Reviewer's report

Title: Nicotine dependence in Croatian male inpatients with schizophrenia

Version: 0 Date: 20 Sep 2017

Reviewer: Jasmina Mallet

Reviewer's report:

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Thank you for the opportunity to review this interesting manuscript. These results are useful and expand our knowledge on this topic. The paper has a number of strengths, including a large sample and an interesting discussion. The study is clearly presented. The main outcomes are FTND scores in healthy males and SZ males, and its correlations with psychotic symptomatology in SZ males.

There are some limitations as well. These include the FTND cut-off for severe dependence (why 6 and not 7, as in most studies and national recommendations…), and the rationale for studying only male gender is the final purpose is to describe characteristics in SZ smokers. Other comments:

1- In the abstract and all along the article, it is written "Positive and Negative Symptom Scale" while it is Syndrom Scale (Kay et al).

2- Background, l55: do the authors mean " shared genetic vulnerability"?

3- Methods: Were all the assessment undertaken by the treating therapist? Psychiatrists? If so, the authors could comment on the potential bias.

4- Methods: Why only male patients, if the authors want to better characterize the smoking profile of SZ patients in Croatia? The article seems to aim at a more epidemiological aspect than biological, and the rationale for such a choice should be clearer for the reader (why "confounding variable"? for instance)
5- Methods: all included patients are in patients, did they have access to nicotine substitute, e cigarettes? Are they allowed to smoke whenever they want?

6- Methods: assessment, p6 : in many researches and national recommendations, severe dependence is when FTND> or = 7 : did the authors compare their results with this cut-off? Why did the authors choose 6 and not 7? This choice is important for the findings of the study and should be clearly explained.

7- Statistical analysis: why only univariate analysis were performed?

8- Results: ddl should be mentioned for statistical results ( t, Chi square..)

9- Results: the sentence L157-158 " there was …" is not clear for the reader

10- Discussion: p8, L176: the formulation "10" is not really clear for the reader ( idem L180 etc).

11- Discussion: do the authors have an explanation for the increasing of smoking with age in SZ patients?

12- Discussion: p11, L231: as all patients are inpatients, do they really are alloed to smoke during the night at the hospital?

13- Discussion: overall, this section is realistic and there is no speculation about findings. However, authors could give a more comprehensive and neurobiological review to try to explain their findings. What could be the link between schizophrenia physiopathology and cigarette smoking?

14- Limits: This sample is only a men sample, with inpatients SZ, with no other substance use disorder. Thus it is not representative of SZ patients population, this should be mentioned in the limits of the article.

15- Tables : Tables are clear.
Are the methods appropriate and well described?  
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?  
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?  
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?  
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

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