Reviewer’s report

Title: Changes in the Lifetime Prevalence of Suicidal Feelings among Norwegian Doctors from 2000 to 2010: A longitudinal Study based on National Samples

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Reviewer: Rory O’Connor

Reviewer’s report:

I am a new reviewer of this manuscript – I didn’t see the original submission. This is an interesting study but there are a number of issues which it would be helpful to clarify.

1. Abstract. Is it feelings which are being assessed in the study-why not thoughts?

2. I think the introduction could be shortened and made more punchy as I found some of it difficult to follow. For example, I am not sure what is meant by the line that suicidal feelings constitute important determinants of suicide. Is it not more helpful to see suicidal thoughts and behaviours as part of the process and the point is that, given the statistical rarity of suicide, it is often helpful to look at suicide ideation / attempts as proxies of suicide risk itself?

3. Although I agree entirely that it is important to highlight the social influences on suicide, I think it is misleading to conclude that psychiatric disorder is not present in the majority of suicides.

4. I would not talk about ‘cry for help’ as it is perjorative

5. Line 3, top of page 4. Should it be that suicidal ideation is regarded a short-term risk factor of suicide attempts rather than suicide unless the cited study also looked at suicide?

6. Rationale for the German sample needs strengthened.

7. More details on the samples would be helpful.

8. I have a concern about the fact that only 3 of the items were used in 2010 whereas all 5 suicide ideation items were used at 2000. It left me wondering whether hopelessness rather than suicide ideation is being measured. This is a major limitation of the study and these limitations need to be elaborated on in discussion.

9. Selection of predictors. It wasn’t clear to me what the rationale for selection of the predictors was? Also, general life stress and depression/anxiety should be included as predictors, especially depression and/or anxiety.

10. As only a sub-sample of participants completed measures in 2000 and 2010, the authors should present statistics confirming or otherwise how representative the sub-sample is of the original sample in terms of demographic and baseline measures. As the reported reduction could simply be that the sub-sample is
biased. Also, did you calculate the reduction by using the responses as continuous variables, so everyone gets a mean score and then you compare the means via t-test? Also, it is important to look at gender and age differences in any analyses.

11. P.14. what do the authors mean by: “the observed reduction remains also when we use all available data from 2000 and 2010” – why wasn’t it included in the original analyses?

12. I don’t think Figure 1 is that helpful.

13. Discussion could be shortened.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

none