Reviewer’s report

Title: Mapping the evidence on pharmacological interventions for non-affective psychosis in humanitarian non-specialized settings: a UNHCR clinical guidance

Version: 0 Date: 22 May 2017

Reviewer: Takefumi Suzuki

Reviewer’s report:

Humanitarian crises put vulnerable people at risk of developing mental disorders including nonaffective psychoses and the effort of the authors to create guidance on such an instance is to be of relevance and importance. The reviewer nevertheless would like to raise two serious concerns for the suggestions by the authors.


In this context it is tough to recommend typicals (chlorpromazine and haloperidol) over atypicals (risperidone and olanzapine) as the first choice. Further it is doubtful to concentrate only on two medications from each category in light of the fact that perphenazine preformed well in the CATIE study (Lieberman JA et al. Effectiveness of antipsychotic drugs in patients with chronic schizophrenia. N Engl J Med. 2005 Sep 22;353(12):1209-23) and amisulpiride appears not inferior to risperidone and olanzapine in the famous meta analysis (Leucht S et al. Comparative efficacy and tolerability of 15 antipsychotic drugs in schizophrenia: a multiple-treatments meta-analysis. Lancet. 2013 Sep 14;382(9896):951-62), just to give an example.

A reasonable suggestion may be deterring from specifying antipsychotics, as is indicated in the NICE schizophrenia treatment guideline (https://www.nice.org.uk/guidance/conditions-and-diseases/mental-health-and-behavioural-conditions/psychosis-and-schizophrenia). At the very least some justification is necessary if guidelines on the psychopharmacological management of nonaffective psychoses for humanitarian crisis situations are qualitatively and quantitatively different from those for general treatment settings.

There are two other minor issues. First treatment resistance critically depends on the definition; it may be useful to refer to a recent contribution (Howes OD et al. Treatment-Resistant Schizophrenia: Treatment Response and Resistance in Psychosis (TRRIP) Working Group Consensus Guidelines on Diagnosis and Terminology. Am J Psychiatry. 2017 Mar 1;174(3):216-229). Second clozapine is one of a few antipsychotic medication for which therapeutic drug monitoring is useful (Remington G et al. Clozapine and therapeutic drug monitoring: is there sufficient evidence for an upper threshold? Psychopharmacology (Berl). 2013 Feb;225(3):505-18) and this may briefly be noted. No further comments.

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

Yes

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If not, please specify which controls are required in your comments to the authors.

Unable to assess

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No

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Not relevant to this manuscript

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