Reviewer’s report

Title: Patterns of primary care and mortality among patients with schizophrenia or diabetes: a cluster analysis approach to the retrospective study of healthcare utilization

Version: 2 Date: 21 June 2009

Reviewer: Haya Ascher-Svanum

Reviewer’s report:

Major Compulsory Revisions

This is a well written and carefully conducted study reporting that regular primary care and high levels of primary care use were associated with better survival for patients with chronic illness, whether psychiatric or medical, and that for schizophrenia patients (with or without comorbid diabetes), primary care offers a survival benefit. Although the study shows that a “low decreasing” primary care pattern – compared to consistent use pattern- was associated with shorter survival controlling for demographics and case mix, there is a need to provide additional information:

- The characteristics of the VA patients by cohort (patients with diabetes, schizophrenia, or both diabetes and schizophrenia) need to be added to Table 1.
- Please provide information on a specific variable of interest, which is linked to the current findings: the % of patients with any inpatient care during the 4-year follow up period, per cohort and by trajectory type. It is possible that schizophrenia patients – due to their tendency to be hospitalized for psychiatric purposes - may be getting primary care services while being an inpatient. The authors touched upon this issue by reporting a small negative correlation between inpatient days and primary care visits, but this information should be pursued further, considering that patients’ psychiatric admissions at the VA are typically accompanied by a physical exam and various lab tests.

- The authors are using the term “premature mortality” in the abstract and the body of the manuscript but have not defined it. It will be helpful if the authors were to also provide the mean age for deceased persons in each cohort and compared with that of deceased general VA patients? (the latter is optional).

- Please clarify if the included schizophrenia patients (with or without diabetes) could have carried this diagnosis as a secondary diagnosis - thus could also be diagnosed with dementia type disorders. If yes, what was the rationale for inclusion of persons with psychotic symptoms who may carry a frequent diagnosis of schizophrenia but only secondarily to their dementia diagnosis?

- Although diabetes patients had the lowest rates of death, they were as likely to be in the “low decreasing” primary care trajectory as the schizophrenia with diabetes cohort (which had a significantly higher rate of mortality: 20.6% vs. 13.7%). This suggests that low decreasing is associated with higher mortality for
all cohorts, whereas the authors are focusing on the 2 schizophrenia cohorts. Please comment.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**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 in relation to this paper