Reviewer's report

Title: Voluntary self-poisoning as a cause of admission to a tertiary hospital internal medicine clinic in Piraeus, Greece within a year

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Reviewer: Dr Lars E. Schmidt

Level of interest: A paper of limited interest

Advice on publication: Accept after revision, which I do not need to see

The study describes the pattern and outcome of deliberate self-poisoning at an internal medicine department. Major findings are a high incidence of self-poisoning with sedatives and analgesics, and a high frequency of psychiatric diseases (especially depression, anxiety disorders, or psychosis). The significance of gender, employment, and psychiatric history is discussed.

Major comments:

1. What is the significance of the department being a tertiary clinic? Were some of the patients transferred from other (primary or secondary) hospitals or departments? If thereby the population was selected, this should be stated. Estimated by the short time from self-poisoning to admittance this was not the case.

2. In the introduction, an important objective is 'to examine the significance of psychiatric help'. Instead of 'significance', probably 'requirement' or 'need' is what is meant by the authors. By 'significance', one would expect an evaluation of the effect of psychiatric treatment requiring a follow-up. In general, the major point in this article about the mental illnesses is only very briefly mentioned in the discussion and should receive more attention.

3. Was the diagnosis of self-poisoning confirmed by blood or urine tests? Was any drug screen routinely performed in all patients suspected of drug poisoning?

4. Apparently, the hepatic function was examined daily in patients with paracetamol poisoning. Did any of these patients develop signs of hepatotoxicity?

5. It is stated that 11% of the patients were referred to a psychiatric treatment for further treatment.
However, a much larger proportion of the patients were diagnosed with a mental illness (e.g. 21% with depression and 15% with psychosis). Does this in fact mean that a number of patients diagnosed with a major psychiatric disorder following a suicide attempt were not referred for psychiatric treatment? Is this not in conflict with the conclusion that psychiatric help is 'extremely necessary' in order to prevent relapse? What was the reason, these patients were not referred to a psychiatric clinic? Did they refuse psychiatric treatment or were they offered treatment or counselling elsewhere?

6. Any suicide attempt is known to be a risk factor of future suicidal behaviour and suicide. Did patients with a normal mental state examination receive an offer for counselling?

7. In the discussion, the authors introduce a previous study from 1986-1987 and compare it to the present with inclusion of a p-value. If this should be included especially including a statistical analysis, a closer description of the former study is required (at least number of patients, number of self-poisonings), especially since the relevant reference is in Greek.

8. The statement in the conclusion that 'the increased use of antidepressants in self-poisoning is an alarming signal' is unfounded in the manuscript. It was demonstrated that antidepressants were involved in 20 cases, but nowhere mentioned or demonstrated that this is an increasing number. If this again derives from a comparison with the former study from 1986-1987, the former results need to be mentioned and commented in the discussion prior to the conclusion.

Minor comments

1. Some linguistic revision especially with concern to syntax would be desirable. In most instances the meaning is clear, but in some sections (e.g. paragraph 3 in the discussion) the meaning is rather clouded.

2. Use of either point (.) or comma (,) for decimal-comma should be consequent.

Competing interests:

None declared.