Reviewer's report

Title: Patient characteristics, burden and pharmacotherapy of treatment-resistant schizophrenia: results from a survey of 204 US psychiatrists

Version: 0 Date: 19 May 2019

Reviewer: Jean-Pierre Lindenmayer

Reviewer's report:

The aim of this study is to characterize treatment-resistant schizophrenia (TRS) patients in terms of demographics, burden, treatment history, and factors influencing therapeutic choice using data from an on-line survey of 204 psychiatrists who self-selected and completed three patient records: two of TRS and one schizophrenia ('non-TRS') patients. This is an important survey as there are few literature reports specifically on the burden patients with TRS present for both providers and families. The background should focus less on the underlying mechanisms of TRS but more on published reports on the social and economic burden of TRS.

Given that most of the data derived from the present survey does not relate to the actual burden psychiatrists are confronted with, the title of the paper should be changed to delete the "burden". A more appropriate title would be "Psychiatrists' perceptions of definition and treatments used for patients with TRS".

Background:

In their definition of TRS they refer to "inadequate response in target schizophrenia symptoms". However, most definitions in fact refer to inadequate response in positive symptoms.

Methods:

They describe well the inclusion criteria for the psychiatrists surveyed. Two questions should be addressed as well: 1) why did they not emphasize in their sampling psychiatrists working in the public sector where most of the patients with TRS are seen? 2) how did they decide on the target number of 200? In the three sections of the survey, this reviewer did not find any question addressing the burden psychiatrists were encountering in the treatment of TRS patients. Additional questions regarding the data capturing in the survey: How did the psychiatrists surveyed measure the positive/negative symptoms in their patient cases chosen? How were concomitant non-antipsychotic medications assessed; these are frequently used in patients with TRS. How was the dosage of antipsychotics used assessed?
Results:

The response rate of eligible psychiatrists was 7.3%, which is quite low, but not unusual for such surveys. Understandably, they have no information on those non-responding psychiatrists, but who would have been eligible. In response to questions regarding the definition of TRS, only 16.7% of psychiatrists listed two failed anti-psychotic trials. No information is available on whether psychiatrists felt that adherence to antipsychotic medication was a required part of the TRS definition. This may not have been asked in the survey? On the other hand, psychiatrists clearly listed the presence of delusions and hallucinations as more predominant in TRS patients as compared to non-TRS patients. Overall, none of the psychiatrists' responses were unusual nor surprising. Two only note-worthy findings: 1) psychiatrists did not perceive a different level of adherence to antipsychotic medications in TRS patients vs. non-TRS patients. 2) Psychiatrists ranked clozapine in the order of treatment options to manage a patient with schizophrenia who has failed on two prior antipsychotics only in 5th position!

Interestingly, when the psychiatrists were asked to select their top antipsychotics from a comprehensive list in terms of their overall satisfaction with them for TRS patients, among the top three was aripiprazole: clozapine (49%); aripiprazole (43.1%); olanzapine (41.7%).

Discussion:

They conclude that among US psychiatrists there is lack of clarity regarding the definition of TRS. While this may be true, they should specify that this lack of clarity was based on a very small and self-selected sample of psychiatrists. They also again refer to the higher burden found for TRS patients, although little actual data derived from the surveyed psychiatrists underlies this statement. Their discussion often restates the results of their survey without adding more to their findings. They did find a relatively high percentage of TRS patients being treated with clozapine (15.9%) in this survey, which is unusually high as they note and the authors correctly related this to a selection bias in their respondent sample.

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