

Medical practice increases the risk of suicide

February 23 2015

Patients who have tried to commit suicide with medication, are prescribed more medication after the attempt, not less.

This is the surprising result of a recent study at the Department of Psychology. The study involves patients who were admitted to three Norwegian hospitals after deliberate self-poisoning. The researchers collected information about the patients' medication from The Norwegian prescription database in order to compare the medication load in the year before and after the poisoning episode.

They were surprised to discover that the patients' medication load, which was high in the first place, increased even more after their attempt to poison themselves. This was equally true for medication against both mental and somatic illness.

Both a benefit and a risk

"It's a well established fact in [suicide](#) research that easy access to some means of committing suicide, like medication, increases the risk that a person in a suicidal crisis will make the attempt to kill themselves," says postdoc Bergljot Gjelsvik, the first author behind the study.

"It's also well known that prescription of medication, for both mental and physical illness, has increased dramatically over the last couple of decades. We wanted to find out more about the possible connections between these factors. Medicines are inherently ambiguous in the sense that they're meant for therapy, but they can also be used for self-

destruction. In an earlier study we have found that the majority of patients who are admitted to hospital with deliberate self-poisoning, have used medication prescribed to them in their poisoning episodes."

Expected limited access

About 90 per cent of patients admitted to hospital after attempted suicide, have tried to poison themselves. Therefore it's evident that limited access to medication is important to prevent suicide. There is a high risk of new poisoning incidents in the time following the first attempt. The researchers consequently expected a decrease in medication load for this group after the hospitalisation. Instead they found that the patients in the study had access to even more medication after the [suicide attempt](#). Previously, the researchers have documented that this patient group even before the suicide attempt has access to much more medication than the general public.

"We don't know the reason why these patients get more medication after the self-poisoning episode, but some possibilities come to mind. It's possible that the hospitalisation has alerted their doctor to problems which were not apparent before, and which mean that the patient is in need of more medication. In that case, the increase could actually mean that the patient receives better help. On the other hand, we saw an increase in medication against both mental and somatic illness, and we don't believe it's likely that the patients should experience significantly more [physical illness](#) after the episode than before," says Gjelsvik.

Complex health issues

Earlier research has shown that patients at risk of committing suicide, have more health problems than the general public. However, we know little about how these patients' perception of their own health relates to

doctors' decisions about prescriptions.

"The doctor obviously wants to help the patient, and what sort of tools does she have at her disposal? Prescription of medication is one obvious possibility. We don't want to oversimplify the issue of prescription for this group of patients, because there is no doubt that patients with complicated health problems can receive great benefits from access to many medicines. However, if one of the patient's health issues happens to be a recurrent high risk of suicide, access to medication adds to the danger. We know little about what treatment these patients receive apart from medication, but we believe our results call for reflection over whether we rely too much on medication in situations where a more holistic approach might be needed," Gjelsvik points out.

The doctor's dilemma

In other words, doctors may find themselves facing a difficult dilemma because medication can be both beneficial and dangerous. But how should we go about limiting the patient's access to medication while at the same time offering help?

"One implication of our results is that doctors must maintain a high concern when it comes to prescribing medication to patients with a history of deliberate self-poisoning. But this is not as simple as it sounds. Research has shown that doctors rarely change their prescription habits. There have been important debates about risk associated with particular drugs, but patients' total medication load has been subjected to surprisingly little scrutiny," says Gjelsvik.

Doctors should have more information

She believes we should discuss whether doctors should get access to

information about patients' total access to medication, as a way of helping them to make better decisions. Today, patients can get prescriptions from several doctors who don't necessarily know about the other prescriptions.

"Providing doctors with such information is not unproblematic because it might interfere with patients' privacy, but even so, I think it's something we should consider. Something else that doctors should take into consideration, is the patient's family. It's well known that suicidal behaviour runs in families. Prescribing medication to a vulnerable patient might potentially mean prescribing to vulnerable family members. This means that it's important that the doctor discuss potential vulnerability in the family openly with the patient, for example by bringing up how medication can be stored safely at home to prevent family members from getting access to it," says Gjelsvik.

The results have been published in *PLOS ONE*.

Provided by University of Oslo

Citation: Medical practice increases the risk of suicide (2015, February 23) retrieved 3 May 2024 from <https://medicalxpress.com/news/2015-02-medical-suicide.html>

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