Author’s response to reviews

Title: Psychiatric and psychosocial assessment of suicide attempters in Japan: a pilot study at a critical emergency unit in an urban city

Authors:

Tomoki Yamada (tomokin@urahp.yokohama-cu.ac.jp)
Chiaki Kawanishi (chiaki@yokohama-cu.ac.jp)
Hana Hasegawa (hanasato@angel.ne.jp)
Ryoko Sato (rykst@mcn.ne.jp)
Akiko Konishi (akikokanakana@hotmail.com)
Daiji Kato (dkato@yokohama-cu.ac.jp)
Taku Furuno (tfuruno@med.yokohama-cu.ac.jp)
Ikuko Kishida (ikukishida@aol.com)
Toshinari Odawara (odaw1913@med.yokohama-cu.ac.jp)
Mitsugi Sugiyama (sugiyama@urahp.yokohama-cu.ac.jp)
Yoshio Hirayasu (hirayasu@yokohama-cu.ac.jp)

Version: 3  Date: 24 July 2007

Author’s response to reviews:

Reply to Prof. Cameron Stark

Thank you for your comments. Each comment is reasonable and agreeable, and we reply as follows;

For minor essential revisions

1. In our study, all participants were suicide attempters. We confirmed that they have had intent to die in their current behaviors. But we should have written it in the text. We inserted a sentence, "Their intent to die was confirmed", in the section of method.

2. We agree the comment. We hope that readers will be interested in the facts we show. We inserted a sentence, "Among the self-poisoners, 75.8% of them used drugs which were prescribed by the out patient clinic", in the section of results.

3. We confirmed their intent to die by asking them or their families, but could not fully assessed their background data. We added the comment (limitation) in the section of methodological considerations.

4. Thank you for your comment. We corrected it.

For discretionary revisions

1. We added medians and range in the table1.

2. Psychiatric diagnosis was made by the clinical research meeting where the two of attending psychiatrists participated in. We explained it in the section of
method.

Reply to Prof. Toshiaki A Furukawa

Thank you for your comments. Each comment is reasonable and agreeable, and we reply as follows;

For major compulsory revisions
1. Thank you for your comment. According to your advice, we changed the order of paragraphs in the section of introduction.
2-1). I understand the suggestion, but, on the other hand, we take it firstly important to show readers comprehensive data of all suicide attempters we have met.
2-2). First of all, as we mentioned in the method, medically serious patients, whom we call "serious suicide attempters", are sent to our critical emergency center. In fact, the terminology, "serious", "medically serious", or others varies among institutions and researchers, therefore, we employed the criteria accepted in some previous studies (ref. 8-10). We divided suicide attempters because "highly lethal" suicide attempters and suicide victims have shown share common characteristics. As the referee mentioned, terminology should be well defined in this suicide research field although the situation has not been well organized. Then, we thought that our presentation, "better insight into individuals..." sounds like a leap in logic. We changed the sentence, and further added the sentence "Previous studies indicated that medically serious suicide attempters and suicide victims share common characteristics." in the section of introduction.
3. Psychiatric diagnosis was made at the clinical research meeting where the two of attending psychiatrists participated in. We explained it in the section of method.
4. We mentioned it in the last part of the results. No significant difference was observed, and we did not generate a table.
5. Whether the preventive measure against suicide is effective is not strongly evidence while WHO suggested the intervention for suicide attempters. We changed the sentence in the abstract and conclusion. And we also suggested several tasks and strategies in the section of conclusion.

For minor essential revisions
1. Our English text was checked by a native speaker of English; we attached the certification of it with our e-mail of reply.
2. Thank you for your comment. We corrected it.
3. Thank you for your comment. We corrected it.
4. Thank you for your comment. We added explanation regarding compulsory education in Japan in the footnote of the table1.
5. Thank you for your comment. We corrected it.
6. Thank you for your comment. We corrected it.
Reply to Prof. Johannes Lehtonen

Thank you for your comments. Each comment is reasonable and agreeable, and we reply as follows;

1. All suicide attempters entered into our center were successively targeted. All suicide attempters were confirmed their intent to die by asking them or their families. But we could not fully assessed background data of those who were not included in the study because of early death and so on. We added the comment (limitation) in the section of methodological considerations.

2. Psychiatric diagnosis was made at the clinical research meeting where the two of attending psychiatrists participated in. We explained it in the section of method.

3. We agree the referee's comment. Our data is limited. In fact, hospital stay in the emergency unit is very short, and we should have carefully chosen categorical factors looking at previous studies and our aim.

On the other hand, no solid socio-epidemiological study has been implemented, therefore truth of dramatic increase of suicide has been still unknown.

4. We did not mention in the text, but major cause of suicide behaviors was health problem followed by domestic troubles, losses or changes in intimate relationships, and so on.

5. It has been widely discussed, for example;

1) Importance of psychological autopsy has not been recognized.
2) People sympathize with suicide victims in their suffering, therefore they do not think of necessity of psychological autopsy.
3) Survivors tend to hide cause of death in suicide victims because they think suicide is disgrace.
4) People think it rudeness that investigator asks survivor about suicide victims.
5) An active measure of suicide has been taken very recently.
6) Psychological autopsy has not been regarded as a matter of community in Japan.

6. Our data is limited, however, the dramatic increase of suicide in Japan has been focused in and out of Japan, and we think it important to show an aspect of suicide attempt which is strongly associated with suicide; at the same time, our data suggested possibility of intervention at emergency departments for suicide prevention.