

Suicide more likely in frequent-attenders at GPs

March 26 2014

Patients who visited their GP more than twice per month over a year were 12 times more likely to die by suicide, new research by The University of Manchester has found.

People who did not attend were also at increased risk, with those who did not consult their GPs at all in a year just under 70% more likely to die by suicide than those who did attend.

These non-attenders were more likely to be younger and male than other people who died by suicide.

Patients receiving multiple mental health drugs and specific drug combinations such as benzodiazepines with antidepressants were also more likely to die by suicide, reflecting treatment difficulties or the severity of their illness.

Researchers from The University of Manchester's National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) carried out the report looking at suicides in England over 10 years between 2002 and 2011, which was commissioned by the Healthcare Quality Improvement Partnership as part of the Clinical Outcome Review Programmes.

The report, Suicide in Primary Care in England: 2002-2011 published today (26 March 2014) found that there was an <u>increased risk</u> with increasing GP consultations, particularly in the 2 to 3 months prior to



suicide. The highest risk was among <u>patients</u> who consulted with their GP more than 24 times in the year prior to suicide. Mental illness was frequently unrecognised in those who died by suicide.

Professor Louis Appleby, from The University of Manchester who led the research said: "We have identified that frequent attendance can be a marker for risk, as can receiving different kinds of mental health drugs. GPs could therefore use frequent attendance and a need to change or add drugs as flags to help alert them to possible risks. Alerts of this kind are used in other areas of primary care practice.

"Non-attendance is hard to tackle but adding items on <u>mental health</u> to the NHS Health Check – offered to people aged between 40 and 74 – is a logical step."

The research looked at 2,384 patients who died by suicide over 10 years and matched these with 46,899 living patients with similar characteristics such as age, gender and GP practice – up to 20 control patients per patient who died by <u>suicide</u>.

Information on all patients was obtained from a national patient database, the Clinical Practice Research Datalink and deceased patients were identified by linking with the National Statistics (ONS) mortality dataset.

Provided by University of Manchester

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