Reviewer's report

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

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Reviewer: Toshiaki A Furukawa

Reviewer's report:

General
The authors made psychiatric and sociodemographic evaluation of 320 consecutive suicide attempters admitted to the Critical Care and Emergency Center of Yokohama City University Medical Center, Japan. They report that 81% suffered from an axis I disorder, and 35% from an axis II disorder. They also tried to elucidate their characteristics through various comparisons. This represents a very valuable dataset, and the authors' intention to present data that may contribute to suicide prevention is very important.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
1) It is well known that suicide attempters and suicide completers are different. The authors may be right, however, to suggest that serious attempters may be more similar to suicide completers and they cite relevant literature to support their point (their references 10-12 in the Discussion). I would think that the authors need to emphasize this point in their Introduction. The logic of the Introduction would then be:
   ? dramatic increase in the number of completed suicides in Japan since 1998
   ? psychological autopsy study is hard to conduct in Japan
   ? studying serious suicide attempters may be a more pragmatic way to understand those who complete suicides

2) Then I would think that the authors need to focus on the serious suicide attempters, i.e. their “high lethality group” (n=225). Their table 3 would be their first finding, and then it might be better to present the results in their tables 1, 2, and 4 only among this “high lethality group.”
Or another possibility is that the authors think that their total sample (n=320) constitute the serious suicide attempters, as defined in their references 10-12. If this is the case, it is premature and/or misleading to simply write “better insight into individuals’ measures against suicide, who unsuccessfully attempt suicide should improve our understanding because an unsuccessful attempt is a high risk factor for subsequent suicide” in the Introduction, because in general terms understanding suicide attempters is different from understanding suicide completers. But then I wonder why the authors need to further subdivide the serious attempters into high vs low lethality group. What can it elucidate, if already the total sample consists of serious suicide attempters? This should be explained.

3) If the psychiatric diagnoses were made by two psychiatrists, can the authors report their inter-rater reliability?

4) For table 4, the comparisons should be made between middle-age men and men of other ages, thereby excluding confounding by gender.

5) The points made in the Conclusion need more clarification. Firstly, if it is true that they “provide data that can be used to develop and refine strategies for preventing against suicide (sic)”, the authors need to specify how. Which part of the findings can be used, and how? Secondly, is it really true that “identification and treatment of psychiatric disorders at emergency departments may be effective to prevent suicide”? This is a “may” statement and this cannot but be true but how? It needs some leap of faith to write, as in the Abstract, “The identification and introducing treatment of psychiatric disorders at emergency departments has been shown to be important to prevent suicide.” Such a strong statement can be made only through clinical trials.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
1) The English needs to be improved.
2) In the tables, why are some headings in the tables capitalized and others not?
3) Table 1. “common-low” should be spelt “common-law.”
4) Table 1. What constitutes “compulsory education” differs from country to country. More explanation is necessary.
5) In Table 2, the percentage of the male patients who have no axis I diagnosis is “(7)” instead of “(79”, I suspect.
6) Table 3. It is more natural to order the number of life events, previous DSH etc “0, 1, >2.”

Discretionary Revisions (which the author can choose to ignore)

**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**Level of interest:** An article of importance in its field

**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:**

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