Author’s response to reviews

Title: Health care use, drug treatment and comorbidity in patients with schizophrenia or non-affective psychosis in Sweden: A cross-sectional study.

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Author’s response to reviews:

BPSY-D-17-00295R1: Health care use, drug treatment and comorbidity in patients with schizophrenia or non-affective psychosis in Sweden: A cross-sectional study.

Response to Reviewer 1, Nobutaka Ayani, M.D.

Comment #1

The English of this manuscript is still not suitable for publication unless extensively edited.

Response: The manuscript has been reviewed and edited by a second English language editor, this time in British English.

Comment #2

I still could not understand what you would like to assert around NAP. For example, "Among the comorbidities we investigated, hypertension and drug dependence/abuse were most common in both patient groups with a higher prevalence in the NAP patient group."(page 11 line 225-226), how do you think the difference? You should show the importance to divide schizophrenic patients into two groups (schizophrenia and NAP). And you also should describe the clinical implications for the treatment to the NAP patients.

Response: There is an ongoing discussion/debate whether schizophrenia in itself might be a risk factor for some of the somatic co-morbidities that are prevalent in schizophrenia patients (components of metabolic syndrome such as hyperlipidemia, obesity, hypertension, etc.) in a way that predates exposure to antipsychotic medications or if these co-morbidities may mainly
be the result of antipsychotic treatment. One way to address such issues would be to compare somatic co-morbidities in patients with schizophrenia and patients with other non-affective psychosis who are also exposed to antipsychotic medications. We now make this clear both in the introduction (page 4, lines 96-100) and discussion parts (page 13, lines 274-277). We have also included a new reference (ref. no. 21) that deals with the above issue.

Comment #3

I think the conclusions were not unclear. It is true that there were many differences between schizophrenia patients and NAP patients, but I could not find out what the differences were and how physicians should deal them. You should describe the differences and the clinical implication simply in the paragraph of "Conclusions".

Response: NAP is a widely heterogeneous group not easily summarized in an algorithmic manner. The different diagnoses within the NAP group will entail different approaches for optimal clinical management. Therefore, while we fully sympathize with the reviewer’s views we have refrained from summarizing in a way that would unavoidably be incomplete.

Response to Reviewer 2, Sangeeta Dey, FRANZCP.

Reviewer's recommendation: Accept without revision.