

14 September 2016

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 29513-*Answering reviewers*).

**Title:** Health-care needs of remitted patients with bipolar disorder: a comparison with schizophrenia

**Authors:** Rajarshi Neogi, Subho Chakrabarti, Sandeep Grover

**Name of Journal:** *World Journal of Psychiatry*

**ESPS Manuscript NO:** 29513

The manuscript has been improved according to the suggestions of reviewers:

1. Format has been updated
2. Revision has been made according to the suggestions of the reviewers. These are detailed below.
3. References and typesetting were corrected.

We would be grateful if the revised manuscript is re-evaluated.

With regards,

Subho Chakrabarti

**ID (02445242)**

## **ESPS 29513**

Health-care needs of remitted patients with bipolar disorder: a comparison with schizophrenia

### **REPLY TO REVIEWERS' COMMENTS**

*Reviewed by 01760667*

#### Comments

A well-written and valuable article that gives a picture of the needs that these patients have that are unmet. Whether or not these needs are possible to generalize to other cultures are not clear but the mediating factors (poor functioning, residual symptoms etcetera) are probably similar. I have only one comment - if the schizophrenia patients were in remission (>3 on any PANSS item) they should not have residual psychotic symptoms.

#### Answer

The remission criteria for schizophrenia proposed by Andreasen et al. 2005 include 8 symptoms from the PANSS: P1, P2, P3, N1, N4, N6, G5 & G9. Patients have to score 3 (mild) or less on these 8 items for 6 months to be defined as being in remission. Therefore, it is possible for patients to have residual symptoms while still in remission. Indeed, in a study by Opler et al. 2007 the total PANSS score in the fourth month of remission was 56.

(References - Andreasen et al. Am J Psychiatry 2005; 162:441–449; Opler et al. BMC Psychiatry 2007, 7:35 doi:10.1186/1471-244X-7-35)

*Reviewed by 02158131*

#### Comments

Title: Health-care needs of remitted patients with bipolar disorder: a comparison with schizophrenia This study investigated the health-care needs in bipolar disorder (BD) in remitted condition, and the health-care needs observed in BD patients were compared with those of patients with schizophrenia/ The manuscript is relatively well-written and easy to follow. Here are some comments 1. Abstract: The abstract is hard to understand. Please re-write the abstract more succinctly. 2. Introduction: Please describe the purposes of this study in detail, and what

kind of new information about the health-care needs in BD patients the results of this study would provide. 3. Materials and Methods: (1) Participants: The numbers of participants included in BD and schizophrenia groups should be described. (2) Analysis: Is there any special reason both Pearson and Spearman correlation used in this study? 4. Discussion: Please describe what kind of new information this study provide about the health-care needs of BD patients in remitted condition, and how the present results could be used to meet the needs of BD patients.

#### Answer

1. The 'Abstract' has been re-written to make it more comprehensible.
2. The purposes of the study and the new information expected have been stated in greater detail in the last paragraph of the 'Introduction.'
3. The number of participants included has been mentioned in the last line of the paragraph entitled *Participants* of the 'Materials and Methods' section.
4. Pearson's correlations are usually estimated for continuous data with normal distributions. Spearman's correlation applies to ranks, is useful with ordinal data and is preferred for non-normally distributed data. Hence, both coefficients were used. This has been mentioned in the paragraph entitled *Analysis* the 'Materials and Methods' section.

(References: Kowalski CJ. *Journal of the Royal Statistical Society* 1972; 21:1-12;  
Hauke & Kossowski *Quaestiones Geographicae* 2011; 30: 87-93)

5. The relatively novel findings of this study were (a) patients with BD even when they were in remission had wide ranging health-care needs, many of which were unmet (b) impaired functioning, residual symptoms and quality of life emerged as the principal mediators of total and unmet needs (c) relatives expressed a somewhat different pattern of needs than patients (d) despite some differences the overall pattern in which economic and welfare needs superseded treatment and social needs was very similar across BD and schizophrenia indicating that socio-cultural and health-service related factors have a relatively greater impact on the pattern of needs than diagnostic categories

The implications are that the treatment of BD should place greater emphasis on addressing the unmet needs of patients with BD even after patients achieve remission; input of relatives is vital for a comprehensive assessment and management of needs; it is important for future studies to incorporate the socio-cultural context while examining health-care needs since this appears to be the appropriate way improve the treatment and outcome of BD.

All these facts have been stated in the revision (paragraph entitled *Conclusions* of the 'Discussion' section) and in the 'Comments' that follow.

***Reviewed by 02445209***

Comments

Dear authors, I have only a few comments on your manuscript: In the Conclusions, you write about limitations and highlights of your results. This should be rather stated in the Discussion. Otherwise, the manuscript is O.K. in my opinion. Best regards The reviewer

Answer

The limitations of the study have been stated separately in the 'Discussion' section of the revised manuscript.

***Reviewed by by 00632509***

Comments

World Journal of Psychiatry Health-care needs of remitted patients with bipolar disorder: a comparison with schizophrenia This is a well-designed study that evaluated health-care needs, functioning and quality of life in assessed in 150 Indian outpatients with remitted bipolar disorder (BD) and 75 with remitted schizophrenia. The results of the study showed a high number of needs in BD; economic, welfare and information needs were mostly unmet. There were some differences between diagnoses and total, met and unmet needs were significantly higher for schizophrenia, but the pattern of needs was similar to BD. As opposed to patients, relatives reported more needs than patients with differences in the types of needs. Patient-functioning, residual symptoms and quality of life were associated with higher needs. Unmet needs in remitted patients with BD were indicative of the enduring psychosocial impairment during remission. The study should be accepted for publication after a minor revision, since there are only a few corrections that need to be done and accepted. Minor comments: Abstract, Methods section: Please correct or reformulate this statement into:“ To evaluate health-care needs, we felt that an additional instrument was more relevant for Indian patients and treatment-settings, which was designed to cover those areas of needs not specifically covered by the CAN-R.” CORE TIPS: please correct “was” into “ were” in this sentence. “Unmet needs in remitted patients with BD were indicative of the enduring psychosocial impairment during remission” Discussion page 15, line 3: please delete “the” and correct this into: “The additional evaluation also confirmed that economic, welfare and information needs are the ones most likely to remain unmet. “ Discussion page 18, second paragraph Correlates of health-care needs, please delete “of“ in this sentence “The level of patient-functioning emerged as the single most important correlate of health-care needs, particularly unmet needs among both patient groups.” Last sentence in Conclusion, please add “to” in..” Though examination of health-care needs in BD remains a priority area for further research, it is equally important for future studies to

incorporate the socio-cultural context while examining health-care needs, since this appears to be the appropriate way to improve the treatment and outcome of BD.?

Answer

1. Abstract, Methods section - the correction suggested has been made.
2. - CORE TIP - the correction suggested has been made.
3. Discussion page 15, line 3 - 'the' deleted.
4. “ Discussion page 18, second paragraph Correlates of health-care needs - 'of' deleted.
5. Last sentence in Conclusion - the correction suggested has been made.

**Changes suggested by the editor**

1. Please offer separate pdf files for the statements, and sign them in handwritten. Thank you!

Separate signed pdf files for the Institutional review board statement, Informed consent statement, Conflict-of-interest statement & Data sharing statement have all been provided.

2. Please offer more details of address, such as street or avenue. Thank you!

Street address provided.

Corrected address:

Subho Chakrabarti,

Professor, Department of Psychiatry, Postgraduate Institute of Medical Education and Research (PGIMER), **Sector 12**, Chandigarh - 160012, India. subhochd@yahoo.com

3. **AIM** (no more than 20 words): The purpose of the study should be stated clearly and with no or minimal background information, following the format of: “To investigate/study/determine...”

Aim of Abstract changed to - *To investigate health-care needs and their correlates among patients with remitted bipolar disorder (BD) compared to patients with remitted schizophrenia.*  
(20 words)

4. Audio Core Tip to be provided

This has been done.

5. Please write COMMENTS section.

Comments section in appropriate format has been added to the revision.

All changes have been highlighted using bold font in the revised manuscript.