THE EUROPEAN PSYCHIATRIC ASSOCIATION GUIDANCE ON SUICIDE TREATMENT AND PREVENTION.


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- A 37- YOD patient with Bipolar I disorder presents to the clinic for evaluation of medication therapy. The patient was diagnosed with bipolar disorder at the age of 30 with an index episode of mania. The patient has had 6 cycles of mania and depression over the past year. Medication therapy includes lithium carbonate 1200 mg daily, citalopram 20 mg daily, and aripirprazole 10 mg daily. When evaluating the patient for risk factors for suicide which of the following would be of the most concern for increased suicidal behavior?

A. Rapid cycling course
B. Later onset of illness
C. Longer duration of illness
D. Lithium pharmacotherapy

- A 45 YOD patient presents to the mental health clinic for a follow up appointment. The patient is treated with paroxetine 40 mg daily for generalized anxiety disorder and had a suicide attempt one year ago by over dose. The patient was recently laid off as a computer technician. The patients daughter reports that the patient recently purchased an had gun. Which of the following is the strongest predictor of completed suicide?

A. Loss of employment
B. Purchase of a hand gun
C. Previous suicide attempt
D. Generalized anxiety disorder

- A 19 YOD patient with previous suicide attempt is seen in the psychiatry clinic. The patient has a long history of frequent angry outbursts toward family members. In the past has stated “My family will be sorry when I am gone”. Today, the patient appears very calm and responds that there are not problems at home. Which of the following is the most accurate assessment of the patient with regard to suicide risk?

A. Patient is not suicidal because no intent has been communicated
B. Lack of angry of outbursts may indicate a switch to a depressive state.
C. Current signs of calmness may indicate a decision to attempt suicide
D. A suicidal risk assessment is not necessary based on today’s presentation

- A 32 YoD patient with bipolar disorder is seen in the psychiatry clinic for medication management. The patient has been treated with lithium 900 mg daily (0.9 mEq/L, 12-hr level) for 6 months with moderate response. During the interview, the patient is clearly distracted, speech is pressured, and flight of ideas is noted. Past psychiatry history includes 2 suicide attempts over the last 4 years. The psychiatrist would like to manage the bipolar disorder and decrease the risk of future suicide attempts. Which of the following is the most appropriate recommendation based on evidence in the literature

A. Switch lithium to divalproex
B. Continue lithium monotherapy
C. Stop lithium and begin aripiprazole
D. Continue lithium and add olanzapine

- The mother of a 17 YoD adolescent hopitalized for a suicide attempts asks to meet with the treatment team. She is having difficulty understanding why her child attempted suicide as the child has had a ‘good life’. Which of the following would be most important to focus on concerning the stress-vulnerability model of the suicide process?

A. Social position, culture, and diet do not play a role in the suicide process
B. Individual polymorphisms determine progression from ideation to attempt
C. Suicidality is influenced by interaction of genetic and environmental factors
D. Early traumatic life experiences increase the risk of suicide after the age of 26

- You are consulting on a 16 YoD male with suicidal ideation. Based on the National Comorbidity Survey, the presence of which of the following diagnoses is predictive of the transition form ideation to a suicide attempt?

A. Alcohol abuse
B. Social anxiety disorder
C. Oppositional defiant disorder
D. ADD / ADHD

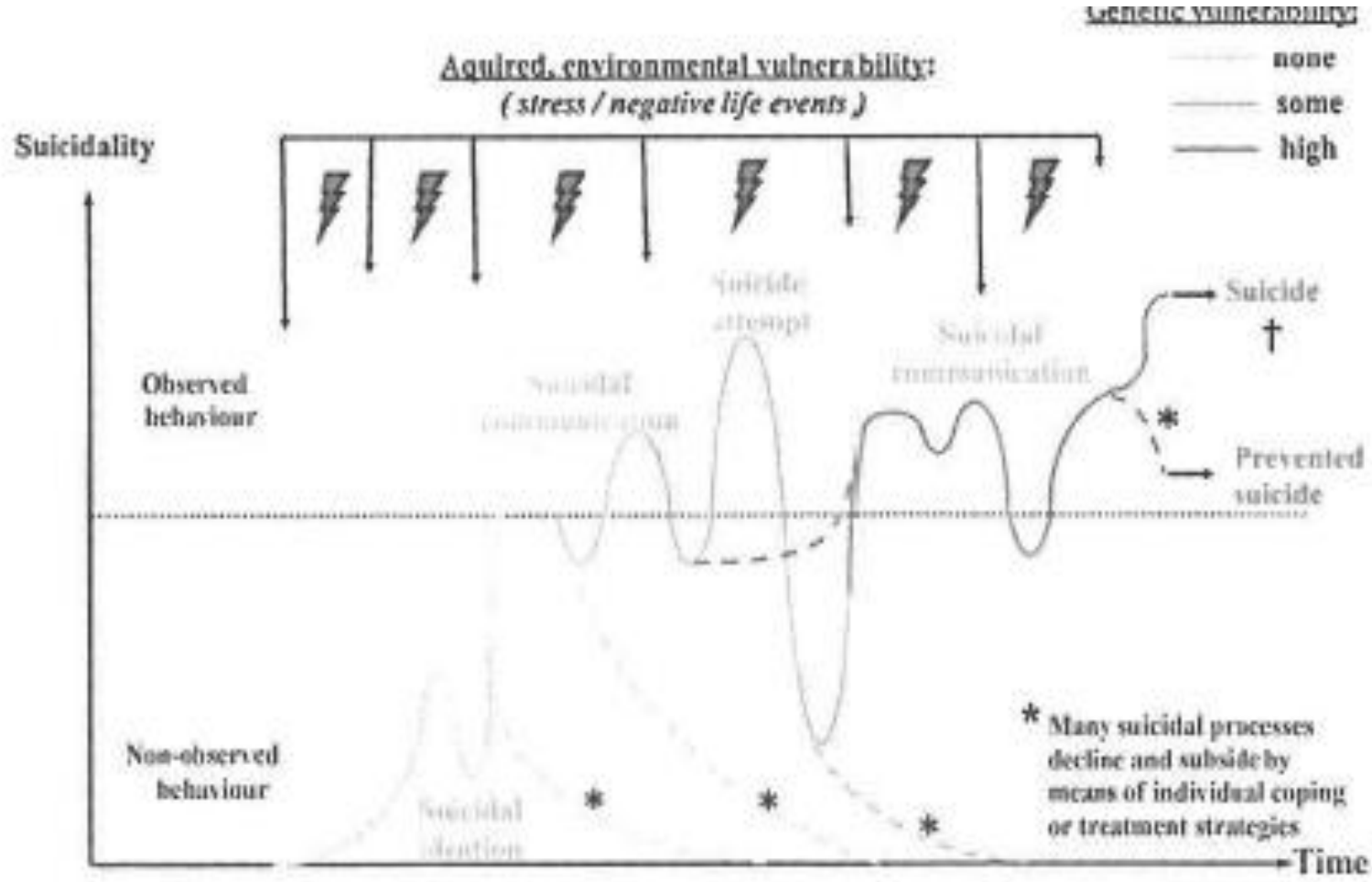
Epidemiology

- One million people die of suicide
- Global suicide rate is 14 suicides per 100 000
- Rate differs according to region and culture, gender and age
- Males 18 suicides per 100 000 and females 11 suicides per 100 000
- Global suicide rate is three times higher for over 75 years compared to those under 25
- In the European region Lithuania has the highest rate 55.93 followed by Russian Federation 50.55, Belarus 46.5, Hungary 37.15 and lowest being Azerbijan 1.8, Turkey 2.4, Georgia 3.3, cyprus 3.43, Greece 4.78, Israel 7.7, UK 9.71

Definition

- Suicide Attempt is defined as self-inflicted, potentially injurious behaviour with a nonfatal outcome for which there is evidence (either explicit or implicit) of intent to die.
- Parasuicide covers both suicide attempts and other self destructive behaviour
- Deliberate self-harm is an intentional self-poisoning or self-injury, irrespective of motivation and does not require for its usage the establishment of suicidal intent.

Stress Vulnerability Model (1/2)



Stress Vulnerability Model (2/2)

- Suicide is an outcome of a complex process
- Interaction of genetic, psychological, environmental and situational factors
- Probabilistic rather than deterministic role of serotonin genes both in developmental and adults stages (SLC6A4 & 5HTTLPR)

Suicide in different clinical settings

- Suicide persons have been in contact with clinical services shortly before completing or attempting suicide.
- Twenty four percent of suicide completers had contact with psychiatric services one year before their death
- Compared to patient treated for psychiatric problems in general practice:
  - Psychiatric inpatients have 16 fold greater risk
  - Psychiatric outpatient have 2-3 folder greater risk

Risk factors for suicide

- Heritability – Family History
- Previous Attempts
- Current and life time psychiatric disorders
- Bipolar disorders
- Major Depression: Severe depression, incongruent feeling of heavy guilt, worthlessness, hopelessness.
- Anxiety disorders: Underdiagnosed and undertreated

Risk Factors for Suicide (2/3)

- Alcohol and other substance use disorders
  - Alleviates dismay and despair in short term
  - Impairs cognitive process, impulsivity, aggression and lowers threshold to suicidal behaviors
- Schizophrenia:
  - Associated affective symptoms more than core psychiatric symptoms.
  - Increase in first month of treatment decreasing over 6 moths.
  - First episode psychosis for early intervention. Increase

Risk Factors for Suicide (3/3)

- Eating Disorders: Comorbidity with EtoH use disorder, depression, OCD, social phobia.
- Stressful life Events
- Chronic illness: CNS, Haem-Onc
- Trauma: Physical violence, mental and sexual abuse both in childhood and adults, bullying, victimization, exclusion at school or workplace)

Robin Williams' Death Report Finds Lewy Body Dementia.

ABC News

Robin William's diagnosed Parkinsons disease

Personality Disorders (1/2)

- 44-62% of suicide attempters are PD
- Risk increase in BPD, Antisocial and Avoidant PD with comorbid depression and substance use
- Impulsive, aggressive, pessimistic, poor coping strategies, primitive defense mechanisms (illusion of being self sufficient, and paranoid projections that others are all bad and persecuting) predisposing aggression on self and others.
- Suicide person reacts to life stressors with anger, rage, shame, irrational guilt feeling, despair and hopelessness

Personality Disorders (2/2)

- Feeling of worthlessness and repeated emotional injury, and not loved by others lead to repeated uncontrolled outbursts, self-destructive acts.
- Despite a greater need for help from health care professional; paradoxically the suicide person fears dependency and intimacy and devalues both the need for closeness and attachment to signifcant other.
- Give an unrealistic sense of independence and able to manage without others
- Misleading signs of tranquility once decision is take to commit suicide which might release internal stress.

Protective Factors

- Cognitive Flexibility
- Active coping strategies to find solution to difficult life situations
- Healthy life styles: healthy socializing, active life style, good sleeping patterns, keeping a good diet
- Strengthening sense of personal value
- Confidence in one's self and situation
- Having high number of children
- Practicing religion
- Supportive communication in communication skills
- Seeking help and advice when difficulties arise

Suicidal Assessment

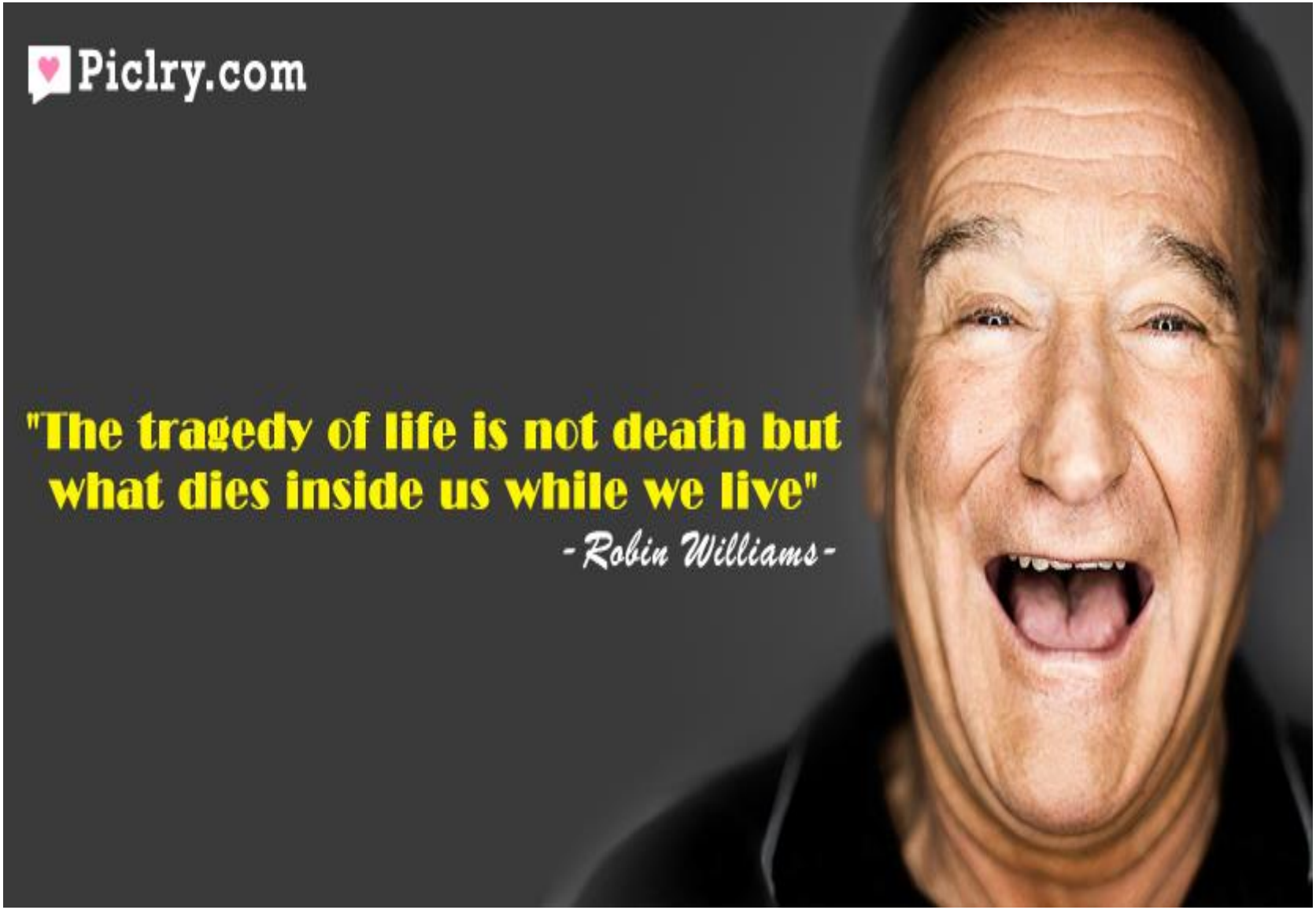
- Assessment should be comprehensive including psychiatric, somatic, psychological and social perspectives
- Suicide risk assessment should be repeated over time
- Assessment should be done in an empathetic and not mechanistic way
- Suicide risk factors have a cumulative effect

Specific Measurements to evaluate suicide

- Biological Measures: HPA dysfunction, 5HIAA
- Social investigation: social network, housing, and employment, economic stability
- Psychological assessment
  - personality, impulsivity, control of aggression, tolerance for frustrations, narcisstic integration, copying strategies & ability to resolve conflicts
- Psychometric Scales:
  - SAD person scale with NO HOPE supplemental scale (acute settings)
  - HDRS suicide severity items
  - “My future seems dark to me” Beck Hopeless Scale (predictor for future risk)
  - Reason for living Inventory differentiates between ideation and attempt
  - Columbia Suicide Rating Scale evaluate suicidal risk

Suicidal Communication

- Omitting exploratory questions about suicide attempt can lead to increased guilty feeling and helplessness
- Non verbal communication or acting out like acquisition of weapon, writing a will, collection of prescription medicine
- Capacity to share thoughts or ask for help is poor by suicidal persons
- Can evoke mixed feelings of empathy but also ambivalence and frustration if patient is aggressive and self blaming
- Ambivalence to living or dying is strongly expressed by suicidal individual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"The tragedy of life is not death but what dies inside us while we live"
-Robin Williams-

Management in acute crisis

- Evaluation: Empathetic. Corroboration of information
- Hospitalization Vs Outpatient with social support
- Pharmacological Treatment
  - Anxiety
  - Depression
  - Eventual psychotic symptoms
  - Insomnia

Long Term Management

- Target quality of life
- Schizophrenia patients need life long rehabilitation
- Appropriate follow up and monitoring
- Establish safe measurements and minimize source of harm (sharp objects, fixtures, lighters, ropes, curtains, toxic substances)
- Establish Privilege System

Pharmacotherapy (1/2)

- Unipolar and bipolar depression
  - Suicide occurs during the depressive episode
  - Effective treatment may prevent incidence
  - Use of antidepressants is not preferred compared to mood stabilizers or antipsychotics
  - Lithium is associated with 80% reduction in suicide attempts and completers
  - Lithium should be retained in non responders and augmented by another mood stabilizer


METRO
ROBIN WILLIAMS
1951-2014
Agony of his final hours revealed
He went to bed alone, slashed wrists then hanged himself
INSIDE

Pharmacotherapy (2/2)

- Antidepressants in major depression
  - Risk of suicide is greatly reduced
  - Increased suicide risk in the first 10-14
  - Agitation and anxiety management during early treatment with some antidepressants is required

Psychotherapy

- DBT, Interpersonal psychotherapy, family psychotherapy, Psychodynamics
- Psychosocial support particularly that patients have existential crisis
- Family support and strengthening social network
- Secure relation with clinician free of shame
- Good Working Alliance, Compliance, targeting personal responsibility

Psychological Autopsy