TITLE: Intensive supportive ambulatory aftercare decreases suicide reattempts and depressive symptoms in patients after a suicide attempt

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ABSTRACT: Patients who survive a suicide attempt present a high risk for relapse during post-discharge period. Developing and assessing the efficacy of methods for reducing risks in the post-discharge period after a suicide attempt is critical to the field of suicide prevention. The aim of this study was to compare the efficacy of an Intensive Psychosocial Care program after discharge for a suicide attempt with the Standard Treatment. The former treatment program significantly decreased the level of depressive symptoms and the time lag between discharge and the improvement of depressive symptoms. A greater number of personalized contacts and the continuity of care after a suicide attempt, seem to be a useful approach to suicide prevention.

Comment: I commend the authors for choosing this novel and often neglected research topic. I specifically appreciate that the authors selected a robust methodologically approach (cox regression analyses, large sample size, well-powered design). The paper is well written and tightly organized. I have few recommendations that the authors should find easy to address.

1. Could the authors explain if there was an open label bias and whether authors participants were aware of the differences between IPC and STP
2. Why did the authors select the BDI and did not include scales measuring (hypo)manic states?
3. When discussing the results I would recommend that the authors provide a table with odd rations, B, Wald etc.
4. I would shorten the conclusions and try to highlight the similarities in design/services offered in the current study and in other studies, separating them between those that were successful and those that were not.
5. I would like to read the authors’ comments on how educational background, alcohol intake, gender could explain differences in outcome in the two therapies
6. In table 1 I would provide additional information on medication status, diagnosis of participants, onset of symptoms/diagnosis, age of first suicide attempt/plan, and IQ (if available)
7. In figure 3 please provide the unit of measure for the X axis. Is it measured in days I assume?