Author's response to reviews

Title: Variations in suicide method and occurrence by season and day of the week in Russia and the Nenets Autonomous Okrug, Northwestern Russia: a retrospective population-based mortality study

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Author's response to reviews: see over
Dear Reviewer,

First of all, we thank you for your positive and valuable comments. Our answers to your comments and corresponding changes in the manuscript are presented below. For your convenience and in accordance with editor’s requirements, all the changes in the revised manuscript are underlined. We hope that the revised version is of acceptable quality for publication in the BMC Psychiatry.

Comments by reviewer and the authors’ answers:

1. Is there an obligation for the doctor who is involved in the approval of death to report suicide to the official intuitions within this territory as this is the case e.g. in Germany? If not it could be speculated that there is a higher number.

Each suicide in Russia is suspected firstly as criminal act. Any doctor should obligatory inform the police on it. The police and the Investigation Committee of the Russian Federation investigate all suicides in order to identify potential criminal cases, and forensic examination immediately follows the primary police investigation. The role of forensic experts is to classify the cause of death according to the International Classification of Diseases, 10th Revision. Final determination of the classification assigned is based on the autopsy and the investigation process. We have pointed that autopsy reporting is well organized in the NAO, where planes and helicopters are often used to transport forensic experts to the sites of possible suicides.

2. What is a possible explanation/hypothesis for the 2side peak within a year in this region compared to other countries? Are there special activities or believes in this ethnicity group which might have an influence?

The indigenous people connected with the traditional Nenets lifestyle, which is based on the cycle of the reindeer-herding year. Spring (April) is usually characterized by the completion of winter reindeer activities.
However, non-indigenous more related to the general industrial and public activities in the area. The increase in May might be explained as usual spring suicide peak, like in other countries of Northern Europe. I think, September peak of suicides in the non-indigenous group is more related to stressful conditions of beginning of work after summer vacation, when depression and alcohol drinking are not so rare. First cold, snow and day-time shortening are usually coming there in September and may have an influence too.

Start of winter period in September is connected with movement of reindeer herders to the winter pastures. The indigenous people do not show any increase in suicides during this time.

3. It would be worth to insert a little paragraph about potential (and maybe different) protective factors within this population. What else is important to strengthen the suicide-prevention activities in this area?

This is the second paper from our study “Suicides in the Nenets Autonomous Okrug, Russia”. In the first article, we have tried to answer the question: WHO commit suicides in the NAO? You can get this information on socio-demographic determinants of suicides in the NAO from the link: http://www.circumpolarhealthjournal.net/index.php/ijch/article/view/24308

This manuscript is planned to be our second publication from the study. The study is attempting to explain the differences in suicide methods, seasonality and weekday variations of suicides in the indigenous and non-indigenous populations of Arctic Russia. From our point of view, this paper should follow the general logics of the study, answering the questions: HOW (suicide methods used) and WHEN (seasonality and weekday) suicides were committed. The next answers will follow this stage of the research in order to try to answer the question WHY they commit suicide and then to offer the prevention strategies in the area.

4. Limitations of such a study could be elaborated a bit more (e.g. other influences etc.)

We added the limitation by the sentences: “No information on history of self-harm or suicide attempt was available for the cases of suicide included in the present study. Data for the general population of the NAO were obtained only from the 2002 and 2010 Censuses. There were no other available data on age and sex distribution and other socio-demographic variables in the NAO during the study period. For these reasons the denominators in our calculations of suicide rates were estimates rather than true numbers.”


Sincerely yours,

Yury Sumarokov

20.07.2015