Author's response to reviews

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

Authors:

Manit Srisurapanont (msrisu@yahoo.com)
Surinporn Likhitsathian (slikhits@mail.med.cmu.ac.th)
Vudhichai Boonyanarathee (vboonyan@mail.med.cmu.ac.th)
Chawanun Charnsilp (ccharsmi@mail.med.cmu.ac.th)
Ngamwong Jarusuraisin (ngamwong@bgh.co.th)

Version: 5 Date: 10 March 2007

Author's response to reviews: see over
March 10, 2007

Editor, BMC Psychiatry

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

Dear the Editor:

Attached please find the 2nd revised manuscript submitted for reconsideration in publishing in BMC Psychiatry.

Thank you for the reviewers’ comments on the 1st revised manuscript and another chance for revision the manuscript.

My colleagues and I are writing this letter to submit the 2nd revised manuscript for your reconsideration. Its title has been changed to ‘Metabolic syndrome in Thai schizophrenic patients: a naturalistic one-year follow-up study’. As suggested by referee 2, the word ‘naturalistic’ is added in the title. The paper may be classified as research article. In 18 pages, it contains 3,678 words of the manuscript, including 240 words of abstract, 19 references, and 4 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.

In this 2nd revised manuscript, we have edited the manuscript as suggested by the referees. Those are:
Referee 1: Paul Mackin
   - Page 3, paragraph 1, the last sentence: The results of a recent meta-analysis have been added (reference 1).
2. Presenting the metabolic syndrome criteria in table form.
   - Page 14, table 1: the metabolic syndrome criteria have been presented in Table 1.
3. Too lengthy of the introduction, need for comparing the ATP and IDF definitions in details, and a reference for the similarities/differences between the ATP and IDF definitions.
   - Page 3, paragraph 2 and Page 14, table 1: comparing the ATP and IDF definitions in a shorter paragraph plus Table 1. A reference for the similarities/differences has been given (reference 3)
4. Citing Osborne’s study.
   - Page 4, paragraph 2, the last sentence: Osborne’s study has been cited (reference 11).
5. Changing antipsychotics in a substantial proportion of patients.
   - Page 8, last paragraph, line 2-6: This issue has been mentioned as probably the most important limitation of this study. Please be informed that we cite a reference (no. 15) to support the statement of ‘some atypical antipsychotic agents have a worse metabolic profile than the conventional ones.’

Referee 2: Jim van Os

Tel: +66-53-945422; Fax1: +66-53-226293; Fax2: +66-53-217144
1. Antipsychotic switching probably influences the new-onset metabolic syndrome. - Page 8, last paragraph, line 2-6: This issue has been mentioned as probably the most important limitation of this study (same as the response to comment 5 of referee 1).

2. Changing the title to: ‘Metabolic syndrome in Thai schizophrenic patients: a naturalistic 1-year follow-up study’. - Page 1, the title: The title has been changed to ‘Metabolic syndrome in Thai schizophrenic patients: a naturalistic 1-year follow-up study’.

We totally agree that our decision in excluding schizophrenic patients taking medications for metabolic abnormalities from our study is a big problem. However, we wish to inform you that this study had been planned and ethically approved before the updated ATP III and IDF definitions were proposed. If you look at Table 1 of the manuscript, you will see that a patient taking a medication for a metabolic abnormality does not yet meet the corresponding criterion of the ATP III metabolic syndrome. At that time, we felt that the ATP III definition inappropriately dealt with the patients taking medications for metabolic abnormalities. This is the real reason behind our decision to exclude patients taking medications for metabolic abnormalities from our study. However, we have been in trouble after the proposals of updated ATP III and IDF definitions. According to these later definitions, the use of a medication for a metabolic abnormality means the meeting of the corresponding criterion. At this time, it is therefore unreasonable to exclude patients taking medications for metabolic abnormalities from a prospective study.

For further correspondence, please contact us at the following address:
Manit Srisurapanont, MD
Department of Psychiatry,
Faculty of Medicine, Chiang Mai University,
Amphur Muang, Chiang Mai 50200 Thailand
Tel: 66-53-945422
Fax: 66-53-945426
Email: msrisu@yahoo.com

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