Reviewer's report

Title: On- and off phenomenon of suicidal ideation due to treatment with antidepressants in anxiety disorder: a case report

Version: 2 Date: 26 September 2007

Reviewer: Salih Selek

I am familiar with the literature and believe that this case meets one of the 7 criteria for evaluation in the journal: Unreported or unusual side effects or adverse interactions involving medications

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: No

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: Yes

Comments to authors:

General

Todd and Baune reported an anxiety disorder case with recurrent suicidal thoughts during venlafaxine treatment. This is potentially an interesting case report, however there are some shortcomings which should be thoroughly revised before publication.

Revisions necessary for publication

INTRODUCTION

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

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

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

CASE PRESENTATION:

4. Divide the first sentence into two.
5. Indicate according to which criteria (ICD or DSM) the patient was diagnosed as panic disorder. Was agoraphobia accompanying to the panic disorder?

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

7. Why was a combination therapy applied initially?

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

9. Was the first suicide attempt inwards? Mention about additional precautions if were taken for resistant suicidal thoughts.

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

11. Paroxetine at which dose was trialed?

12. Replace “function” with “functioning”

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?

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

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.

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

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.

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

REFERENCES:

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

What next?: Revise and resubmit

Quality of written English: Needs some language corrections before being published