Reviewer's report

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

Version: 3 Date: 8 March 2007

Reviewer: Paul Mackin

Reviewer's report:

General
The manuscript has been improved by focussing on the IDF definition, but there are some issues that need to be addressed.

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

1. There should be a reference at the end of paragraph 1 of the 'background' section about the metabolic syndrome and its association with cardiovascular disease.

2. For ease of reading, it may be better to present the criteria for metabolic syndrome in table form rather than listing them.

3. Overall, I think the introduction is too lengthy. Is there really a need to compare and contrast the ATP and IDF definitions in such detail. Again, a reference could be given about the similarities/differences for the interested reader.

4. Reference should be made on page 4 in paragraph 3 to the recent study of cardiovascular mortality in patients with severe mental illness (Osborne et al, Archives of General Psychiatry, 2007)

5. I am unsure about the rationale for excluding patients who were taking treatment for metabolic disturbance. The purpose of the study was to report the development of metabolic dysfunction, or metabolic syndrome in schizophrenic patients over time regardless of the cause (a question which it is clearly not designed to address). It is striking that a substantial proportion of patients changed their antipsychotic medication during the follow-up period – the majority of them switching from a typical agent to an atypical (agents which are clearly associated with metabolic dysregulation). This alone could explain the emergence of metabolic dysfunction during the follow-up period. It therefore seems odd to exclude people who are being treated for metabolic disease, but include those who switch to an agent which has a higher propensity to cause metabolic dysregulation. The authors have not commented in the discussion about the greater use of atypical agents during the follow-up period, and how this may have impacted on the development of metabolic disease. Could this not be the ‘risk factor’ which the authors state they could not identify?

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

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 limited interest

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests:

I have received honoraria for educational meetings from AstraZeneca, Bristol Myers-Squibb, Eli Lilly, and Janssen-UK.