SUICIDE IN 2017: TRYING TO UNDERSTAND WHY, WHO, AND HOW WE CAN MAKE A DIFFERENCE

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CONFLICT OF INTEREST DISCLOSURE – PAST 24 MONTHS

<table>
<thead>
<tr>
<th>Category</th>
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<tbody>
<tr>
<td>Honorarium</td>
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<tr>
<td>Stock or Patents</td>
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<td>Consulting</td>
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<td>Publishing/Royalties</td>
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<td>Organization</td>
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<td>Government</td>
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No off-label use of medication will be described

SOME SLIDES HAVE BEEN ADAPTED OR TAKEN FROM THE AMERICAN ASSOCIATION OF SUICIDOLOGY
"SUICIDE RISK ASSESSMENT FOR PSYCHIATRISTS" CD
AUTHORS: LANNO BERMAN, PHD, TIMOTHY LINEBERRY, MD, AND MORT SILVERMAN, MD
Thank you to Craig Bryan-University of Utah for permission to use attributed slides

LEARNING OBJECTIVES

- Participants will understand current context and factors associated with suicide.
- Participants will be able to identify three practical efforts to potentially prevent suicides in community and clinical settings.
- Participants will be able to describe two ways that they can support these efforts.
CONTEXT, KEY FACTS AND BACKGROUND FOR 2017

SUICIDE

- 10th leading cause of death in U.S.
  - 44,193 lives lost in 2015
  - 4th leading cause of death in 18-65 age group
- 90% of suicides have psychiatric diagnosis
  - Affective disorders
  - Substance use disorders
  - Personality disorders
  - Psychotic disorders
  - Anxiety disorders

US PREVALENCE SUICIDAL BEHAVIOR (ADULTS)

<table>
<thead>
<tr>
<th></th>
<th>%/yr</th>
<th>#/yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serious Thoughts</td>
<td>4.0</td>
<td>9,800,000</td>
</tr>
<tr>
<td>Made Plan</td>
<td>1.1</td>
<td>2,700,000</td>
</tr>
<tr>
<td>Suicide Attempt</td>
<td>0.6</td>
<td>1,400,000</td>
</tr>
<tr>
<td>Suicide</td>
<td>~ 0.01</td>
<td>44,193</td>
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1 - NSDUH Report Sep 2016 (2015 Survey)
2 - 2015 US Data
KEY POINTS

SUICIDAL THINKING, PLANNING AND ATTEMPTS ARE MORE COMMON THAN THOUGHT

SUBSTANCE USE DISORDERS ARE HIGHLY ASSOCIATED WITH SUICIDE RISK

SUICIDE RATES HAVE INCREASED
ACCESS TO MEANS

INPATIENT SUICIDE

- 1500 inpatient suicides per year in the U.S. (No good data - speculative)
- Inpatient suicide rates estimated to be 5-80 per 100,000 psychiatric admissions in U.S.
- Physical environment common root cause
- Hanging is the most common method reported in
- 50% of suicide by hanging were NOT fully suspended – used anchor points below the head.

CLINICAL STRATEGY

- Utilize a checklist (MHEOCC) and members of a team to systematically identify potential ligature points and other hazards
- Identify and address greatest risk factors first
- Continue to address over time
- Consider observation policies and assessment of items brought in to inpatient units at admission
- For common suicide methods as outpatient, systematically ask about with individual patients and emphasize public health interventions
CONCEPTUALIZING SUICIDE

INTERPERSONAL THEORY OF SUICIDE

Figure 2: A stress-diathesis model of suicide
Hawton, Lancet. 2009
Adapted from Marx 2003.²

INTERPERSONAL THEORY OF SUICIDE
Adapted from Thomas Joiner
"Why People Die by Suicide" 2005
KEY POINTS

ALL MODELS HAVE IN COMMON A BASELINE RISK/CAPACITY/DIATHESIS FOR SUICIDE BUT REQUIRE IMMEDIATE TRIGGER AND ACCESS TO MEANS

THIS CONCEPTUAL UNDERSTANDING IMPLIES THAT RISK IS NOT STATIC BUT DYNAMIC

FAMILY HISTORY OF SUICIDE (GENETICS) IS IMPORTANT TO OBTAIN

META-ANALYSIS OF SUICIDE AUTOPSY DATA (DIAGNOSIS)

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Total</th>
<th>Psychiatric Implants</th>
<th>General Population</th>
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<tbody>
<tr>
<td></td>
<td>Cases</td>
<td>All Pop.</td>
<td>One Dx</td>
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<tr>
<td>Mood disorders</td>
<td>6370</td>
<td>1168</td>
<td>1374</td>
</tr>
<tr>
<td>Substance-use</td>
<td>2402</td>
<td>1168</td>
<td>19.9</td>
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<tr>
<td>Schizophrenia</td>
<td>1374</td>
<td>58</td>
<td>3.2</td>
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<tr>
<td>Personality</td>
<td>1361</td>
<td>13.0</td>
<td>1129</td>
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<tr>
<td>Disorders</td>
<td>1361</td>
<td>108</td>
<td>1129</td>
</tr>
<tr>
<td></td>
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</tbody>
</table>

Bertolote 2004
SLEEP

- Hours of sleep associated with anxiety, emotional concerns, and suicidal ideation
- Insomnia increases rate in which depression occurs in non-depressed patients
  - Persistent insomnia ↑ risk of suicidal ideation
- Sleep disturbance associated with time to suicide
- Cross-sectional and longitudinal predictor of suicidal ideation and behavior in young adults
  - Outperformed depression and hopelessness
- Increased risk of suicide in national samples


CLINICAL RELEVANCE

- Focus on sleep restoration in acute crisis
- As outpatient, persistent insomnia elevates risk
  - Association appears to be higher in younger age groups
- Look for association with substance misuse
- Assess problems and treat with evidence based interventions
- Monitor over time and focus on as key sign of relapse/increasing risk with patients
OPIOIDS

KEY FACTS AND CONCEPTS

- Sea change in opioid pain reliever (OPR) use - now an epidemic
- Deaths greater from overdose than traffic accidents
- Sales of OPR quadrupled from 1999 to 2010
- Enough OPR were prescribed in 2010 to medicate every American adult with a standard pain treatment dose of 5 mg of hydrocodone (Vicodin and others) taken every 4 hours for a month
- You can make a difference
  - Screening, appropriate prescribing, monitoring, communication, databases

PULLING IT ALL TOGETHER
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WHAT CAN I DO

CLINICAL STRATEGIES

- Crisis management/options
  - National Suicide Prevention Lifeline
  - Clear plan for contact outside of clinic times or via the emergency department
  - Covering clinician transitions
CLINICAL STRATEGIES

- Ongoing risk reduction
  - Reducing access to means
  - Referring for treatment
  - Lock up controlled substances
  - Advocate for treatment
  - Support Zero Suicide programs

CLINICAL STRATEGIES

- Clinical care
  - Use controlled substances database, obtain clinical records, use of clinical guidelines

PUBLIC HEALTH INTERVENTIONS

- Support the importance of education
- Support access to treatment for mental health and substance abuse
- Support your local crisis center through volunteering or fund raising
- Support efforts to reduce access to means
- Support efforts to destigmatize getting help
SUMMARY

- Suicide is multifactorial
- No suicides are the same
- But, there are commonalities and you can make a difference!