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Letter to the Editor

COMMENT on "Trend Analysis of Suicide Mortality and Years of Life Lost From 2016 to 2021 in Southern Iran"

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Dear Editor-in-Chief

I eagerly read the study by Shakibkhah et al. that was recently published in your journal's May 2024 issue, titled "Trend Analysis of Suicide Mortality and Years of Life Lost from 2016 to 2021 in Southern Iran" (1). The authors dedicated a substantial amount of time and effort on the work, and I appreciate that. To achieve a more accurate interpretation of the study's results, it is advisable to consider several essential points together.

In the study by Shakibkhah et al., suicidal deaths were assigned the International Classification of Diseases, Tenth Edition (ICD-10) codes X60–84 as an external cause of death. In Iran, however, forensic physicians do not include ICD-10 codes on death certificates; instead, they write the cause of death in *Persian* (2).

In this study, the YLL were computed using the 2015 WHO excel calendars template; that this template is outside of the study period (2016-2021). This temporal difference could have a significant impact on the YLL estimation. For example, according to the WHO estimates, Iranian life expectancy at birth (L_x), has improved from 76.7 years in 2015 to 77.3 in 2019 (3). Moreover, a complex formula was used to estimate YLL, while according to a well-known formula, this simple equation [$YLL = \sum N_x \times L_x$] is used (4). By utilizing this approach, the reference case aimed to provide a more transparent and straightforward assessment of the burden of disease, without assigning differential weights or discounting future health outcomes (2, 5).

To estimate the number of YLL and facilitate international comparisons, age groups should be categorized in a manner where the age-group closest to the highest life expectancy is considered the last age-group. This ensures that individuals older than life expectancy are not attributed any lost years due to premature mortality. However, the calculated YLLs were integrated and reorganized into 10- to -15-year age intervals. Consistent with Izadi's study, the reorganized age groups used for further analysis were as follows: 5–14, 15–29, 30–44, 45–59, 60–69, 70–79, and ≥ 80 (5). In recent years, Monaco has the highest life expectancy at 87 years, with Japan following closely at 86 years, which is considered as the golden standard. Therefore, the last age-group should be 85 and above (2). The observed discrepancy could be linked to the temporal context of Izadi's study, which was conducted for age stratification between 2006 and 2015, a period when the highest life expectancy was approximately 80 years. Following Izadi's study, Shakibkhah *et al.* conducted their research, corresponding to an increase in the global life expectancy. Consequently, adjustments to the age strat-

ification are necessary to reflect this rise, potentially requiring the inclusion of a last age-group.

Conflict of interests

The author declare that they have no conflict.

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