



**SDI Review Form 1.6**

Journal Name:	<a href="#">Journal of Pharmaceutical Research International</a>
Manuscript Number:	<b>Ms_JPRI_35581</b>
Title of the Manuscript:	<b>Are depot anti-psychotics associated with longer persistence in treatment compared with oral antipsychotics among patients with Schizophrenia?</b>
Type of the Article	

**General guideline for Peer Review process:**

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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**PART 1: Review Comments**

	Reviewer's comment	Author's comment <i>(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
<b>Compulsory</b> REVISION comments	<p><b>The authors mention (but do not sufficiently highlight) the most obvious explanation of their findings – that individuals prescribed depot antipsychotics were presumably those most at risk of drop out and – seeing as they did as well as the oral med. Individuals – it could be stated that the study proved the depot to be superior in this regard (confirming the findings of most of the literature).</b></p> <p><b>Another point is distance from the clinic – was there any correlation between distance and/or difficulty of access and drop out rate. Since the majority of the patients were women, would they have needed someone else's help to get to the clinic and was that help available? Also –how many were mothers i.e. unable to leave children alone at home? Are the clinics open evenings and weekends?</b></p>	<p>Thank you very much for your valuable and insightful comments. The discussion has been re-crafted as recommended (line 190-200) to highlight the salient point.</p> <p>The clinics are only open during weekdays and morning till afternoon (lines 73-74). They are not open in the evenings and weekends.</p> <p>The study did not obtain data regarding the distance to the clinic, and the support available to women to facilitate compliance with clinic appointments; these limitations have been added (line 224-227) and will be addressed in future studies.</p>
<b>Minor</b> REVISION comments	<p>I would suggest mentioning some potential interventions – a) home visiting teams that give injections (and dispense drugs) b) mobile hospital unit that visits rural areas c) possibility of maintaining telephone or online contact with outpatients d) using depots that are longer lasting e) teaching family members to give injections.</p> <p>I would also appreciate a word about what patients understand about the nature of their illness. Do most think they are cured upon leaving hospital? How do they view the medication/depot – as treatment or as prevention? Are there local healers who discourage the use of Western medications? Is there a widespread use of herbal products to address symptoms, or other natural remedies?</p>	<p>These recommendations have been effected (line 216-220).</p> <p>This has been included as suggested (line 209-213)</p>
<b>Optional/General</b> comments	<p>This is a well written, well conducted naturalistic study from Nigeria comparing duration of treatment adherence in schizophrenia patients on depot antipsychotic plus or minus oral antipsychotic versus oral antipsychotic alone.</p>	<p>Thank you very much</p>