Author's response to reviews

Title: The Impact of Fathers Physical and Psychosocial Work Conditions on Attempted and Completed Suicide Among their Children

Authors:

Aleck S Ostry (ostry@interchange.ubc.ca)
Tansey James (james.tansey@sbs.ox.ac.uk)
Maggi Stefania (stefania.maggi@ubc.ca)
Dunn Jim (jim.dunn@utoronto.ca)
Hershler Ruth (hershler@interchange.ubc.ca)
Chen Lisa (lisachen@interchange.ubc.ca)
Amber M Louie (ammlouie@interchange.ubc.ca)
Clyde Hertzman (clyde.hertzman@ubc.ca)

Version: 3  Date: 31 January 2006

Author's response to reviews:

Response to Reviewers Reports

Reviewer #1

1. We have reduced the number of tables to six as recommended.
2. We have also deleted analyses with Both Genders so that tables are now simplified with data presented for males and females separately.
3. The issue raised about how exposure was calculated for the time period 1995-1998 has been rectified in the methods. This was essentially a typographical error as exposure assessments were up and including 1998.
4. The minor essential revisions, mainly grammatical in nature, have also been attended to.

Reviewer #2

1. Efficiency of linkages has been added to the methods and properly referenced. As the reviewer has noted, problems with linkage often arise in relation to women because of name changes. The fact that this is an all male cohort probably helped in the increase the reliability of linkage in this study. Also, comments on any limitations related to the lack of complete linkage have been added in the discussion.
2. It is true that migration is a problem in assessing risk. We did not have a field in the data base which measured migration. The issue though, would only affect the analysis, at least in terms of causing bias, if there was some reason to suppose that controls and cases would have migrated at different rates. This is highly unlikely. As well, because we linked to an hospital database that encompassed all provincial records from 1985 onwards we are certain of recording all completed and attempted suicides for migrants who left their community but migrated somewhere else within the province of BC during this period. Given that we know, from migrant studies from our sawmill communities that less than 3 percent of workers migrated out of the province we can be sure that we have 97 percent of the cases.
3. The study does depend on hospital admissions (to acute-care hospitals and to psychiatric hospitals). It does not record admissions for attempted suicide at community treatment facilities. Given that the health infrastructure in the province is heavily weighted towards hospital care, it is likely that, because of the few clinics in existence, that only a very few attempted suicides would have been missed. We acknowledge that inadequate adjustment could have occurred but that yes, there is no way of avoiding this as we simply do not have outcome data prior to 1985. We have, as requested by both reviewers, clarified this in the text.
4. Reviewer number two has made the same observation as reviewer number three (i.e., that if a parent had a mental illness prior to 1985 this would not be recorded. I'd refer this reviewer to comment number one under Reviewer #3, below. This issue has been clarified in the text.
5. We agree with the reviewers suggestion that is better to split out completed from attempted suicides. There is enough power for us to do this and we have followed this reviewers suggestion.
6. The only information we have on SES comes from our occupational categories. In Canada occupational categories are an extremely good predictor of income levels. We do not have the data to look at income levels in relation to cost of living for this cohort.
7. Our discussion suggests that "conditions for parents and children may have changed in these communities over time" As noted by the reviewer, there is no way, from our data, unfortunately, to examine this.
8. We have focused, as suggested by the reviewer, on clarifying the strengths and limitations in the discussion and also paid particularly attention to strengthening the conclusions as suggested.

Reviewer #3

1. As the reviewer rightly points out, for a large portion of the fathers, the sawmill cohort would have been about 50 years of age in 1985, the date when information on mental health status became available. This means that suicidal behaviour, alcohol abuse etc may have occurred earlier in the father's life and that this would not have been noted. Thus, in effect the control, for fathers suicidal behaviour, mental health and alcohol outcomes is thus partial, as it occurs at mid-life and onwards rather than early in the fathers' life. As requested by this reviewer (also requested by reviewer #3) this limitation is now spelt out clearly in the abstract and discussion and re-wording undertaken in the rest of the text to ensure that this point is clear.
2. p-values have been added to the tables.
3. Grammatical errors have been corrected.
4. We have stated and expanded in discussion the idea that "a full history of employment, including participation in other economic sectors, is not required as a fathers' single exposure to adverse employment conditions may impact health outcome through latency or pathway routes".