Author's response to reviews

Title: Metabolic syndrome in Thai schizophrenic patients: a one-year follow-up study

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Author's response to reviews: see over
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Editor, BMC Psychiatry

Re: MS: 1432611914115646 - Metabolic syndrome in Thai schizophrenic patients: a one-year follow-up study

Dear the Editor:

Attached please find the revised manuscript submitted for reconsideration in publishing in BMC Psychiatry.

Thank you for the reviewers’ comments. They are very helpful for the revision of our manuscript.

I am writing this letter to submit the revised manuscript for your reconsideration. Its title is ‘Metabolic syndrome in Thai schizophrenic patients: a one-year follow-up study’. The paper may be classified as research article. In 16 pages, it contains 3,699 words of the manuscript, including 241 words of abstract, 17 references, and 3 tables.

Neither the manuscript nor its data have been previously published or are currently under consideration for any published journal. All authors of the submitted paper have contributed substantially, reviewed, and given final approval of the submitted manuscript. Any conflict of interest has been described in Acknowledgements and Conflict of Interest.

Although we have done our best in revising the manuscript accordingly to the reviewers’ comments, some of both reviewers’ comments are in contrast, especially the report of ATP-III or adapted ATP-III data. In this respect, we, therefore, choose to follow the reviewer 1 comment by excluding ATP-III or adapted ATP-III data. The reasons for doing this have been added in a paragraph of the revised manuscript (page 4, the whole of first paragraph). Mainly, both IDF and updated ATP-III definitions are almost identical, identify essentially the same individuals as having MetS, and do not make any difference in clinical management.

As your suggestion, this revised manuscript has been edited by an English native speaker, who is a health professional working with our institution.

Other points that have been revised accordingly to the reviewers’ comments are as follows:

1. How data on family history of metabolic disease was gathered and confirmed:
   Tables 1 and 2 now use the term ‘Patients reporting metabolic disturbances in their 1st degree relatives’, which is clear that they were reported by the patients without any confirmation.

2. Excluding the ATP-III data:
   These data have been excluded, as mentioned above.

3. The term ‘general people’:
   Page 3, paragraph 1, line 2: Now use ‘the general population’.

4. The term ‘diseases’:
   Page 3, paragraph 1, lines 3-4: Now use ‘risk factors for cardiovascular disease’.

5. The term ‘conditions’:
   Page 3, paragraph 2, line 4: Now use ‘three or more’.
6. The term ‘a qualified criterion’:
   This comment was not applied due to the rewriting of this part.
7. The term ‘treatment of’:
   Page 6, paragraph 1, line 2: ‘treatment of’ has been removed.
8. The term ‘advice’:
   Page 6, paragraph 5, line 2: Now use ‘advice’.
9. Word(s) missing of ‘high potency … was smaller’:
   Page 7, last paragraph, lines 4-5: now use ‘high potency conventional antipsychotics’
10. The term ‘condition’:
    Page 8, paragraph 1, line 2: Now use ‘component’.
11. The sentence ‘all 7 subjects who developed IDF MetS were the 15 participants…’:
    Page 8, last paragraph, lines 4-5: Now use ‘all 7 subjects who developed MetS within
    the 12 months follow-up were part of the 15 participants who already had 2 MetS components
    at baseline’.
12. The term ‘caution’:
    Page 9, paragraph 2, line 5: Now use ‘caution’.
13. ‘%’ in Table 2
    Table 2, heading of column 3: Omit ‘%’.

Reviewer 2: Jim van Os
1. Reporting the effect of the medication switch on the development of the metabolic
   syndrome and its separate components in more details:
   We do not report these data because:
   1.1 As a natural study, antipsychotic switching was done on the clinical basis.
   Therefore, many subjects had many times of antipsychotic switching. These data
   may, therefore, too complicate to be presented.
   1.2 Factors (e.g. antipsychotics) affecting the MetS may need years before its
   development. Therefore the antipsychotic used before or at the onset of MetS may
   not be the one responsible for the development of MetS. Reporting the effects of the
   medication switching may, therefore, not be able to answer the reviewer’s interest
   anyway.
2. Separately reporting the evolution of the group with MetS at baseline. What was the effect
   of those advices on rates of the MetS? Were there switches in antipsychotic medication in
   these patients and what was the effect?
   We do not report the evolution of the group with MetS at baseline separately. This
   issue appears to be out of the scope of this study. As mentioned in 1.1, this is a natural study.
   Some subjects received treatment of metabolic disturbances from their own GPs or
   specialists, which were the data that we did not have. Patient own psychiatrists were also the
   ones responsible for antipsychotic switching, which might occur many times during research
   visit intervals. Because we have none of these data, which have a high impact on the
   progress of MetS, the report of the evolution of the group with MetS at baseline seems to be
   unhelpful.
3. As mentioned at the beginning of this letter, we follow the reviewer 1 comments by
   excluding the data of ATP-III and updated ATP-III.
4. Writing in full ‘metabolic syndrome’ in the background:
   Page 3, paragraph 1, line 3: Now use ‘metabolic syndrome (MetS)’.
5. Citing the prevalence rate of studies with small sample sizes:
   Page 4, paragraph 2, the whole: Now cite all three studies suggested by the
   reviewers, including Cohn et al., 2004 [5], McEvoy et al., 2005 [6], and De Hert et al., 2006
   [7].
6. Describing the characteristics of those patients that were lost to follow-up vs. those
   remained in the study:
   Page 13-14, Table 1: After we excluded the ATP-III data, we have added a column of
   ‘Subjects completed the study (N=35)’. The characteristics of subjects in total, those in the
   incidence study, and those who completed the incidence study are now compared in this
   Table.

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Please let us know if you have any question or advice. Thank you for your consideration. My colleagues and I are looking forward to hearing from you.

Sincerely yours,

Manit Srisurapanont, M.D