

## DEPRESSIVE DISORDERS: SUICIDAL PATIENTS

### Clinical Overview: Suicidal Patients

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- Seventy-five percent of older adults who died by suicide saw their PCP within one month prior to death.
- The highest rates of suicide are among the elderly.
- Adolescents and young adults (ages 15 to 24) have high rates of suicide.
- Risk factors include previous history of suicide attempts, family history, psychiatric diagnosis, age and sex (for a complete list of risk factors, please see the next page).
- Any HIP patient who you feel may be suicidal, should be referred to HIP Behavioral Health Services (1-888-447-2526).
- Suicidal patients who appear to be at acute risk for harming themselves should be evaluated at an emergency room.
- Do not leave acutely suicidal patients by themselves.

### Clinical Snapshot: Suicidal Patients

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- Brief “snapshot” of suicidal patient’s presentation:
  - Mood may improve following depressive episode after decision is made to commit suicide.
  - Depressed.
  - Hopelessness.

## Important Facts About Suicide

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- The highest rates of suicide are among the elderly.
- Young people (aged 15-24) have a very high rate of suicide as well.
- More men than women die from suicide but more women attempt suicide.
- All mention of suicide should be taken seriously.
- No one cause of suicide has been identified – people may be more vulnerable because of genetic predisposition, personality traits or lack of support network.
- Seventy-five percent of older adults who died by suicide saw a primary care physician within one month prior to suicide.

## Identifying Suicidal Patients

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- **Risk Factors**
  - Previous history of suicide attempt(s).
  - Family history of suicide attempt(s).
  - Psychiatric diagnosis (especially major depression, substance abuse, schizophrenia or borderline personality disorder).
  - History of reckless or impulsive behavior.
  - Gender (men more likely to commit suicide, women more likely to attempt).
  - Age (the elderly are at highest risk followed by adolescents).
  - Recent loss or major life stress.
  - Hopelessness.
  - Social isolation (widowed and divorced persons may be at higher risk).
  - Suicidal plan and/or intent.
  - Illness/chronic pain.
  - Presence of psychotic symptoms.
  - Substance abuse.

### ■ *Mnemonic Device to Help Remember Suicidal Risk Factors: SAD PERSONS*

Sex

Age

Depression

Previous attempt at suicide

Ethanol abuse

Rational thought loss (e.g., psychosis)

Social support lacking

Organized plan for committing suicide

No spouse

Sickness

### ■ *Suicide Assessment*

- It is important to assess patients for suicide risk. The following questions may serve as a useful guide:
  1. Do you have thoughts of suicide?
  2. If so, are they related to current life stressors or have you had such thoughts before?
  3. Do you have a plan? Tell me about it.
  4. Do you have access to the components of your plan (a gun, pills etc.)?
  5. Have you ever attempted suicide before? How? When?
  6. Has anyone close to you (or in your family) ever attempted suicide?

*If you have a HIP patient who you feel may be suicidal and would like assistance from a behavioral health specialist, call HIP Care Management at 1-888-447-2526 or one of the HIP Mental Health Centers.*

## Treatment of Suicidal Patients

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- Suicidal patients should be involved in treatment. This typically involves medication as well as psychotherapy.
- Suicidal patients who appear to be at acute risk for harming themselves should be evaluated at an emergency room.
- Do not leave acutely suicidal patients by themselves, especially if they have access to potentially dangerous objects or medications.

## Special Populations

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### ■ *Adolescents*

- Young people (ages 15-24) have a high rate of suicide.
- The American Academy of Child and Adolescent Psychiatry has identified the following warning signs that an adolescent may be considering suicide:
  - Change in eating or sleeping habits.
  - Withdrawal from friends, family and regular activities.
  - Violent actions, rebellious behavior or running away.
  - Drug or alcohol use.
  - Unusual neglect of personal appearance.
  - Marked personality change.
  - Persistent boredom, difficulty concentrating or a decline in the quality of school work.
  - Frequent complaints about physical symptoms, often related to emotions, such as stomachaches, headaches, fatigue, etc.
  - Loss of interest in pleasurable activities.
  - Intolerant of praise or rewards.
- A teenager who is planning to commit suicide may also:
  - Complain of being a bad person or feeling “rotten inside.”
  - Give verbal hints with statements such as: “I won't be a problem for you much longer,” “Nothing matters,” “It's no use,” and “I won't see you again.”
  - Put his or her affairs in order, for example, give away favorite possessions, clean his or her room, throw away important belongings, etc.
  - Become suddenly cheerful after a period of depression.
  - Have signs of psychosis (hallucinations or bizarre thoughts).
  - Have a history of being the victim of physical or sexual abuse.
  - Use alcohol and other drugs.

### ■ *Women*

- Suicidal tendencies are under-recognized, under-diagnosed and under-treated in women.
- It is common for those who attempt suicide to have a long history of mental health issues. Common issues include:
  - Depression.
  - Eating disorders.
  - Schizophrenia.
  - Interpersonal conflicts.

- Other factors leading to suicide include:
  - Physical illness.
  - Alcohol and drug abuse.
  - Social isolation.
  - Work related problems.
- A woman takes her life every 90 seconds and attempts suicide every 78 seconds.
- Women attempt suicide twice as often as men.
  - This may be attributed to the elevated rate of mood disorders among women.
  - While women attempt more often, men are actually more successful, which may be due to increased access to the means.
- Firearms are the leading method of suicide for women as well as men.
- Suicide is most common among women who are divorced, recently separated, widowed or single.
- Women who attempt suicide tend to experience interpersonal losses or crises in significant social or family relationships.
- There is an increase in suicide rates among women: ages 45-54 and above the age of 75.
- Factors associated with suicide prevention:
  - Marriage.
  - Strong religious faith.
  - Effective treatment of mental disorders.
  - Control of gun possession.
  - Control of toxic substances.

### ■ *Elderly*

- The elderly tend to use highly lethal methods of attempting suicide.
- The elderly are at highest risk of suicide, particularly white men over the age of 80.
- Elderly men commit suicide more often than elderly women.
- Suicide rates among the elderly are highest for those who are widowed or divorced.
- Older adults with a chronic illness have an even higher rate of suicide.
- Elderly patients may attempt suicide by not complying with necessary treatment.
- Many elderly suicide attempts go unreported.
- Elderly patients living alone are at a higher risk of suicide.
- Poor health or chronic pain increases the risk of suicide.

- Frequently overlooked risk factors for suicide in the elderly include:
  - Failure to adapt to life stressors.
  - Stockpiling medications.
  - Self-neglect.
  - Many physical complaints without organic cause.
  - Giving away possessions.
  - Making a will or funeral arrangements.
  - Purchasing a gun.
  - Difficulty performing household tasks.
  - Putting affairs in order or giving away money.
  - Donating one's body to science.
  - Sudden interest or disinterest in religion.
  - Deterioration of relationships.
  
- The following are tips for conducting sensitive interviews when meeting with an elderly patient who is depressed and possibly suicidal:
  - Show empathy with the patient in words and expression. Listen attentively and reflect feelings. For example, "It sounds like you are feeling that life is no longer worth living."
  - Make early eye contact and maintain it at a level with which the patient feels comfortable.
  - Be sensitive to emotional cues and half expression statements.
  - Use plenty of open questions, especially when asking patients to describe their emotions. For example, you could say, "Could you tell me how it is for you to feel so alone right now?"
  - Ask for clarification where needed.
  - Use appropriate questions to bring out key diagnostic criteria. For example, you might ask, "Are you feeling so low right now that you could consider suicide?" and "What might keep you from killing yourself?"
  - Do not bury yourself in your notes.
  - Allow the patient to express distress and to cry if necessary.
  - Refrain from talking too much yourself.