Conflict of Interest Disclosures: The authors have completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Dr Simon Fleminger reported acting as an expert witness on the neuropsychiatric consequences of traumatic brain injury. No other disclosures were reported.


In Reply Dr Fleminger and Ms Fleminger suggest that both the TBI itself and also constitutional factors, such as prior deliberate self-harm, may be responsible for the high suicide rates after TBI found in our study.1 Our study showed that the incidence rate ratio of suicide was increased by 1.90 times after adjusting for relevant covariates, including fractures not involving the skull, chronic medical diseases, socioeconomic status, and preinjury factors such as prior mental illness and deliberate self-harm. We adjusted our estimates for confounding effects more rigorously than prior studies that have yielded higher risk estimates after TBI; thus, our estimates were more conservative. Moreover, the suicide rate associated with TBI was found to be 1.73 times higher than for other fractures not involving the skull, which was a way of taking accident proneness due to constitutional factors into account.

Nevertheless, in an observational study, adjustment may not completely eliminate confounding. The fact that the group with TBI had higher rates of deliberate self-harm before the TBI than the group without TBI could still have influenced our results. Prior research has shown that mental illness and deliberate self-harm are the main risk factors for suicide. Although we adjusted for these factors, the risk of suicide after deliberate self-harm and after first psychiatric diagnosis continues to be high for many years.2,3 A prior meta-analysis estimated that in absolute numbers, “only” relatively few individuals (4.2%) died by suicide after engaging in deliberate self-harm over a 10-year follow-up,4 although some die of other causes.5 Those who survive will consequently be at risk of TBI. As such, individuals engaging in deliberate self-harm carry a long-term suicide risk and, as pointed out by Fleminger and Fleminger, they are at higher risk of experiencing subsequent TBI.

A secondary finding in our study was the paradoxical effect that individuals engaging in deliberate self-harm but not subsequently experiencing a TBI had a higher suicide risk than those engaging in deliberate self-harm and subsequently experiencing a TBI, as seen in the interaction analyses. We agree that it is possible that this result reflects a survivor effect—individuals engaging in deliberate self-harm had to survive the immediate period of higher yet relatively low absolute suicide risk to be at risk of TBI later—rather than being due only to differences in personality traits and accident proneness.

Trine Madsen, PhD
Merete Nordentoft, PhD
Michael E. Benros, PhD

Author Affiliations: Danish Research Institute of Suicide Prevention, Mental Health Centre Copenhagen, Copenhagen, Denmark (Madsen, Nordentoft); Mental Health Centre Copenhagen, Copenhagen University Hospital, Copenhagen, Denmark (Benros).

Corresponding Author: Trine Madsen, PhD, Danish Research Institute of Suicide Prevention, Mental Health Centre Copenhagen, Capital Region of Denmark, Denmark; kildegardsvej 28, DK-2900 Hellerup (trine.madsen@regionh.dk).

Conflict of Interest Disclosures: The authors have completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none were reported.


To the Editor On behalf of all coauthors, in the Research Letter “Change in Percentages of Adults With Overweight or Obesity Trying to Lose Weight, 1988-2014,” published in the March 7, 2017, issue of JAMA, we reported a declining trend from 1988 to 2014 among US adults with overweight and obesity who reported trying to lose weight using National Health and Nutrition Examination Survey (NHANES) data.1 Recently, a reader raised concerns that we had miscoded the NHANES variable of trying to lose weight by missing a skip pattern that started in the 1999-2000 survey. The reader is correct.

The 1988-1994 survey asked all participants: “During the past 12 months, have you tried to lose weight?” Starting in 1999-2000, participants were first asked to self-report their current weight and what their weight was 1 year ago. If the current self-reported weight was 10 lb less than 1 year ago, they were further asked if this weight loss was intentional. Participants with affirmative answers were presumed to have tried to lose weight in the past 12 months and the question about trying to lose weight was skipped. All other participants, including those with an unintentional weight loss of 10 lb in the last year, were asked “During the past 12 months, have you tried to lose weight?” Our original analysis counted participants with a self-reported intentional 10-lb weight loss as missing because the question about trying to lose weight in the past 12 months was skipped, thus making the data set incomplete.

Without accounting for the skip pattern, our analysis underestimated the percentages of adults trying to lose weight.
in recent years and overestimated the declining trends in adults trying to lose weight from 1988 to 2014. In the original analysis, we found significant trends over time for the total population, white men, and white and black women. With the skip pattern incorporated, the trends for white and black women remained statistically significant; however, the trend for all adults combined was inconclusive, and the trend for white men was no longer statistically significant.

In the original analysis, for the total population, the weighted percentage among adults with overweight or obesity who reported trying to lose weight was 55.65% (95% CI, 53.61%-57.69%) in 1988-1994, 47.09% (95% CI, 44.90%-49.28%) in 1999-2004, and 49.17% (95% CI, 47.49%-50.85%) in 2009-2014. Compared with 1988-1994, the adjusted percentage ratios were 0.88 (95% CI, 0.83-0.94) for 1999-2004 and 0.83 (95% CI, 0.75-0.91) for 2009-2014 (P for trend < .001). In the revised analysis, the percentage in 1999-2004 was 54.71% (95% CI, 52.67%-56.75%) and in 2009-2014 was 57.85% (95% CI, 56.51%-59.19%), with an adjusted percentage ratio of 0.94 (95% CI, 0.89-1.00) for 1999-2004 and 0.91 (95% CI, 0.84-1.00) for 2009-2014 compared with 1988-1994 (P for trend = .046).

In the original analysis, for white men, the percentage trying to lose weight among those who were overweight or obese was 45.98% (95% CI, 42.63%-49.31%) in 1988-1994 vs 39.39% (95% CI, 36.38%-42.39%) in 2009-2014, with an adjusted percentage ratio of 0.79 (95% CI, 0.63-0.98; P for trend = .04). In the revised analysis, the percentage of trying to lose weight among white men was 49.96% (95% CI, 47.40%-52.51%) in 2009-2014, with an adjusted percentage ratio of 0.95 (95% CI, 0.77-1.18; P for trend = .67).

Thus, the conclusion of the study has changed to: “This study found inconclusive results for trends in the percentage of overweight or obese adults who reported trying to lose weight between 1988 and 2014, although the trends were statistically significant for white and black women.”

We apologize to the readers and editors of JAMA and thank the reader for noticing the errors. The original article has been retracted and replaced with a corrected version to take into account the skip pattern, and additional changes were also made to clarify some aspects of the analysis. Online supplements with the original version of the article with the incorrect information highlighted and a version of the replacement article with the corrections highlighted are available.

Kassandra R. Snook, MPH
Andrew R. Hansen, DrPH
Carmen H. Duke, MPH
Amy A. Hackney, PhD
Jian Zhang, MD, DrPH

Author Affiliations: Jann-Ping Hsu College of Public Health, Georgia Southern University, Statesboro (Snook, Hansen, Duke, Zhang); College of Liberal Arts and Social Sciences, Georgia Southern University, Statesboro (Hackney).

Corresponding Author: Jian Zhang, MD, DrPH, Department of Epidemiology, Jiann-Ping Hsu College of Public Health, Georgia Southern University, PO Box 8015, Statesboro, GA 30460 (jiangzhang@georgiasouthern.edu).

Conflict of Interest Disclosures: None reported.


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