Author's response to reviews

Title: Chain of care for patients who have attempted suicide: a follow-up study from Baerum, Norway.

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Author's response to reviews: see over
Letter to the Editor 2

Dear Professor Jukka Hintikka,

We are pleased for the opportunity to improve the manuscript. In addition to answering Dr. Wang’s questions, we have now had the manuscript copyedited by San Francisco Edit.

Kind regards,

Håkon A. Johannessen

Reviewer's report
Title: Chain of care for patients who have attempted suicide: a follow-up study from Baerum, Norway.
Version: 2 Date: 26 December 2010
Reviewer: August G. Wang

Reviewer's report:
The authors have answered many of the questions. They have also enriched and supplemented the text in some places.

I have one important question, that I recommend the authors have to adress:
In methods they describe criteria for repetition of a suicidal act. They still need to describe the catchment procedure of data. The question is, if they have used hospital diagnoses as catchment procedures (in in this case how broad was the diagnostic spectrum? Did they use the X-diagnoses for suicidal acts, did they use other diagnoses for different injuries?). In order to use hospital data, it is nessecary to use a broad cathment net if you want to find all events of self injury, as they are often registered in very different ways. Secondly, after this initial catchment, did they go through the records of the incidents in order to ensure the cases? Were the cases finally jugded by the authors themselves or by some independent event committee? In case the authors did it themselves, were they blind to the history of possible relation to the intervention?
I see this description as essential, especially with the low repetition rate.

We thank the reviewer for the positive comments to our revision, and we acknowledge that our clarifications on the issue of “catchment procedure of data” on repetitions may need to be even further clarified.

As a respons to the reviewer’s comment in the first revision, we made some additions in the manuscript, and we stated that “This issue is being dealt with on p 10 RM.” In the revised ms, our additions are marked in red:

The outcome variable ‘repeated suicide attempt’ was defined as a new record of suicide attempt within six months, twelve months and five years after the index attempt. The index attempt refers to the first recorded suicide attempt. In order to be recorded, the reattempt had to lead to emergency unit or hospital admittance at Bærum
general hospital. Variables entered into the analyses at the time of the index attempt were: suicide prevention team assistance, age, sex, mental health aftercare referrals, alcohol misuse, marital status, employment status, and previous suicide attempts. The classification of these variables was based on information from medical records and information given by patients when interviewed at the hospital or by personnel in the community health services. Data on suicide attempters were consecutively collected at the hospital, and separate records were kept for each individual. Responsible for data quality and consistency throughout the study period, the chief social worker and the liaison psychiatrist at the hospital have completed the forms. At the end of each calendar year, each form was rechecked and entered into the database by the psychiatrist and the second author (GD). Calculations on repetition are made based on these records.

In revision 2 we have hopefully made it even clearer that our inclusion of cases is based on very qualified work done by the hospital suicide prevention team, in cooperation with the community psychologist who also is a researcher and second author of this paper (GD). However, we acknowledge the need for even more clarification. Thus, on p 9 RM, we have added the following:

At the general hospital, an alert system, effective since 1984, ensures that all hospital unit and A & E unit treated patients admitted after intoxications regardless of intention, as well as all suicide related injures, are reported to the hospital suicide prevention team. This team is responsible for classification and intervention. Inclusion in the suicide attempt database is made according to the above mentioned definition, and calculations of repetitions are made from this database. Further, the liaison psychiatrist at the hospital and the psychologist in the community health services (GD) are rechecking each case to ensure correct inclusion of cases. The authors of the present papers are blind to the intervention history of the patients.

As stated in the ms, referrals to aftercare are registered at discharge from the general hospital, by the hospital team, and thus long before any analyses of repetition were made by the research team. Thus, all the authors were blind to the destiny of repeaters when analysing data related to the index attempt.