Author's response to reviews

Title: Suicide in the Philippines: time trend analysis (1974-2005) and literature review

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Author's response to reviews: see over
Dear Sir,

Thank you very much for your kind offer to consider a revised version of our manuscript, “Suicide in the Philippines: time trend analysis (1974-2005) and literature review”.

We are grateful for the editor and reviewers’ constructive suggestions and have revised the manuscript accordingly (as itemized below). This has been edited by Prof. David Gunnell, who is a native English speaker. Please let us know if further changes should be needed.

Again, thank you very much for your review and your interest in this work.

Respectfully yours,

Maria Theresa Redaniel.
Responses to editor and reviewer comments

Associate Editor

1. The review of the literature is certainly not a "systematic review". The authors should re-consider using this terminology or better indicate how their review should be seen as "systematic". For example, they could have a look at http://www.bmj.com/content/315/7109/672.full

   Reply: We have revised this in the manuscript (cover page)

2. The authors report on the possible underreporting of suicide. Please better clarify how the underreporting is examined (in Methods). For example, is it by comparing suicide trends and undetermined injury trends?

   Reply: We have added a description in the method section (page 6, paragraph 1).

How should we think of the "other accidents" and "accidental poisonings" in this context? The Abstract reports that the study provides "evidence" for underreporting. How certain is this evidence? Findings are only suggestive hereof, I think. The Discussion (top page 14) should probably again clarify how the findings are suggestive of underreporting.

   Reply: We have added a statement in the results and discussion (page 9, paragraph 2, lines 2-4 and page 13, paragraph 3, lines 1-3).

Finally, the authors could also (more clearly) elaborate on the following: the Roman Catholic culture not only resulted in "reluctance in reporting" suicides (as the authors report on page 14), but perhaps also might have been involved in preventing actual suicides.

   Reply: We have added a statement in the discussion (page 12, paragraph 3, lines 2-5).

3. The subheadings in the Discussion are not needed. The authors might have another look at their discussion and even consider re-structuring or shortening it (see also comment 2).

   Reply: We have restructured the discussion and removed the headings (pages 12-15)

4. Are newspapers (page 7) suitable to find out more about suicides, particularly in countries where there is suicide-related stigma? What type of newspaper articles? In the Netherlands, for example, the cause of death of deceased persons is not reported when announced in newspapers. Please explain briefly.

   Reply: Reviews of newspaper reports to gather more information on suicides have been previously used (Khan MM, Reza H: The pattern of suicide in Pakistan. Crisis 2000, 21:31-35, reference 20). Although limited, this method enabled us to supplement information available from the review of research papers, particularly on the methods used in fatal suicides. In the Philippines, details of the suicide including the method used are cited in news reports. We added a short description in the methods section (page 7, paragraph 1, lines 2-7).
4. In the text, trends from 1974 onwards are reported, while all figures show 1976 as the starting year.

   Reply: Three year moving averages were computed centered on the last year of each period. The average for 1974-1976 was centered on 1976, hence figures indicate 1976 as the starting year. We have added a clarifying statement in the methods section (page 5, paragraph 4, lines 1-3).

5. Please elaborate on (a) the lowest suicide rates in the early 1980s and (b) the temporary peak in the middle of the 1990s.

   Reply: (a) The lowest suicide rate in the 1980s could be reflective of social cohesion during times of conflict, as this is a turbulent period in Philippine history (Martial Law era). This has been added in the discussion (page 12, paragraph 2, lines 1-3).

     (b) The temporary peak in the mid-1990s coincided with the passage of Administrative Order 1, s. 1993, which defined and updates civil registry laws and guidelines. This has been cited in page 13, paragraph 3, lines 3-5.

Reviewer 1: Martin Voracek

Please elaborate a little bit on the last sentence of the Introduction (i.e., how precisely “by presenting more data on the problem, better informed decisions could be made by stakeholders concerning priorities for suicide prevention in the Philippines”).

   Reply: We have added a statement in the introduction (page 4, paragraph 3, last 4 lines).

Figure 1: according to this figure, male and female suicide rates have more or less closely moved in tandem up to the mid-1990s; however, then the pattern changes (marked increase in male, but not female, suicide rates). This is interesting in itself. Any explanations for or speculation regarding that changing pattern?

   Reply: We have added an explanation in the text (page 13, paragraph 1, lines 5-9).

In similar vein, RE Figure 3: please comment more on the specific age profile of completed suicides. Youth and adolescent suicides (15-24 yrs. olds) figure prominently in the Philippines, and even more so in recent years (2000s vs. 1990s or earlier) and in young women than in young men.

   Reply: We have added statements in the discussion (page 13, second paragraph).
Reviewer 2: Young Ran Chin

Please clarify the age groups stratified: 15-34, 35-54, 55-?. The definition of age set by the World Health Organization’s (WHO) suicide prevention and special programs classified aged ‘15-24’ years as ‘youth’, 25 years and over as ‘adults’ and those 65 and over as ‘elderly’ (WHO 1996). The age groups need to be justified why they had smaller and different groups from other standards such as WHO.

Reply: The age groups were stratified based on an initial analysis of 10-year age groupings. Age groups with very similar incidence rates and trends were combined. We have revised this to age groups 15-24, 25-44, 45-64 and 65 and above (Figure 2).

3. Move the all remarks (examples: Fig2. classification of ages, Fig3. years, Fig4. reasons) to right side of the line. That will be more convenient to read.

Reply: We moved legends to the right hand side of the graphs (Figures 2-4).

4. In Fig 2, there was a small peak in male and female rates in the mid-1990s. Are there any national economic problems or other reasons? You need to add the reasons in your discussion.

Reply: We have added an explanation in the discussion (page 13, paragraph 3, lines 3-5).

5. Complement the discussion on suicide trends and difference of suicide rates by age and sexes. "In most Western countries, downward trends were seen since the 1980s [9, 26]. In Asia, suicide rates have been decreasing in Singapore but were increasing in Thailand, South Korea, Japan and China and Philippines." What are the differences of their suicide related policies and social conditions?

Reply: While we recognize that suicide trends are due to a combination of country-specific factors, an evaluation and comparison of the different risk factors between countries are beyond the scope of this research. We, however, included possible explanations for trends seen in the Philippines (page 12, paragraph 2).

6. Explicit the linkage of data, method of analysis and the results from data. That will be more clear to understand your writing.

Reply: There was no data linkage done as all data came from one source (National Statistics Office). We have a detailed description of suicide data collection in the Philippines in the methods section (page 5, paragraphs 1-2).