Reviewer’s report

Title: Predictors of Metabolic Monitoring among Schizophrenia Patients Initiated on Second Generation Antipsychotics in the Veterans Health Administration

Version: 2 Date: 26 August 2009

Reviewer: Elaine Morrato

Reviewer’s report:

The revisions have improved the quality of the manuscript. I have a few remaining comments that should be easily addressable.

Major Compulsory Revisions

1. The authors have improved the metabolic syndrome prevalence reporting. Because of differential surveillance and missing values, I still find it problematic to report prevalence rates in the Mon(-) group. Given the number of individuals with missing values in the Met(+), Method 1 is also problematic. Therefore, I recommend you only report the prevalence rates using Methods 2 and 3 for just the Mon(+) group with no missing data.

2. The VA quality performance measure concerned testing occurring 180 days before through 30 days after the new antipsychotic was prescribed (p. 6). However, the evaluation methods only considered testing 180 days before (p. 8). Please explain the discrepancy. I believe the methods should reflect the performance measure.

Minor Essential Revisions

3. The authors have done a nice job defining a new SGA treatment episode as a switch, new start, or augmentation. Based on the findings, 10-20% of patients were switchers/augmenters and many of the “new starts” were actually restarts because these patients had significant prior antipsychotic use experience. Therefore, in order to avoid confusion, I believe it is important to use your term “new treatment episode” or “index treatment episode” rather than “antipsychotic initiation” throughout the manuscript. For the title, I believe it is more accurate to say “… schizophrenia patients receiving second-generation antipsychotics….” or “… patients with a new episode of second generation antipsychotic use …” rather than to imply the study population represents patients newly initiating medication.

4. The OR’s reported in the text for # of typical and atypical antipsychotics are reversed compared to the OR’s in the table. Needs to be corrected.

5. Table 5. In this table, you report antipsychotic use using different nomenclature: typical, atypical, FGA, SGA. Please pick one nomenclature and use throughout the text and table. Please clarify whether BMI was included as a continuous variable or categorical. If it was a categorical variable, please specify which category definition and reference group that you used – NHLBI or the waist.
circumference equivalent. Please label units for length of stay and medication duration (days, presumably).

Discretionary Revisions

6. Another unique aspect and strength of this study that the authors may wish to recognize is the inclusion of BMI as an indicator of who got testing and who didn’t. This measure has not been available for study in the previous studies examining Medicaid and commercially-insured patients and the VA results indicate that BMI is a strong risk determinant of who got testing.

7. Table 5. To help with the clinical translation of the findings, I suggest that the authors present the OR’s for the continuous variables with very small, but significant ORs (number of non-psychiatric outpatient visits, length of stay, and medication duration) in more clinically relevant terms than just changes in the likelihood per unit change in the measure. For example, you might use tertiles or quartiles for the number of non-psychiatric outpatient visits to show a “dose effect” relationship rather than each visit increases the likelihood of testing by 0.7%. Instead of reporting the OR for each incremental day of antipsychotic duration, you might present it as the OR for each 60 day increase in drug duration (OR= 1.06 instead of 1.001). Similarly, instead of the OR for each day of increased hospital stay, you might instead report the increased likelihood per week of hospital stay (OR=1.08 instead of 1.01).

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

In the past 5 years, I received grant funding through my University from Pfizer to investigate changes in metabolic monitoring rates for Medicaid and commercially-insured users of antipsychotic medication.

I have no other competing interests.