Reviewer's report

Title: Treatment patterns and clinical characteristics prior to initiating depot typical antipsychotics for nonadherent schizophrenia patients

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Reviewer: Stephan Heres

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REFeree REPORT FORM

Manuscript title:
Treatment patterns and clinical characteristics prior to initiating depot typical antipsychotics for nonadherent schizophrenia patients

Summary:
The authors present data of a 3-year naturalistic study conducted in the U.S. and focus on patients having been non-compliant with antipsychotic treatment in the six months preceding enrolment in the study. Patients’ characteristics and treatment variables of those patients switched to depot in the run of the study are compared to a “control group” of patients not switched to depot treatment. Of those patients noncompliant before study entry 12.4% were switched to depot in the course of study. Amongst others the authors interpret a recent hospitalisation, an overall higher number of hospitalisations during the study and being hospitalized at baseline as predictors for depot initiation.

Questions/comments:

General concern: The authors limit their analysis to patients having been non-compliant with antipsychotic treatment in the six months preceding enrolment. Although depot is surely often initiated in patients with episodes of non-compliance in the past it is not clear why the authors do see non-compliance as a requirement in their analysis. Have all patients started on depot at any time in the complete data set of the 3-year-analysis been non-compliant before enrolment and not a single compliant patient been switched to depot for other reasons than non-compliance.

Page 4, background

Reference #5 does not provide the data stated in the manuscript (1/3 of patients with schizophrenia being noncompliant with their treatment regimen). In ref #5 West and colleagues cite another publication of their work group regarding this figure. To the knowledge of the referee the reference should be revised to “West JC, Wilk JE, Olfson M, et al. Patterns and quality of treatment for patients with schizophrenia in routine psychiatric practice. Psychiatr Serv. 2005;283–291.”
to the understanding of the referee “closest to day 269 post-initiation for the non-depot–initiator group” should be revised to “….to day 269 post-enrolment” as this was the mean time from enrolment to initiation of depot in the depot-group.

Another general concern: The “control group” is chosen on the basis of the mean time from enrolment to initiation of depot treatment. In most cases the initiation of depot treatment is a decisional process due to the need of a change in medication. In the control group the need for a switch is not automatically given and so the time point (day 269 post-enrolment) may be a rather non-specific time point during the 3-year-follow-up and does not represent a situation comparable to the treatment situation in the depot-initiated group. The authors may comment on this and why they did not chose a switch-situation in the “control group” as comparable situation for a change in treatment strategy. Often a switch in medication is preceded by a hospitalisation, a augmentation of treatment due to lack of efficacy or use of drugs causing a worsening of the underlying illness. The “triggers” identified by the authors may therefore be due to the methodological approach and not necessarily reflect factors of influence in the initiation of depot.

Maybe we did not fully understand the methodological approach of the authors but this could also reflect that the method section needs some more clarification.

**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, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests