Author's response to reviews

Title: Psychiatric disorders and clinical correlates of suicidal patients admitted to a psychiatric center in Tokyo

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Author's response to reviews: see over
Dear Prof. Morten Hesse,

I very much appreciate the reviewers’ comments that are of great help to improve the submitted manuscript, and their giving us a precious opportunity to revise the manuscript. Prior to proceeding point-by-point corrections, we would like to present the place of this study we believe in relation to the development of the whole research in this area. Though psychiatric disorders of suicidal patients have repeatedly been reported, those that applied structured diagnostic interviews have been quite a few. When limited to suicidal patients admitted to psychiatric hospitals, there is no other study that utilized the diagnostic method as far as we know, though the method is considered to be a standard in psychiatric research. Our study originally intended to remedy this paucity of research, which, we suppose, endorses the explorative nature of our study. Although our study was criticized for not clearly stating hypotheses, we contend that the developing stage of clinical research in this area possibly justifies an explorative descriptive study or a study based on very wide and general hypotheses.

Point-by-point corrections and discussion (The corrected or inserted parts are indicated in red letters.)

1. Reviewer 1 suggested that in Abstract section, we should add descriptions that most subjects were involuntarily admitted and that the average length of hospital stay was much greater than those in other countries.

The description that most subjects were involuntarily admitted is included in the abstract beside the one in Methods section that has previously been placed in the manuscript. However, we have not added the description of the long hospital stay in Abstract section since it was not a property of the subjects, nor directly related to the main issue of this study.

Correction 1
The description that most subjects were involuntarily admitted is inserted in the first sentence in Abstract Method paragraph in P. 3

“155 suicidal patients consecutively admitted to a large psychiatric center during a 20-month period, admission styles of whom were mostly involuntary, were assessed using Structured Clinical Interviews for DSM-IV Axis I and II Disorders (SCID-I CV and SCID-II) and SB-related psychiatric measures.”

2. Reviewer 2 recommended strongly that we should state hypotheses clearly in the manuscript, and criticized use of the statistical testing method that applied Bonferroni correction.

We would like to stress that this study has a nature of exploration as contended before, and only describing issue-relevant clinical features of the subjects would be of some value. In such instances, presentation of their relationship with gender and age, the most basic demographics, are not exceptional. The hypothesis there would be that there may be clinical characteristics that are linked with gender and age, and a subsequent research question would be what characteristics are gender and age-related. The description of the analysis and the findings of age and gender-related characteristics are included in Abstract section (Correction 2-1, Correction 2-2). The description that a quest for age and gender-related characteristics is also an objective of this study is inserted in the last sentence on Background section (Correction 2-3). A sentence that indicates the findings of gender and age-related characteristics is also included in Conclusions section (Correction 2-4).

Another hypothesis that our study has started from is concerning within what extent the SB-related clinical characteristics are. It is based on a theoretical assumption of suicide process models that adverse events and factors subsequently add to difficulties of a person, and finally culminate in his or her suicide (or suicidal behavior). The "SB-related" characteristics selected in our study are those included in suicide process models such as those of Maris R and Wasserman D. We added description of these models in Background section to explain the reason for our selection of the characteristics (Correction 2-5).

The reviewer 2 questioned the use of Bonferroni correction in statistical analyses. Now, let us take an example of statistical examination of the relationship between the SB methods and gender in this study. SB methods were evaluated in the structured interview in terms of the presence or absence of individual SBs. Therefore, for the
purpose of finding the related characteristics, repetition of statistical tests was inevitable, and Bonferroni correction would be needed. Reviewer 2 also criticized the sentence in the previous manuscript that indicated the use of Bonferroni correction as vague. We have changed the sentence (Correction 2-6).

Correction 2-1
We have placed a sentence indicating that our interest resides in the relationship between the clinical characteristics, and gender or age in Abstract Method paragraph besides the description of the same content in Method section. The following sentence in red letters is added in the last of Abstract Method paragraph in p. 3.

“155 suicidal patients consecutively admitted to a large psychiatric center during a 20-month period, admission styles of whom were mostly involuntary, were assessed using Structured Clinical Interviews for DSM-IV Axis I and II Disorders (SCID-I CV and SCID-II) and SB-related psychiatric measures. Associations of the psychiatric diagnoses and SB-related characteristics with gender and age were examined.”

Correction 2-2
The findings of age and gender-related characteristics are inserted in Abstract Results and Conclusion paragraphs (pp. 3-4).

“The common DSM-IV axis I diagnoses were affective disorders 62%, anxiety disorders 56%, and substance-related disorders 38%. 56% of the subjects were diagnosed as having borderline PD, and 87% of them, at least one type of personality disorder (PD). SB methods used prior to admission were self-cutting 41%, overdosing 32%, self-strangulation 15%, jumping from a height 12%, and attempting traffic death 10%, the first two of which were frequent among young females. The median (range) of the total number of SBs in the lifetime history was 7 (1-141). Severity of depressive symptomatology, suicidal intent and other symptoms, proportions of the subjects who reported SB-preceding life events and life problems, and childhood and adolescent abuse were comparable to those of the previous studies conducted in medical or emergency service settings. Age and gender-relevant life-problems and life events were identified. Conclusions
Features of the studied sample were the high prevalence of borderline PD and anxiety disorders, a variety of SB methods used prior to admission and frequent SB repetition in the lifetime history. Age and gender appeared to have an influence on SB method selection and SB-preceding processes. The findings have important implications for assessment and treatment of psychiatric suicidal patients.”

Correction 2-3
The corrected last sentence in Background section in p. 5 is as follows.

“In the present study, we attempt to illuminate the diagnostic and clinical characteristics of this sample of suicidal patients, and to examine their associations with gender and age.”

Correction 2-4
The following sentence is inserted to Conclusions section in p. 16.

“This study also has confirmed age and gender-relevance of some SB-preceding life-problems and life events, and an influence of abuse in childhood and adolescence on SB, which many previous studies on suicide victims and SB patients in emergency service settings identified.”

Correction 2-5
Descriptions of suicide process models, which counted SB-related characteristics we have selected as SB-preceding factors, are added in the last sentence but one in Background section (p. 5). Additionally, we add two references of Maris R and Wasserman D in References section.

“In the evaluation, we included the clinical characteristics that were dealt with as factors in theories of a pathway to suicide process [10, 11], on the basis of which we previously showed a potential role of some pre-SB characteristics in the development of SB [12].”

Correction 2-6
Responding to the criticism by Reviewer 2 to the sentence, "Bonferroni correction was used where appropriate.(in Statistical analysis subsection, p. 9)”, it is replaced with the following sentence to indicate more clearly the condition for the use of Bonferroni
correction.

"Bonferroni correction was used in view of the number of statistical tests."

3. Reviewer 2 sought to clarify the instrument to assess SB methods.

The instrument for assessing SB methods is made on the basis of the checklist a research team sponsored by the Japanese ministry of health, labor and welfare published in 2004. However, we suppose that we do not need to refer to the original checklist in the manuscript since it was very simplistic. Instead, we have presented its all inquired SB-items in the revised manuscript. The assessment begins with inquiring the presence or absence of the SB methods individually, and then proceeds to asking the period and the frequency of their occurrence.

Correction 3
The revised description for the SB assessment in p. 6 is as follows.

“(1) Suicidal Behaviors
SBs immediately prior to admission and the types, frequency and period of SBs in the lifetime history of the subjects were recorded. Beside the 5 most frequent SB prior to admission shown in Table 2, gas-poisoning, self-immolation, self-drowning or submersion, self-electrocution, gunshot, self-burning, self-stabbing, self-banging, self-dissection, self-biting, and self-scratching were individually inquired in the assessment.”

4. Reviewer 2 sought to ascertain the legitimacy of subdivisions of SIS

Though the SIS first 15 items are used by large as a composite scale to assess the intensity of suicidal intent, we could not find an example that used the last two items as a composite scale in the literature. Therefore, we have deleted the descriptions (correction 4-1).

In addition, we need to clarify how the severity level of SIS is determined. The criterion is derived from the work of Skogman et al. We should have included it into Reference list (Correction 4-2).

Correction 4-1
The description in which the SIS last two items were treated as a composite scale have been removed, and replaced with the following sentences including the description of Skogman et al.in Results section (p. 11).

“The average (SD) of SIS suicidal intent scale scores was 11.7 (6.1). The proportion of subjects with high suicidal intent according to the criterion used by Skogman, et al. [6] (suicidal intent score > 18) was 13.5%. Alcohol and drug ingestion before SB occurred in 14.8% and 9.1% of the subjects, respectively. SIS alcohol and drug ingestion scores had a negative rank-order correlation with age at investigation (-0.316, p<0.001 and -0.236, p=0.003, respectively).”

Correction 4-2
We have added the reference of Skogman et al. in Reference section (p. 18).

5. Reviewer 2 indicated that the first sentence in Discussion section stating that the subject psychiatric patients had severe psychiatric disorders was too obvious.

Correction 5
We agree with the opinion of Reviewer 2. Accordingly, we replaced the first paragraph of Discussion section with the following sentences (p. 13).

"Apparently, it is a characteristic of the studied sample that most of the patients had a psychiatric treatment history prior to the index admission. The percentages of those who had currently been continuing outpatient treatment and those who had a history of psychiatric hospitalization were over 80% and over 50%, respectively while in the previous studies of suicidal patients in emergency settings, the proportions of those who had been receiving psychiatric treatment before admission were 50–69% [5, 25, 26]. The next noteworthy feature was a high proportion (over 80%) of the subjects who had a history of SB repetition. The figure was higher than those in previous studies of patients with suicide attempts or deliberate self-harm (DSH) [27] ranging from 25% to 65% [5, 6, 25, 26, 28, 29]. In contrast, their physical conditions were not poor before admission as the lethality of their SB was typically mild, and only a small portion of the subjects (14%) received inpatient treatment for physical damage caused by SB."

6. Reviewer 2 proposed the use of words "suicidal intent" instead of "suicide intention"
We are very grateful to Reviewer 2 for giving a chance to correct our linguistic insensitivity.

Correction 6
"suicide intention" has totally been replaced with "suicidal intent."

7. Reviewer 2 requested to clarify the meaning of "distinct" in the manuscript.

We meant “distinct from suicidal patients in medical settings” by this expression. However, the research question is not whether psychiatric suicidal patients and suicidal patients in medical settings are distinct from each other. Therefore, we have decided to remove these words from the manuscript excepting the one in Conclusions section which is used with “from”.

Correction 7
The words “distinctive” and “distinct” have been removed from the manuscript except the one in Conclusions section that is followed by a clause starting with “from”. The sentence in Conclusions section (p. 16) is as follows.

“A large variety of the SB methods used prior to admission and a high proportion of those who had a history of SB repetition appeared to be features of this studied sample distinct from those seen in medical and emergency service settings.”

Additionally, we have replaced the last words of the title. The new title is “Psychiatric disorders and clinical correlates of suicidal patients admitted to a psychiatric hospital”

Other corrections
We have inserted a sentence that this study has obtained the approval of the ethical committee of Tokyo metropolitan Matsuzawa Hospital on 28 Mar 2006 (p. 9). We also have added sections of Competing interests, Authors' contributions and Acknowledgements before References section (p. 17). We have re-formatted the manuscript according to Instructions for authors of BMC Psychiatry.

We thank the reviewers again for giving this opportunity of the revision in spite of our
almost fatal inattentiveness and so many misunderstandings.

Sincerely,

Naoki Hayashi, MD, PhD.