
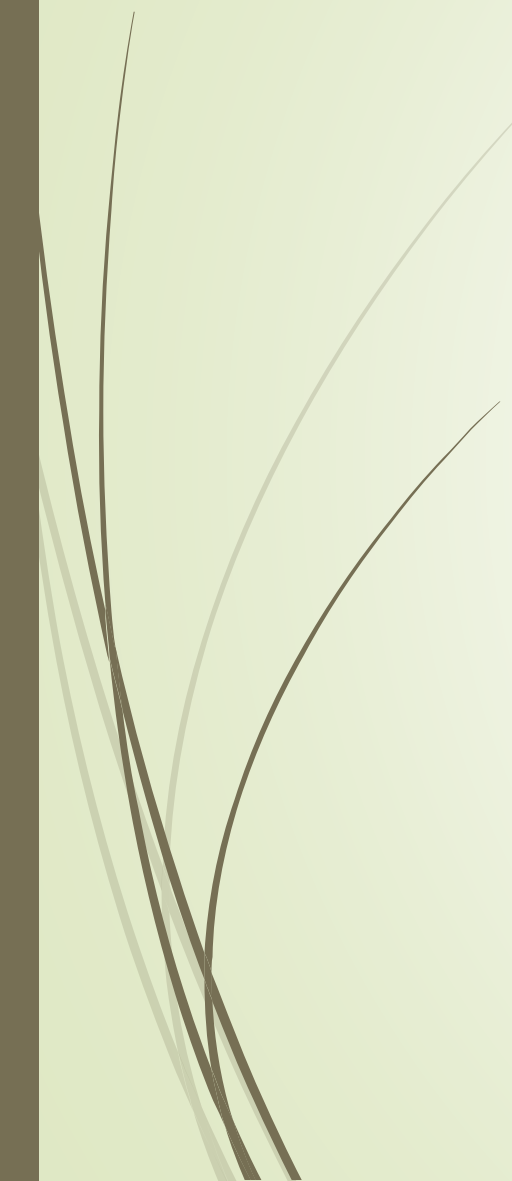



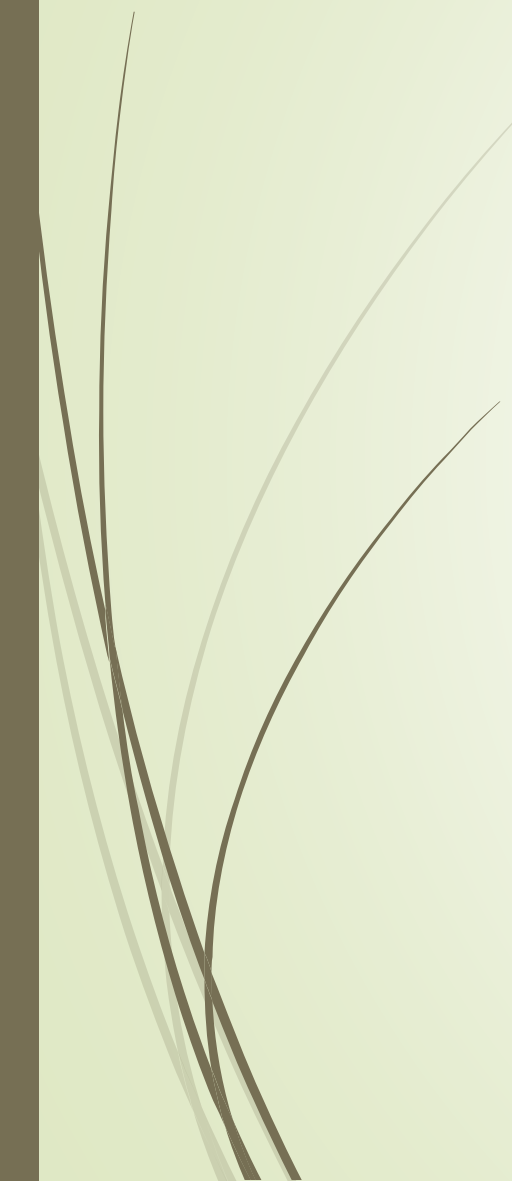
Suicide


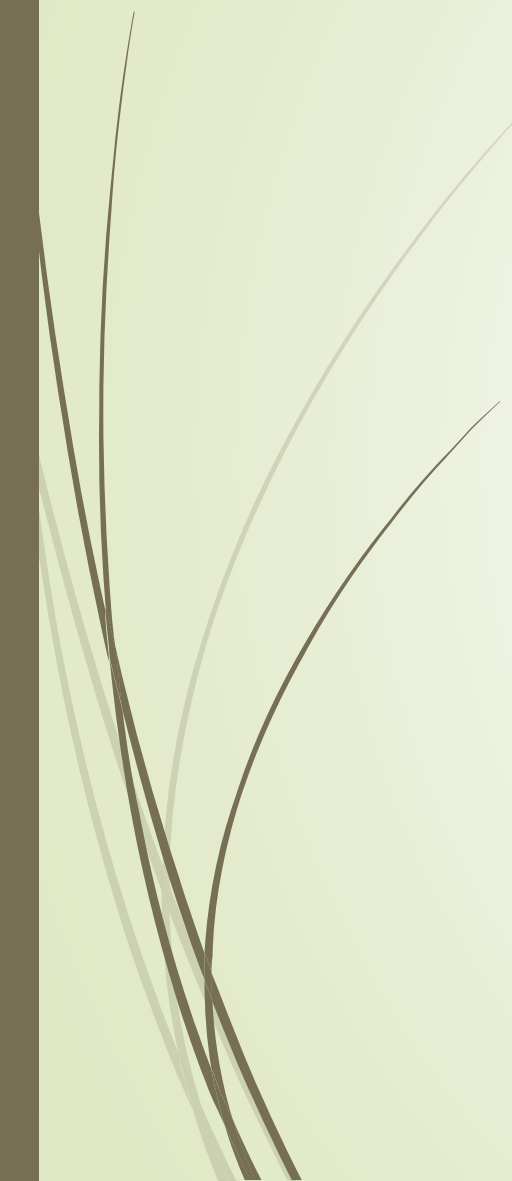


Dr Elahe Abdollahi

Psychiatrist

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- Between 10 and 18 percent of adults in the general population worldwide report lifetime suicidal ideation, and 3 to 5 percent have made at least one suicide attempt in their lifetime.
 - Every year 703 000 people take their own life and there are many more people who attempt suicide.


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- Every suicide is a tragedy that affects families, communities and entire countries and has long-lasting effects on the people left behind.
 - Suicide occurs throughout the lifespan and was the fourth leading cause of death among 15-29 year-olds globally in 2019.


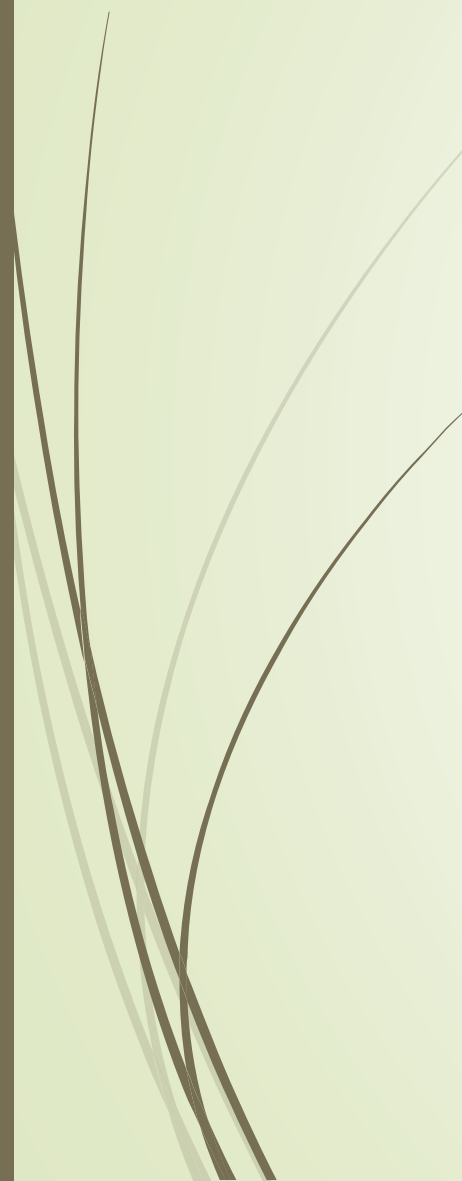
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- over 77% of global suicides occurred in low- and middle-income countries in 2019.
 - Globally, the availability and quality of data on suicide and suicide attempts is poor. given the sensitivity of suicide – and the illegality of suicidal behavior in some countries – it is likely that be under-reported


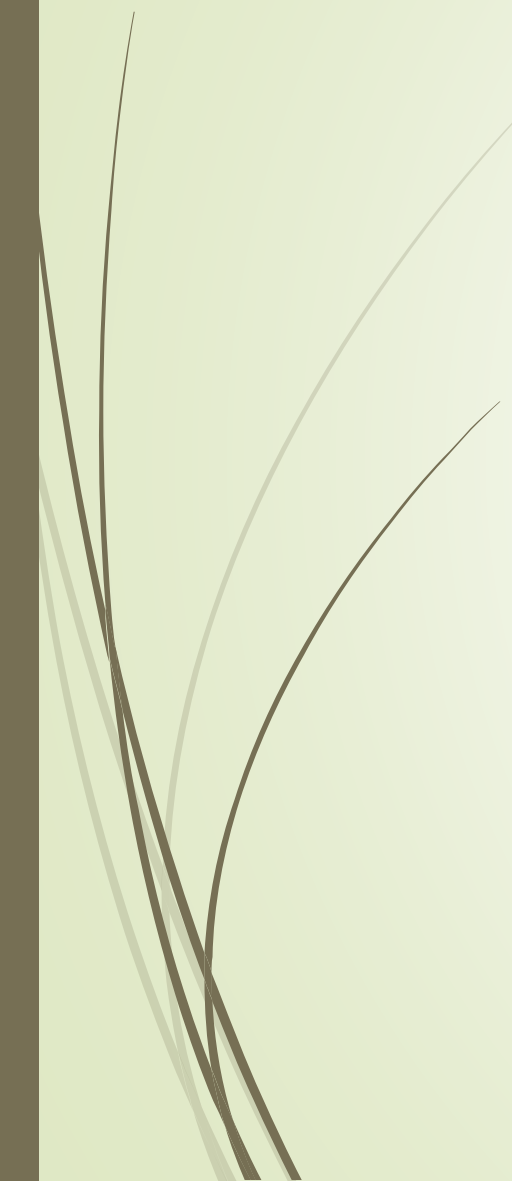



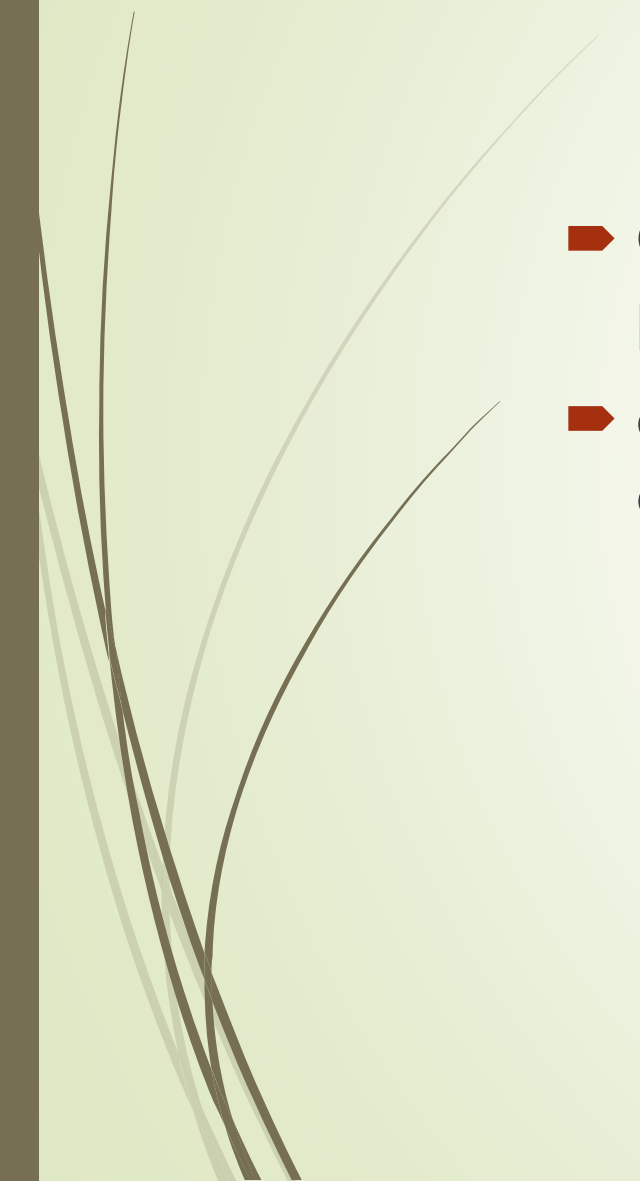
Methods of suicide

- around 20% of global suicides are due to pesticide self-poisoning(rural agricultural areas in low- and middle-income countries).
- hanging and firearms
- Knowledge of the most commonly used suicide methods is important to devise prevention strategies which have shown to be effective, such as restriction of access to means of suicide.

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- Suicidal behavior and suicidal ideation are very rare in the absence of current major mental disorders
 - around 90 percent of suicide victims have at least one or more major psychiatric disorders at the time of their death
 - the rate of major mood disorders is between one-half and two-thirds
 - most important risk factors
 - medical-biologic, psychosocial, demographic, cultural components, a history of untreated major mood disorders

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- the ratio of attempted to completed suicide in the general population is about 15–40:1, it is much lower (5–10:1) among patients with major mood disorders
 - around half of those who complete suicide have attempted suicide at least once previously, and the first attempt (even nonviolent) significantly increases the risk of future completed suicide


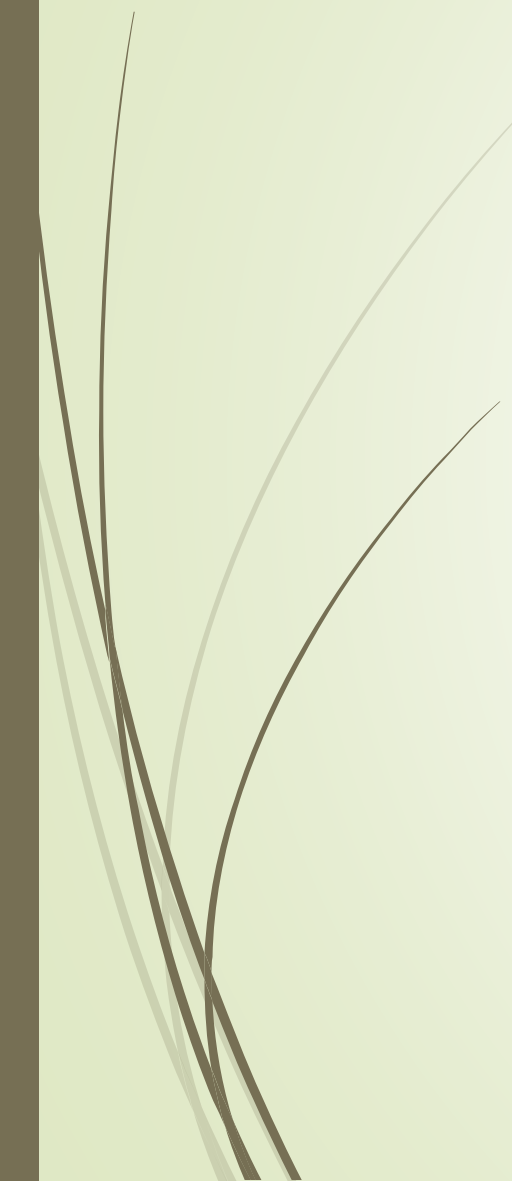
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- two strongest predictors : Prior suicide attempt and major depression
 - mortality ratio of suicide death in mood disorders compared to general population :10- to 30-fold
 - life expectancy of these patients is decreased by about 10 to 12 years
 - In a national long term follow-up study on suicide risk in Denmark the absolute lifetime risks of completed suicide in patients with diagnosis of unipolar depression were 6.7 for males and 3.8 percent for females

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- One of the most persistent problems in suicide prevention is assessing who will make an attempt.
 - around half of people who attempt or die by suicide deny suicidal ideation beforehand



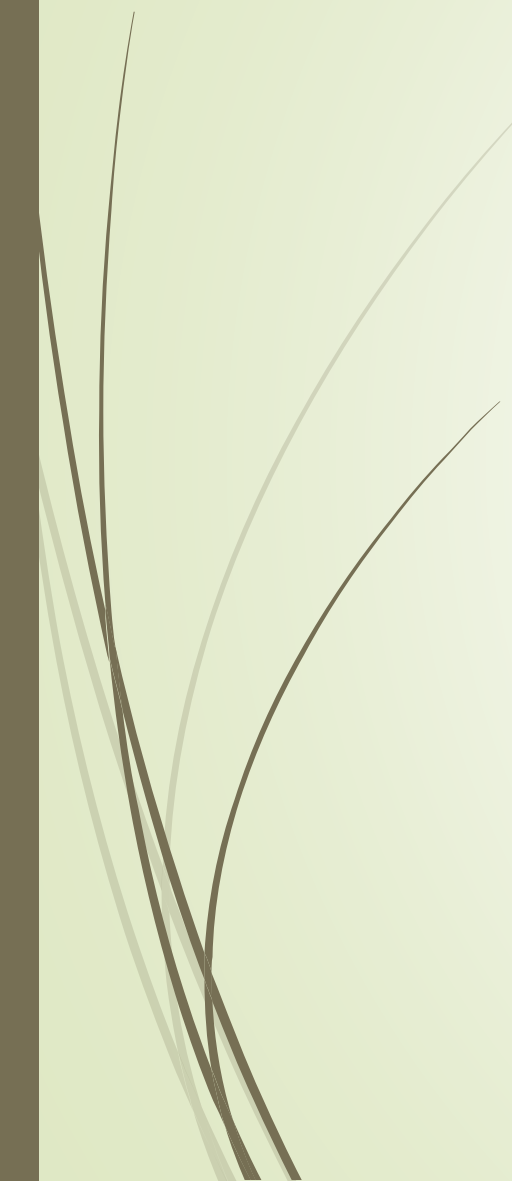
CLINICALLY DETECTABLE SUICIDE RISK AND PROTECTIVE FACTORS IN PATIENTS WITH MOOD DISORDERS

- Suicidal behavior is quite frequent among patients with mood disorders who contact different levels of the health care **some weeks or months** before their death or attempt, which emphasizes the potentially key role of health care workers in suicide prevention
- short-term versus long-term, proximal versus distal, changeable versus unchangeable, psychiatric–medical versus sociodemographic, and clinical versus biological
- a decreased central serotonergic system is a very strong correlate of suicidal behavior
- impulsive–aggressive personality characteristics

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- more severe forms of depression, with insomnia, hopelessness, anxiety, agitation, weight or appetite loss, feelings of worthlessness or inappropriate guilt, and thoughts of death or suicidal ideation
 - Comorbidity with substance including alcohol
 - deaths, separations, and other major losses, scandals, or imprisonment rarely precipitate suicide in the absence of a psychiatric disorder
 - the psychotic nature of major mood episodes




Comorbid Psychiatric, Personality, and Medical Disorders

- comorbid anxiety disorders, substance use disorders, cigarette smoking, personality disorders (mainly borderline type), and serious, medical illness, relatively early stage of the illness
 - Impulsivity, aggressivity, pessimism, and few reasons for living
 - Cyclothymic temperament
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Previous Suicide Attempt

- ▶ particularly violent or lethal, the most powerful predictor
 - ▶ One third of depressives attempt suicide at least once during their lifetime
 - ▶ In the majority of cases, suicidal depressives become suicidal again in the next depressive episode.
 - ▶ Nonviolent or low-lethality suicide attempts do not mean low suicide risk, as those who repeatedly attempt suicide commonly change their method from nonviolent to violent but the opposite pattern is rare
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Family History of Suicidal Behavior

- relatives of suicidal persons are more than 10 times more likely than relatives of comparison subjects to attempt or complete suicide

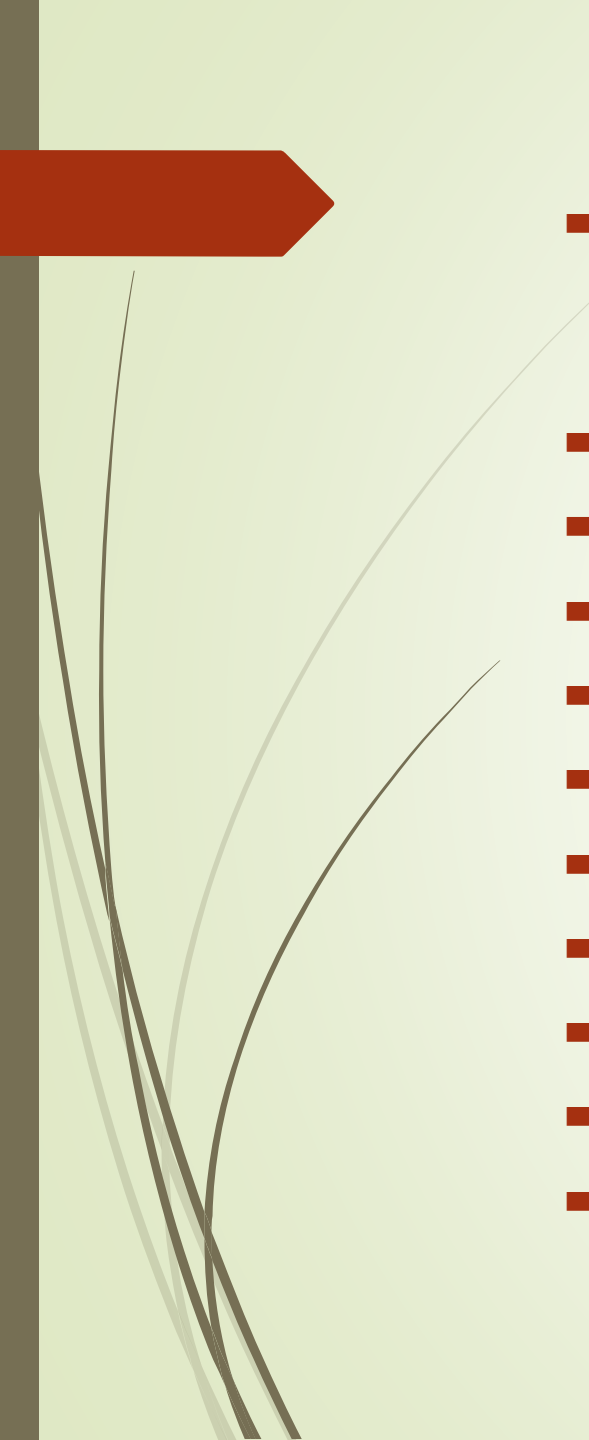


Negative Life Events and Adverse Life Situations

- Although negative life events do not lead to suicidal acts in the general population, they could trigger suicidal behavior in vulnerable persons, particularly in high-risk groups, such as those with major depression.
- About half of all suicides in mood disorders are associated with recent severe, acute negative life events, or adverse life situations, such the death of a relative or close friend, isolation, living alone, separation or divorce, and being unmarried
- Doctors should be alert when a patient discharged from an inpatient or outpatient psychiatric department seeks help for any psychological or even medical problems



Demographic Factors

- males, older persons, urban residents, minority groups (immigrants, ethnic minorities, specific professions, prisoners, lesbian, gay, bisexual, and transgender persons) : more completed suicides
- females and young persons more commonly attempt suicide.
- Suicide mortality is elevated among those in a certain profession—especially veterans, health care professionals, and agricultural workers.
- these do not have a clinically significant powerful predictive value in the case of patients with unipolar major depression
- Suicidal behavior shows a typical seasonal variation: spring and early summer



➤ For proper prevention, clinical assessment of suicide risk should pay attention to warning signs. The American Association of Suicidology proposed to remember the acronym **“Is Path Warm”**:

- ▶ I **Ideation**—threatened or communicated
- ▶ S **Substance** abuse—excessive or increased
- ▶ P **Purposeless**—no reasons for living; anhedonia
- ▶ A **Anxiety**, agitation and insomnia
- ▶ T **Trapped**—feeling no way out; perceived burdensomeness
- ▶ H **Hopelessness**
- ▶ W **Withdrawal**—from friends, family, society
- ▶ A **Anger** (uncontrolled)—rage, seeking revenge
- ▶ R **Recklessness**—risky acts, unthinking
- ▶ M **Mood** changes (dramatic)

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- Clinicians should always remember to ask about suicide; questioning patients about suicide thoughts and plans is always indicated
 - Talking about suicide does not increase the risk

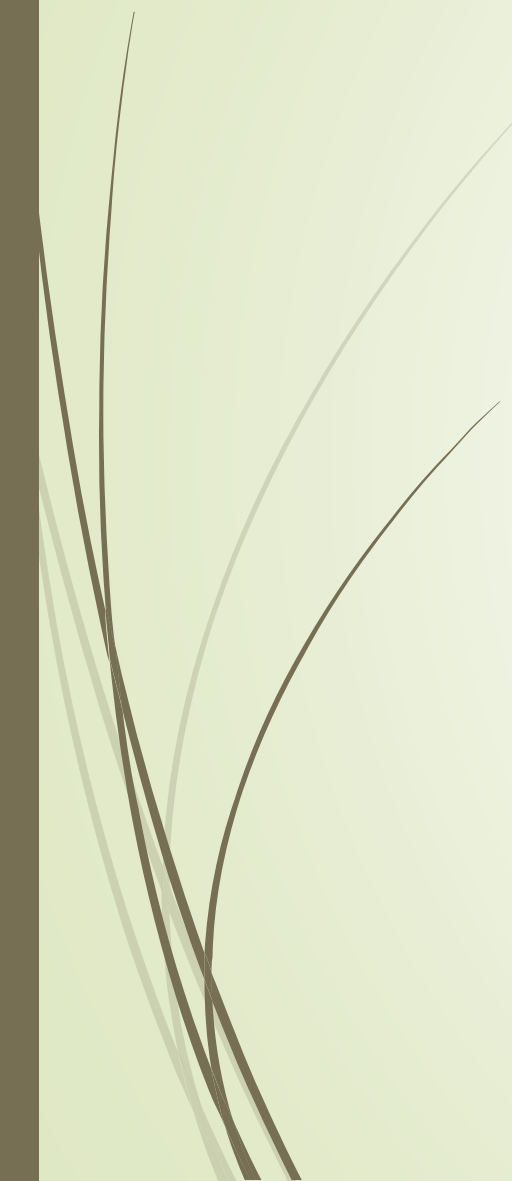




Suicide Protective Factors in Patients with Mood Disorders


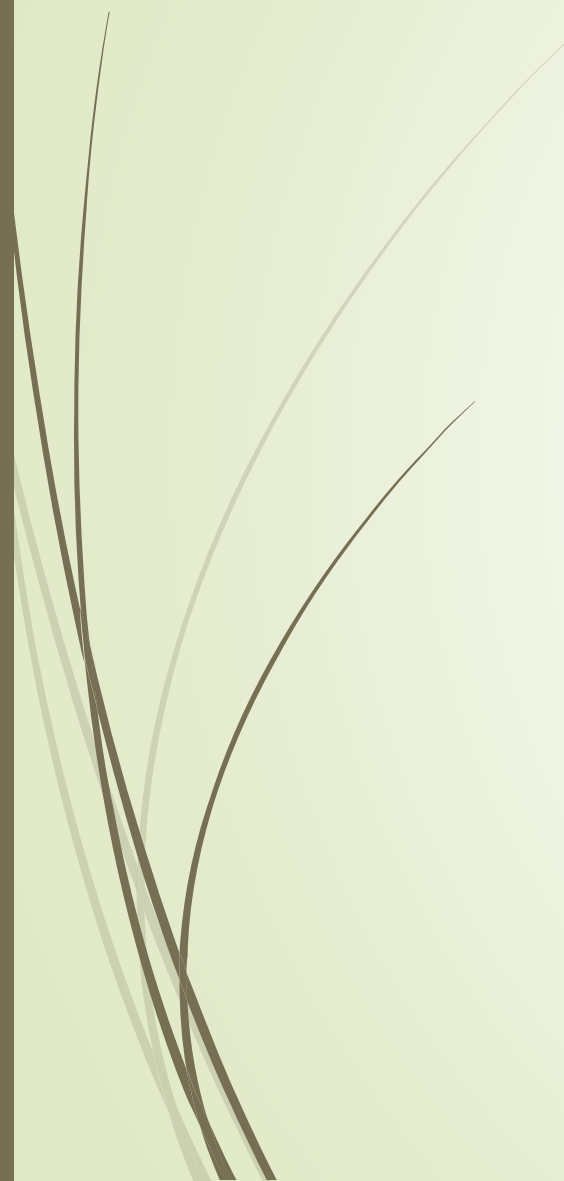
- Good family and social support
- pregnancy , postpartum period, having a large number of children
- strong religious beliefs
- regular physical activity
- restricting suicide methods (reduce domestic and car exhaust gas toxicity, barriers at train stations and bridges, stricter laws on drug and gun control)
- acute and long-term treatment, both pharmacological and nonpharmacological



PREVENTION OF SUICIDE IN PATIENTS WITH MOOD DISORDERS

- adequate long-term therapy
 - In the case of acute suicide danger, the patient needs close observation and urgent hospitalization, even against of his or her own wish.
 - Crisis intervention, whenever needed
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- hospitalization will be short and it is best for the patient
 - if acute hospitalization is not indicated, close observation by family members and removing possible means of suicide ,consultation with an outpatient psychiatrist
 - Treatment of anxiety, psychomotor agitation, and insomnia
 - ECT
 - As comorbid anxiety, agitation, and insomnia increase the short-term suicide risk for depressed patients, anxiolytics, atypical antipsychotics, and sleep-promoting drugs for short-term use

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- Ketamine
 - Psychosocial interventions
 - Psychoeducation and supportive psychotherapy
 - depression-focused psychotherapies, in combination with pharmacotherapy
 - in suicidal depressives psychotherapy and psychosocial interventions
 - should be always combined with acute (and if necessary longterm) pharmacotherapy





Suicide Prevention in the Primary Care

- more than two thirds of suicide victims contact different levels of health care (mostly GPs and psychiatrists) during last few weeks or months before their death
- the rate of recognition of depression and adequate treatment is around 20 to 25 percent
- lack of experience, insufficient knowledge about symptoms and treatment
- major depression, particularly in combination with suicidal behavior, should be taken very seriously in primary care.
- **asking questions about suicidal ideation and past suicide attempts does not trigger suicide**



Suicide Prevention Strategies in Patients Mood Disorders

- A. Eliminating acute suicide danger (physical inhibition, emergency hospitalization, sedation, anxiolysis, crisis-intervention)
- B. Improving the early diagnosis and treatment of mood disorders
 - 1. Education of health care workers, patients, relatives
 - 2. Adequate acute and long-term treatment
 - interventions such as psychoeducation, psychotherapy, cognitive therapy, family counseling and family therapy, regular long-term care, regular contact
- C. Improving the patients' compliance (psychoeducation, psychotherapy, cognitive therapy, etc.)

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- D. Educating the public via media, and Internet
 - 1. Educating about the symptoms, dangers, and treatable nature of mood disorders and the preventable nature of suicidal behavior
 - 2. Reducing the stigma against mood disorders and suicide
 - 3. Providing information on how and where to get help in the case of mood disorder and suicide crisis