Author’s response to reviews

Title: Atypical antipsychotic augmentation in SSRI treatment refractory obsessive-compulsive disorder: A systematic review and meta-analysis

Authors:

David M Veale (David.Veale@kcl.ac.uk)
Sarah K Miles (sarah.k.miles@kcl.ac.uk)
Nicola Smallcombe (nicola.smallcombe@kcl.ac.uk)
Haben Ghezai (haben.ghezai@kcl.ac.uk)
Ben Goldacre (ben.goldacre@lshtm.ac.uk)
John Hodsoll (john.hodsoll@kcl.ac.uk)

Version: 3 Date: 14 October 2014

Author’s response to reviews:

Dear Dr Kantrowitz

>>Thank you for your helpful comments.

This is much improved, as the figures now match the text. The meta analysis My only remaining issue is with the suggestion that "Aripiprazole is limited to two studies and like risperidone may show diminished returns over time." The statements is unclear may be misunderstood to suggest over time meaning chronic (as opposed to acute) treatment. This should be clarified, as I don't think this is what the authors mean. The reference for this is general and potentially applies to all antipsychotics. Figure 5 (meta analysis of odds ratios) generally supports this assertion, but the meta analysis of YBOCs change does not. If this statement is to be kept, the authors should offer an explanation as to why an odd's ratio meta analysis is only conducted for risperidone, speculate on the disparate findings, and moreover, there should be some explanation as to the specific link between risperidone's potential diminished returns and aripiprazole. However, I suggest removing the statement.

>> We have reflected on this observation and accept that it may be going beyond the evidence available. We have therefore removed this statement.

Yours sincerely,

David Veale