

Inverse association between body mass index and suicide?

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Dear Editor,

We read an interesting article entitled “Anthropometrical differences between suicide and other nonnatural death circumstances: an autopsy study” published recently in the *International Journal of Legal Medicine* [1]. At the outset, we wish to congratulate the authors for conducting an autopsy study on the subject of anthropometric differences between suicides and other nonnatural deaths. However, we have certain observations on the study findings.

Among the methods of suicide discussed in the study, blunt violence included cases where victims were run over by train or they had jumped from height. Extreme mutilations are likely in these cases of suicides that may influence the weight measurements of the individual and thereby the body mass index. In this regard, though the exclusion of cases with leg amputation and decapitation to avoid inaccuracies in body height measurement by the authors is rightfully justified, it is likely to influence the frequency distribution of different methods of suicides as presented in the paper.

According to the body mass index groups, mean body mass index among males (both in suicides and control groups) and females (control group) fall in the preobese group (25–29.99). Though the descriptive statistics were shown in Table 1, it would have been interesting to note the proportion of suicide cases and controls in different body mass index groups. This

in fact would give a clearer picture as to if body mass index is inversely proportional to the suicides in the examined autopsy sample.

A detailed analysis of age classes was performed by the authors, by comparing the 18–59, 60–79, and 80–96 years age groups. However, the criterion for this classification of ages is not clear. Moreover, number of males and females in age group 80–96 is too small for any meaningful statistical comparisons. It would have been more appropriate to subdivide 18–59 years ages (when individuals commit suicide more commonly) into two groups rather than doing the same for more than 60 years age group. Besides, descriptive statistics for the suicides and control in the three age groups could have provided a stronger evidence of the conclusion drawn by the authors that body mass indices were significantly lower among males in 18–59 years age group and females in 60–79 years age group. Similarly, descriptive statistics of body mass index for each method of suicide would have shown the comparison of body mass index between different methods of suicides more effectively.

It needs to be said that the authors’ attempt in bringing out this important work is praiseworthy, and our correspondence is intended to seek additional information and clarifications to enhance the scientific utility of the article.

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Reference

1. Flaig B, Zedler B, Ackermann H, Bratzke H, Parzeller M (2013) Anthropometrical differences between suicide and other non-natural death circumstances: an autopsy study. *Int J Legal Med* 127(4):847–856

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