Predictors of Suicide Attempt in Early-Onset Psychosis: Methodological Issues and Concerns

To the Editor: With reference to the recent article by Sanchez-Gistau et al,[1] we wish to discuss a few methodological issues and concerns not previously discussed regarding the study limitations.

Our first issue regards the suitability of some instruments (Positive and Negative Syndrome Scale [PANSS], [Hamilton Depression Rating Scale [HDRS]) for the study sample (aged 9–17 years) in view of their questionable or unknown validity in child and adolescent populations. The authors have not commented on this; however, the cross-referenced parent study indicates that adult scales were used for adolescent patients to act as a baseline comparison in their longitudinal cohort study.[2] However, in the absence of validity, their use in a younger population at least for the purpose of present study does not seem to be justifiable. Instead, the assessments might have been done using the Kiddie-PANSS[3] for psychotic symptoms, Children's Depression Rating Scale[4] for depressive symptoms, or other age-appropriate instruments. An additional limitation is that the Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version (K-SADS-PL) was simply translated into Spanish and not validated further for use.

Second, there were only 3 assessments in total, viz, baseline, 1-year, and 2-year (T_0, T_1, and T_2), which appear to be too infrequent for a study with suicidality as a primary outcome. The intervening 1-year period was accounted for by only a single question ("Have you attempted suicide since the last visit?"). The use of repeated measures (eg, 3- or 6-monthly) and corroboration from family members or clinical records might have increased the robustness. Third, more than 80% of the sample was recruited from hospitalized patients, which indicates a sample that has a higher severity of illness at baseline, thereby influencing the generalizability of results.

Fourth, the reported scores on the Hollingshead-Redlich Scale (2.6 ± 1.2; see Table 1 in the article) appear to be inexplicable, as the minimum possible score on this scale is 11: both factors of this scale are assessed on a Likert scale from 1 to 7 and then their weighted values ($\times 7$ for "occupation" and $\times 4$ for "education") are summed, giving a possible range from 11 to 77.[5] This standard scoring has been widely used in other scientific studies.[6]

From a statistical perspective, a few points need to be mentioned. The confidence intervals for each of the 3 variables for which logistic regression analysis showed significant differences (see Table 2 in the article) are quite wide, pointing to a large standard error. In the multivariate model, there is no mention of correction of *P* values, which could have been adjusted using Bonferroni or Šidák correction. Finally, there were too few positive observations ($n = 10$) in the dichotomous dependent variable; hence, the findings of regression analysis should be treated as exploratory and need replication in future studies.

Indeed, the study adds to the limited literature on suicidality in early-onset psychosis, and the findings are of clinical and public health significance. However, these findings should be interpreted in the light of the methodological limitations summarized above.

References

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