

Suicidality: Review Questions

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QUESTIONS

Choose the single best answer for each question.

- How has the overall suicide rate in the United States changed as a result of recent advances in recognition and treatment of depression and the development of suicide prevention programs?**
 - The suicide rate has not changed
 - The suicide rate is unknown
 - The suicide rate has increased
 - The suicide rate has decreased
 - The suicide rate fluctuates regardless of interventions
- The vast majority of completed suicides occur in individuals in which of the following categories?**
 - Those who have suffered an interpersonal loss
 - Those who have had a significant financial loss
 - Those with diagnosable psychiatric illness
 - Those with terminal illness
 - Those who have suffered a loss of social status
- A 35-year-old woman with panic disorder presents to her primary care physician. She reports that her treatment is not working and her panic attacks are becoming more frequent and increasing in severity. She also states that she is feeling discouraged about getting better. How should this patient's risk of suicide be assessed?**
 - Suicide is not associated with panic disorder; therefore, an evaluation is unnecessary
 - Do not ask about suicide because the patient may feel more discouraged
 - Do not ask about suicide because the patient may act on suicidal thoughts
 - Ask the patient if she is having any thoughts of death or suicide
 - Refer the patient to a psychiatrist to evaluate risk of self harm
- A 20-year-old man reports symptoms that meet diagnostic criteria for bipolar I disorder. He is currently depressed and reports chronic suicidal ideation. He is in good health and is not currently taking any medications. Which of the following agents would be most appropriate for the treatment of both his mood disorder and suicidality?**
 - Carbamazepine
 - Fluoxetine
 - Lithium
 - Quetiapine
 - Valproic acid
- A 70-year-old man presents to his primary care physician for routine medical care. During the course of the visit, he reports multiple vague somatic complaints, some difficulty with sleep, low energy, and problems with memory and concentration. He adamantly denies feeling depressed or sad. Based on this information, how would you characterize this patient's potential suicide risk?**
 - No risk
 - Very low
 - High
 - Psychiatric referral is necessary to evaluate suicide risk
 - Unable to assess suicide risk without more information

(turn page for answers)

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ANSWERS AND EXPLANATIONS

1. **(A) The suicide rate has not changed.** Despite the development of suicide treatment programs as well as improved recognition and treatment of psychiatric disorders, the overall suicide rate in the United States has not changed in the past several decades. There has been some change within subgroups of age, sex, and race, but the overall rate remains in the range of 11 to 12 suicides per 100,000 persons annually.
2. **(C) Those with diagnosable psychiatric illness.** Studies have demonstrated that about 90% of suicide completers have at least 1 psychiatric disorder and are experiencing symptoms at the time of suicide.¹ It is likely that many of the individuals who commit suicide have treatable conditions. These data suggest that one of the most important ways to prevent suicide is to identify and aggressively treat psychiatric illness. The other choices are associated with suicide but to a much lower degree than the presence of a psychiatric disorder.
3. **(D) Ask the patient if she is having any thoughts of death or suicide.** The patient should be asked directly if she is having suicidal thoughts. One way to approach this situation is with a phrase such as, “Sometimes people with panic feel so much discomfort that they start having thoughts of suicide. Have you had any of these thoughts?” Panic attacks are a short-term risk factor for suicide. Asking a patient about suicidality will not cause them to be more likely to commit suicide. Referral to a psychiatrist is not necessary to evaluate for suicidality.
4. **(C) Lithium.** Lithium is an effective mood stabilizer and has been shown to decrease suicidal behavior in

patients with mood disorders.² Therefore, it should be the first choice in this case if no contraindications exist. Valproic acid, quetiapine, and carbamazepine are effective mood stabilizers but have not been shown to decrease suicidal behavior and are less effective than lithium for the depressed phase of bipolar disorder. Antidepressants, such as fluoxetine, are not recommended as monotherapy for bipolar depression because of the risk of mania induction.

5. **(C) High.** This patient likely has masked depression, which presents with a denial of feeling sad or depressed. Multiple somatic complaints are common in masked depression. The suicide rate increases dramatically in patients older than 65 years, especially in white males.³ Therefore, elderly patients with depression must be evaluated carefully for suicide risk. Psychiatric referral is not necessary to evaluate suicide risk. Dementia should be considered in the differential diagnosis; however, pseudodementia is more likely in this patient. Pseudodementia is a result of cognitive impairment from depression and is a common feature of masked depression.

REFERENCES

1. Turecki G. Dissecting the suicide phenotype: the role of impulsive-aggressive behaviours. *J Psychiatry Neurosci* 2005;30:398–408.
2. Cipriani A, Pretty H, Hawton K, Geddes JR. Lithium in the prevention of suicidal behavior and all-cause mortality in patients with mood disorders: a systematic review of randomized trials. *Am J Psychiatry* 2005;162:1805–19.
3. Carroll-Ghosh T, Victor BS, Bourgeois JA. Suicide. In: Hales RE, Yudofsky SC, editors. *Textbook of clinical psychiatry*. 4th ed. Washington (DC): American Psychiatric Publishing; 2003:1457–83.

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