Reviewer’s report

Title: Successful treatment of a schizophrenic patient with phenotypic evidence for CYP2D6 ultrarapid metaboliser status and non-response to amisulpride with melperone-augmented haloperidole: a case report

Version: 2 Date: 20 September 2011

Reviewer: Salih Selek

Which of the following following best describes what type of case report this is?: Other

If other, please specify:

New treatment combination modalities

Has the case been reported coherently?: No

Is the case report authentic?: Yes

Is the case report ethical?: No

Is there any missing information that you think must be added before publication?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: No

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:

This is an interesting case report that has potential merit for publication. However there are several major and minor shortcomings to be revised below:

1. Title: In order to avoid stigmatization use patient(s) with schizophrenia instead of "schizophrenic".

2. Abstract, introduction: The literature does provide some treatment recommendations for the CYP2D6 UR metabolizers. (i.e., Leon et al., Cacabelos
3. Abstract, conclusion: avoid generalization with one report's finding.
4. Key words: Use pharmacogenetics.

Introduction
5. The general design is coarse. You begin with "augmentation". Augmentation strategies may have several other reasons that CYP UR metabolism. Fluvoxamine-Clozapine augmentation needs citation. You don't explain what CYP is but you directly jump into the CYP interactions. This is not a good beginning. General transition sentences are missing.
6. See my 2nd point

Case presentation
7. It is awkward in general. The English needs a serious revision. For example, there are several typos and grammatical errors. In addition, passive and active voice are used randomly. I strongly suggest the authors get help from a native English speaker.
8. More clinical information of the patients should be added. Is the patient on your follow up for 20 years?
9. It is not clear why the authors tapered off quetiapine. Is it due to its metabolic side effect? If it is so, why did the authors come up to that conclusion?
10. What is the metformin treatment's relation with this report? This is not clear. Do you mean the patient had metabolic side effect due to the antipsychotics?
11. 21 day treatment (even if it does not include titration days) is not enough to decide an antipsychotic is ineffective.
12. How did the authors evaluate the non-improvement? What was the criterion? Did they use rating scales?
13. When, what doses and how long were risperidone and haloperidol decanoate given? "Usual doses" is not clear in a case report.
14. Describe phenotypical testing.
15. Why did you add trazodone rather than switching to a weakly CYP2D6 related antipsychotic?

Discussion
16. This phrase is not clear “Discontinuation of melperone and repeated measurements of haloperidole serum levels could have provided clarity. However, due to the unstable clinical situation this attempt was not performed.”
17. “Furthermore, this report shows that melperone is a possible inhibitor of CYP2D6.” Previous studies have pointed out this before. Your case report may congruent with previous studies.
Quality of written English: Not suitable for publication unless extensively edited

Declaration of competing interests:

None