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PSYCHIATRY BOARD REVIEW MANUAL

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Evaluation of Patients with Suicidal Ideation

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I. INTRODUCTION

The spectrum of suicidal ideation ranges from fleeting thoughts to behaviors that constitute a critical, life-threatening medical emergency. Thinking about suicide in the abstract is commonplace. Many ordinary persons ponder the subject as part of coming to terms with their own mortality. Identifying the patient who will commit suicide, therefore, is extremely difficult. Demographic risk factors include being a white male between 15 and 25 years of age, being separated or unmarried, having a physical illness, and being unemployed. In patients older than 60 years, suicidal ideation translates into more determined and carefully planned self-destructive acts, with fewer warnings of suicidal intent.

Most suicide attempts are by ingestion. However, data from the National Center for Health Statistics indicate that the majority of *lethal* attempts are made with firearms. Other common lethal methods include suffocation (by hanging, drowning, or strangulation) and inhalation of carbon monoxide or other gases. Cumulatively, these various methods result in completion of a suicide approximately every 20 minutes.

II. CASE PRESENTATION

A 62-year-old white widower is referred to a psychiatrist by his primary care physician because of a weight loss of 12 pounds over the past 3 months. The patient is also experiencing routine early morning awakening. He has a 2-year history of congestive heart failure and was noted to have 2+ pitting edema on his last physical examination. His referring physician believes that the patient's congestive heart failure has become more problematic despite appropriate medication.

The patient confirms his decreased appetite and sleep dysfunction, and acknowledges that he has not been "feeling himself lately." He initially denies feelings of sadness, but cries upon discussing his wife's death some 14 months earlier. Having retired at age 60 years to spend more time with his wife, her death "spoiled my plans for retirement." The patient has 2 sons, who he sees infrequently because they reside more than 2000 miles away. He spends most of his days at home watching television. The patient notes that his father had committed suicide when the patient was 9 years old.

With some prodding, the patient admits to drinking routinely in the hope that it will relax him and help him sleep. With further probing, the patient acknowledges frequent suicidal ideation, and moreover, describes tentative plans to drive his car off of a nearby mountainous road at a high speed.

III. EPIDEMIOLOGY

- **How does the incidence of suicide vary by age?**
- **What factors influence suicide statistics?**

Taboos against suicide have made it difficult to collect accurate statistics on suicide attempts or completed suicide. External forces influencing these statistics originate in the attitudes of society, as reflected by family, church, insurance companies, coroners, and physicians. Despite these obstacles in epidemiologic data collection, suicide ranks seventh among all causes of death in the United States. The incidence is 12.5 per 100,000 persons per year.¹ Highest rates are reported for males; the elderly; and persons who are single, widowed, divorced, living alone, or recently bereaved. Incidence is also increased among persons who have medical and psychiatric illnesses.