Author's response to reviews

Title: Predictors of Poisoning-Related Fatality: A Hospital-Based Prospective Study

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Responses to Reviewers’ Comments

Reviewer 1

Comment 1. Authors to remove the word 'and' on the subheading on page 7 - to read 'Study Design, Setting, and Selection of Study Population'

Response: As suggested by the reviewer, we changed the subheading to “Study design, setting, and selection of the study population” in the Methods section.

Comment 2. Authors need to define what their definition of "Within a Short Time After Discharge” under the subheading Outcome Measures in the Methods Section (page 9). A short time could be two days for me, yet it is one week for someone else and a month for yet another person. Thus the definition will have implications on how someone will interpret the results presented.

Response: In response to the reviewer’s comment, we changed the statement to “death after discharge that could be attributable to the poisoning episode” and added it to the section of “Outcome measures.”

Comment 3. Also in line with point 2 above, it would be interesting to the readers to know what proportion of patients died in the hospital and what proportion died 'within a short time after discharge' - a statement or two could be put in the results – and depending on how significant the differences are, the authors may have to explain in the discussion reasons why. (If this data is not available, then this should also be stated in the paper for reasons of correct interpretation).

Response: Among 63 poisoning-related fatalities, 9 died on arrival, 2 died at ED, and 52 died during their hospitalization. Whereas we planned to include who died of the poisoning episode after discharge, no such case was observed. We have added the statement in the first paragraph of “Characteristics of the fatality cases” in the Results section.

Comment 4 and 5. Why is deliberate self poisoning the predominant cause of admission in your setting?-speculate; Why do the authors think that medicines (drugs/pharmaceuticals) predominated as a cause of hospital admission or presentation to the ED? One would expect such a picture from Europe or North America - why did your results show this pattern? You did mention that another study in Taiwan reported this, but why - one would expect more of pesticides than drugs...

Response: Taiwan has been classified as a “developed country” by the World Bank for many years and therefore shares some characteristics with Europe and North America. Furthermore, there is a national health insurance program that many experts regarded as among the best in the world in terms of availability. We have added our explanation to “Characteristics of the poisoning cases” in the Discussion section that the implementation of the national health insurance program resulted in the wide availability of prescription drugs to the residents in Taiwan, which should be one of the major factors leading to the
phenomenon observed in our study. Other contributing factors might include the prescription patterns of physicians, the dissemination of news related to suicides through the mass media, and user’s knowledge about the effects of drug overdose.

Review 3

Comment 1: The authors have responded adequately to Reviewer 3’s comments; however, they have not incorporated these responses into the revised manuscript, in particular into the methods section. Their responses need to be incorporated briefly so that future readers can also benefit from their explanations. This is particularly true for responses to 1 and 3; I would also appreciate short explicit statements re responses 2, 4 and 6 in the text. I agree with the authors that the use of case fatality rate for CFR is not “entirely accurate scientifically”. Just because terms are used commonly, even in “daily life”, does not mean that the scientific literature should be incorrect.

Response: We agree with the reviewer’s comments and have added clear statements in the revised manuscript in the “Data collection and processing” section accordingly.