Reviewer's report

Title: Predictors of involuntary admissions among non-psychotic patients with substance use disorders and comorbidity: a cross-sectional study

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Reviewer: Marianne L Lindahl

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Predictors of involuntary admissions among non-psychotic patients with substance use disorders and comorbidity: a cross-sectional study.
Opsal A et al.

This is a study about patients who were involuntarily treated due to substance abuse at three different centers and according to the Norwegian social services act. The group of patients was compared with patients who had voluntarily chosen to seek treatment at one of the included centers.

The result was that factors associated with involuntary admission were several - demographic characteristics, injecting drugs, overdoses, female gender, welfare benefits, frequent visits to physician for somatic complaints and injecting drugs during the past six months, poverty, somatic complaints, “victims of addiction” a perception of females who use injection substances. (The repetition of factors reflects the description in the Conclusion section, reviewer’s comment). Also that 60% of the patients involuntarily treated had comorbid substance abuse disorder and psychiatric disorder.

The implication of this result was the need to educate health providers and to diagnose and treat patients.

Is the question posed original, important and well defined?

According to the title the study is about predictors for involuntary admissions, in the abstract the study is about factors associated with admission and in the article the first aim is the description of socio-demographic characteristics, substance use patterns and psychiatric comorbidities. In addition to this aim associated factors was to be investigated. In the Discussion the main objective was to explore relationship between substance use patterns and involuntary admission.

It feels as if there is a loss of direction and the authors may need to ensure an alignment between title, aims and the rest of the article. The above mentioned disparities are impediments for understanding the results of the study.

Generally, any studies including patients involuntarily detained in care, is of great importance. There is definitely a lack of knowledge and very few studies with focus on patients involuntarily admitted due to substance abuse. Considering the
violation of the individual’s integrity, a study as the reviewed, needs to be seriously considered for publication.

But in order to recommend the article some work has to be done so the title and aim reflects the other sections of the article (and the study).

Are the data sound and well controlled?

In the study information has been collected from two groups of patients, involuntary (IA) and voluntary (VA) admitted. The patients in the IA group were recruited from three different centers but the VA group came from one center. There is no discussion in the article about how this may influence the results.

The period of inclusion lasts from 1st of Jan 2009 until 31st of May 2011 and since only 65 patients were included during the study, this would be approx. 2 per month. If the study was aiming at predictors any external factors influence the process needs to be evaluated. Also any changes at the centers that may or may not have provided the same type of initial treatment during the first weeks of stay?

The flow needs to be clarified since 11 IA-patients were lost due to logistics but none of the VA, why? And the 11 IA-patients could be considered representing a fairly large group considering that only 65 patients were eligible and agreed to participate.

Since the inclusion of patients continued during almost 2 ½ years and the patients were consecutive, could there be patients with more than one stay? Could IA-patients be legally transferred to VA?

It could also be useful to be more stringent when describing the “study subjects” so one can easily understand inclusion and exclusion and the flow. The description could easily be reduced with half and still report all necessary information.

It’s a little confusing with the differences between text in the article and text in tables, for example in text “Female gender, receiving public welfare benefits, and more frequent visits to physicians for somatic complains or injection of drugs during 6 months prior to treatment were all associated with involuntarily admission pursuant to the Social Services Act. In table though it reads “Logistic regression analysis of the effect of involuntary admission…..” The question is whether it is a description of status or effect? And at what point is the effect measured?

It makes it definitely difficult to assess the data since it’s not obvious if there is any other collection of data than during the interview 3 weeks after admission? The second paragraph in the Methods section – Study subjects it is mentioned that patients are interviewed “at least 3 weeks of treatment”, what is the difference between intake and interview for the patients, overall?

Is the interpretation (discussion and conclusion) well balanced and supported by
It may be considered positive that patients involuntarily treated have more severe drug dependence than the patients that had enrolled by free will. In that respect, the legislation targeting the patients in risky situation works correctly if this is the purpose of the legislation. That more women are involuntarily treated is also interesting and especially since pregnant women were not included in this study. It would have been interesting if the authors had reasoned a little about the differences between the proportions of involuntarily treated women in Sweden and Norway.

The results in type of drugs used by involuntarily (injecting drugs) and voluntarily treated (alcohol) could be explored a little further in the Discussion section. In the US, for example, most states permit involuntary substance abuse treatment, and it would have been interesting to have the results of this study in an international context even though the differences of criteria may be impediment. The interpretations of the results are not overly positive or negative but fairly well linked with the results although with reservation for the different aims described in the beginning of this review.

Are the methods appropriate and well described, and are sufficient details provided to allow others to evaluate and/or replicate the work?

Depending on what the authors are studying, the methods can be appropriate. If it is a description of socio-demo between two groups of patients with substance abuse the instruments ASI, ICD-10, DSM IV, SCL 90-R and GSI are well evaluated for research on this particular group of patients. If it is an effort to find predictors for legal decisions for involuntary care, the comparison may have to between people with substance use disorder who may or may not seek treatment and those who have been legally mandated to care.

There is no need for an additional reviewer with statistical expertise. The statistical analyses that have been carried out are adequate for this type of research questions. The only reservation is the use of test of statistical significance on very small samples, such as one patient, or two or three and so on.

The study as it is can be reproduced but then of course it will also carry the limitations of comparing patients from different treatment facilities. There is a need for some additional information on why the logistics missed that number of patients, if there is any difference in the treatment during the first three weeks between IA and VA that may influence interviews, the criteria in the legislation governing decisions for involuntarily care etcetera.

Can the writing, organization, tables and figures be improved?

The writing could be improved and the text needs a revision. For example Table 1: “usual living arrangements” could be labelled “living arrangements” unless the opposite “unusual” is of importance to the results in the study. Is “no stable arrangements” equal to homeless and what is a “controlled environment” in
regard to “living arrangements”?

In table 1 there are four headlines or underlined main groups of variables: Education, Sources of financial support, Usual living arrangements and Mental stress scores but there are at the same time another seven variables that don’t seem to be part of any of the main groups or are they?

One could also question whether all the information in table 1 is necessary to understand the study since some of the information is or could be presented in text.

In table 2 the underlined Substance Abuse, does that information refer to ASI? If so, it should be stated which variables that derives from ASI and ICD-10 respectively.

Tables 2-3 present 1. substance abuse, 2. mental disorder and, 3. logistic regression of female, benefits, somatic complaints and substance use disorder and mental diagnosis (choice of words?) and the tables are relevant when presenting the results of this study.

A minor reflection:
One may prefer that “women” is used instead of “female gender” and “patients” instead of “subjects” or “interviewed” instead of “subjected to”, “mate” could be “friend” or “partner” and there are many other examples. So, a suggestion is to revise and improve the type of expressions used in the article.

**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.