes at day 42

The day 42 results are presented in the primary publication from this study which we have referenced. It was in-press at the time of review and has now been published.


Improve figure 1 which is incomprehensible (probably because it lack legends for the X and Y axes. Fig 2 can be deleted, it is not instructive.

X axes has now been labeled Medication Satisfaction and Y axes mean of maximum days in trial. We believe that figure 2 is important to allow understanding the relationship of patient satisfaction and PANSS factors and would thus prefer to have it included in the paper.