Author's response to reviews

Title: Movements disorders in neuroleptic-naive patients with schizophrenia spectrum disorders

Authors:

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Author's response to reviews:

Editor
BMC Psychiatry

Dear Sir/DEar Madam,

Re: Response to reviewers comments
MS-1081749867114088. Movement disorders in neuroleptic-naive patients with schizophrenia spectrum disorders in a low income setting. Moges Ayehu, Teshome Shibre, Barkot Milkias and Abebaw Fekadu

We are very grateful to the constructive comments of the reviewers. We have modified the manuscript according to their comments. We have indicated the changes we have made under the specific comments of the reviewers below.

Yours sincerely,

Abebaw

Dr Abebaw Fekadu, on behalf of the authors

The specific

Response to Reviewer 1 (Michael P Caligiuri):
Reviewer:
Reviewer's report:
This is a well-written manuscript describing spontaneous movement disorders in an underreported population for whom pharmacotherapeutic management of psychosis is of great societal concern. The study contributes to a growing body of literature on disease-related EPS by demonstrating that the prevalence of parkinsonism and involuntary movements among Ethiopian patients is consistent
with reports from other parts of the world. This is important as it supports a universal feature of psychosis that may have genetic rather than environmental bases.

The study design and setting are appropriate for this kind of epidemiologic observational research. However, there are a few concerns that once clarified by the authors should improve readability and scientific aspects of the research.

Major Compulsory Revisions

1. It is stated under Methods/Participants that patients with no previous antipsychotic treatment were enrolled. It would be important to state (if true) that these patients also had no prior exposure to other antidopaminergic medications such as metoclopramide (or other antiemetics), amoxapine, buspirone, etc. that could account for a movement disorder.

Authors’ response: We confirm that exposure to potential antidopaminergic agents available in the Ethiopia market, such as metoclopramide and antihistamines, were excluded. This is now made explicit in the paper (page 6-under participants).

2. As described under Assessments, the study used the SAS to assess parkinsonism; however the standard (unmodified) SAS as originally published (and cited in paper) did not include an item to assess bradykinesia. Yet, in the discussion, authors state that rigidity and bradykinesia were common manifestations of parkinsonism in this study. Authors should reconcile this discrepancy.

Authors’ response: We agree with the reviewer that the SAS questionnaire does not explicitly assess for bradykinesia but has items that make reference to slowness of movement. We were referring to this later abnormality. However, in order to avoid confusion, we have now removed reference to bradykinesia.

3. When reporting results, it would be very useful to include a table of mean scores (with range) for the EPS ratings for all subjects and subgroups (based on BMI), gender, or other relevant groupings (e.g. from Table 1)

Authors’ response: We are again grateful for this suggestion. We have now added a second table, which displays comparative scores of SAS and AIMS in key variable categories (in text reference made in page 10).

4. Figure 2 was not provided for consideration.

Authors’ response: We apologise for this omission. We have now included Figure 2.

5. The authors are encouraged to consult a statistician. Given the unequal
sample sizes and likely unequal variances using a t-test to compare the age of participants with vs without SMD (results paragraph 2) is likely incorrect.
Authors’ response: We confirm that normality of continuous variables was checked visually using histogram and tested using Kolmogorov-smirnov test. For normally distributed data, equality of variance was checked using Leven’s test before applying T-test. We also confirm consultation of Statistician.

6. The statement under Exploratory analysis (prior to Discussion) that “…increasing body weight measured with BMI was protective…” is not supported by the findings. The study was not designed to evaluate protective properties of any patient-related variable. It may be better to simply state that increased body weight (as a proxy measure of) dietary health was associated with lower prevalence of SMD.
Authors’ response: Thanks. We agree. We have amended as per suggestion.

Minoir Essential Revisions
1. The first sentence under conclusions states that the study supports the argument that involuntary movements in schizophrenia may be intrinsic to the pathophysiology of the illness. While this is a reasonable conclusion, the study also supports that parkinsonism may also be intrinsic to the dopamine pathophysiology (especially considering that twice as many patients met criteria for parkinsonism than dyskinesia)
Authors’ response: We have amended the statement to say “involuntary movements (and parkinsonian symptoms)…”

2. There is a minor typographical error in the sentence in the 3rd paragraph of the Introduction that reads “…it has been proposed that indiopathic extrapyramidal disturbances…”
Authors’ response: We have amended this typographical error.

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:
I declare that I have no competing interests
Reviewer’s report
Title: Movements disorders in neuroleptic-naive patients with schizophrenia spectrum disorders in a low income setting
Version: 2
Date: 11 July 2014
Reviewer: Paoyen Lin

Reviewer's report:

The topic of current manuscript is interesting and important. However, the impact of this manuscript is undermined by the following points.

1. The title, abstract, and introduction emphasized “low income” setting. However, in their methods, authors did not describe what “low income” meant. Perhaps authors may emphasize the importance of subjects with malnutrition instead.

Authors' response: We agree that limiting the study by using the term low income may limit the relevance of the study. We have deleted the phrase from the title. However, we also acknowledge that being explicit about the study setting is important from two perspectives. First, to indicate where the study has been done and why. Secondly, the study may not be generalisable to other settings where such long treatment delays are rare. As shown, SMD appears more common among those with more chronic illness. In this regard being explicit about the study setting appears important.

2. Do authors assess past SMD?

Authors' response: Our focus is on current SMD rather than past SMD.

3. Since neurological deficits in schizophrenia were mostly associated with negative symptoms. It was not reported that if these SMDs associated with positive or negative symptoms.

Authors' response: We have shown association between negative symptoms and SMD albeit marginal (page 11).

4. I suggest authors to assess SMD in a group of control subjects without mental disorders to strengthen their argument.

Authors' response: We acknowledge that this would have been useful to have done. But this study is sufficiently novel and informative to be useful. SMDs have been established in many reports using the study design we have used.

5. Figure 1 did not tell about core information of current article.

Authors' response: We agree that the core information is about SMD, which is in Fig 2 and Table 2. But we thought that the nutritional information might also be of some interest to the readers.

6. Many grammatical errors need to be corrected.

Authors' response: Grammatical errors we have observed have been corrected.

Level of interest: An article of importance in its field

Quality of written English: Not suitable for publication unless extensively edited

Authors' response: We would like to confirm that the English has been edited by
a native English speaker.
Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests:
No conflict of interest to be declared.