Author’s response to reviews

Title: Recurrence of suicidal ideation due to treatment with antidepressants in anxiety disorder: a case report

Authors:

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Author's response to reviews: see over
Reviewer 1

1. Remark: Authors mentioned that other antidepressants were trialed but they did not mention which antidepressants were used. There were antidepressants which cause less sexual side effects than venlafaxine such as mirtazapine or moclobemide. Were these antidepressants trialed?

Response: The names of the other antidepressant that were used were added including mirtazepine that caused mark sedation. (P. 4, l.13)

2. Remark: Why was paroxetine continued for four years? During this four year period was there any change in anxiety level of the patient.

Response: A clarification added that the patient continued to use paroxetine since lowering the doses caused elevation on the anxiety (P.4, L. 4)

3. Remark: Was there any psychiatric scale used during this four year period like Hamilton anxiety scale or suicidal ideation scale.

Response: Unfortunately, no scales were used.

4. Remark: In discussion section theories weren't given In paragraph form. This is not usual for a case report presentation.

Response: Thank you for this comment - it was reformatted (P. 5, L. 27)

5. Remark: Does the patient have any medical illness like hypertension or else? Could his medical condition trigger suicide?

Response: The patient was healthy without any medical problems apart from is panic disorder. This was added to the case report. (P. 3, L.19)
Reviewer 2

1. Use “adverse effect/unwanted effect” instead of “side effect” since a casual relationship is not apparent.

Response: it was corrected accordingly. (P. 5, L. 32/ P.2, L. 7/P.3, L.5)

2. Cite Britain’s Committee on Safety of Medicines decision.

Response: This citation has been added.

3. Mention about the large analysis (Gibbons et al., 2005; Gibbons et al., 2007)

Response: These citations were added to the discussion section (second paragraph).

CASE PRESENTATION:
4. Divide the first sentence into two.

Response: This has been done (P.3, first sentence of case presentation).

5. Indicate according to which criteria (ICD or DSM) the patient was diagnosed as panic disorder. Was agoraphobia accompanying to the panic disorder?

Response: done (P.3, first sentence of case presentation)

6. Use “panic attacks” instead of “anxiety attacks”. Were panic attacks unexpected?

Response: This suggestion has been corrected. (P. 3)

7. Why was a combination therapy applied initially?

Response: Usually in our child and youth outpatient clinic combined psychology and psychiatric treatments are provided, even in initial presentation.

8. The titration was made within how many days/weeks?

Response: Added “tittered up during few weeks”. (P.3, L.24)
9. Was the first suicide attempt inwards? Mention about additional precautions if were taken for resistant suicidal thoughts.

Response: This suicide attempt occurred inwards as can be understood from the added explanation. As usually done in our wards, the patient was treated in the ward by multidisciplinary staff. No additional specific treatment was added after the attempt. (P.3, L 32).

10. When and in what condition was the patient discharged (in remission?).

Response: It was rephrased that he was discharged in almost full remission after 4 weeks. (P.4, L.2).

11. Paroxetine at which dose was trialed?

Response: This has been added. (P.4, L.2).

12. Replace “function” with “functioning”

Response: During rephrasing sentences it was omitted.

13. At which dose paroxetine was used for continuation treatment? How about panic attacks and anxiety symptoms during follow-ups? Was the patient in remission?

Response: These additional explanation were added. (P.4)

14. Were any rating scales applied for assessing the severity of panic disorder initially and during follow ups?

Response: Unfortunately, not.

15. The general flow of case presentation should be as: complaint, current history, medical and past psychiatric history, Mental Status Examination. How was the first contact of the patient with authors? Did the patient have suicidal ideation ever before? Did any relatives of the patient have suicide attempts? Summarize your psychiatric examination records in initial contact. In addition, mentioning any marked physical exam findings is welcomed.

Response: Some requested details were added as explained in previous remarks.

16. Note any additional medications. During suicidal thoughts mention in this section that the patient had no core depressive symptoms.

Response: This suggestion has been added.(P.4, L.16).
DISCUSSION:
17. On-off phenomenon is quite different from recurrence of symptoms/adverse
effects. This term refers periodic unresponsive intervals to an ongoing
medication. Therefore, remove the phrases regarding the on-off phenomenon
both from the text and from title. Instead, “recurrency of suicidal thoughts” is a
more appropriate phrase and shows the original point of this manuscript.

Response: This suggestion has been integrated accordingly. (P.1, L.1)

18. Mention any biological (i.e. regarding serotonin) theories regarding the
antidepressant induced suicidal ideation.

Response: Some biological theories (genetics and serotonin) have been added to the
discussion.

REFERENCES:
19. In reference 2, the page, volume of the journal is missing.

Response: This has been corrected (P.7, L.20).