Reviewer's report

**Title:** Primary Care-Based Educational Interventions to Decrease Risk Factors for Metabolic Syndrome for Adults with Serious Mental Illness: A Systematic Review

**Version:** 2  **Date:** 30 June 2013

**Reviewer:** Gary Cooney

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Nover and Jackson are to be commended for drawing attention to a serious deficiency in the evidence base for certain physical aspects of care in psychiatric patients.

The increased morbidity and mortality of psychiatric conditions due to cardiovascular and metabolic disorders is well-recognised. With established lifestyle interventions available to address these, there is a real opportunity for healthcare providers to invoke early preventative measures to reduce this considerable co-morbid burden.

Given that primary care is the first port of call for the physical concerns of most psychiatric patients, it is surprising and indeed worrying to learn from Nover’s and Jackson’s work that there are no high quality randomized controlled studies that assess the efficacy of lifestyle interventions for psychiatric patients in primary care settings.

Nover’s and Jackson’s systematic review brings focus to this potential for missed opportunity and is therefore an important contribution to the field. The clarity of their question however is somewhat impaired by the term “serious mental illness” which although appears to be established in the literature (Cabassa, Tosh) lacks any reference in the text to a robust definition. Anxiety is mentioned in the introduction, implying its inclusion in the category of “serious mental illness.” Its absence therefore in the search criteria seemed a little inconsistent. More importantly however the term itself may be misleading: anorexia nervosa for instance is among the most serious of mental illnesses if mortality, morbidity and quality of life are considered, however there is no mention of this in the review. A clear definition of “serious mental illness” or perhaps alternatively referring to major Psychotic or affective/mood disorders might be more appropriate. The inclusion of PTSD seemed somewhat arbitrary in that its aetiology, treatment and prognosis are quite different from the other psychiatric conditions mentioned; it would be helpful to know the justification for this.

The methods of this systematic review appeared appropriate and robust and were well-described throughout, with thorough electronic and manual searches carried out by the authors. The inclusion and exclusion criteria were precise and logical and the stepwise discussion of results, supported by the flow diagram in
Though the authors did not find any studies eligible for inclusion, they supplemented their review with details of relevant study methodologies potentially applicable to the primary setting, which had been carried out elsewhere. An analysis of systematic reviews of lifestyle interventions for psychiatric patients will likewise prove informative for anyone with an interest in this area. With this additional work, the authors have equipped the reader with a useful starter pack to facilitate future primary care based studies.

Overall I would strongly recommend this systematic review for publication. It appears methodologically sound and has highlighted an important gap in the evidence base whilst also supplying some preliminary tools to remedy this. It may represent an important departure point for an emergence of studies which seek to assess the efficacy of primary care preventative measures in a vulnerable population.

Major compulsory revisions

1) Authors are recommended to address the definition of “serious mental illness” as it is not clear if this is an accepted categorical term. Please consider either a clarifying reference, more detail, or instead categorizing as “major psychotic or mood disorders.” Ideally ICD-10/DSM IV diagnoses should be specified with reasons for their inclusion in this study.

Minor essential revisions

1) Figure 1 or Table 1 were not available. The link instead provided a document which appeared to be of the same content as Table 2.

Discretionary revisions

1) It is not clear to me why social workers would be “among the few professionals in health care settings who have the skills and opportunity to work closely with the patients most in need of health-related behavior change interventions.” It would seem to me that there are a variety of healthcare professionals (practice nurses, community nurses, clinical support workers, research nurses, general practitioners, nutritionists, smoking cessation teams, physiotherapists, occupational therapists) who might be able to carry out an educational/lifestyle intervention. In the UK, social workers may not in fact be in a strong position to help patients in this capacity because they are not readily able to access their medical records.

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:**

No competing interests declared.