

# Primary physicians may hold key to suicide prevention (w/ Video)

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Suicide is the 11th leading cause of death in the United States. Every year millions of Americans think about taking their own lives. Sadly, each year tens of thousands die by suicide. While suicides can be a shock to family and friends, some warning signs exist. Often a simple question from a family doctor can be enough to start a person toward help and treatment.

A new review in the August issue of [Mayo Clinic Proceedings](#) by researchers at Mayo Clinic and the University of Washington, Seattle highlights the opportunity [primary care physicians](#) have to establish a successful treatment plan for these patients.

"As doctors, we know patients don't suddenly consider suicide because we ask if they've thought about death," says Timothy Lineberry, M.D., psychiatrist at Mayo Clinic. "Yet, too often a patient with clear risk factors isn't asked whether they are having thoughts of suicide."

People at risk for suicide often are being treated for depression, anxiety or substance misuse. In fact, nearly 45 percent of those dying by suicide saw their primary care physician weeks or days before death.

"A patient with [symptoms of depression](#), severe anxiety or substance misuse should be asked directly about suicide," Dr. Lineberry says. "Unfortunately, research shows that this happens less than half the time."

The paper highlights the potential benefits for improving depression

treatment and decreasing suicide risk in collaborative care of [depression treatment](#) models. In collaborative care, multidisciplinary teams systematically assess patient progress over time, enhance treatment and follow-up and educate patients.

Provided by Mayo Clinic

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