

# Choice of method in attempted suicides reflects risk of subsequent suicide

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Credit: George Hodan/Public Domain

The risk of completed suicide is high among people with previous attempts, particularly during the first few years after the attempt. In a study, researchers at Karolinska Institutet have shown how the method used for the attempt plays a role in the risk of a subsequent suicide death. Some psychiatric diagnoses also entail an increased risk. The study is published in the *Journal of Clinical Psychiatry*.

Using the Swedish Board of Health and Welfare's Inpatient Register, researchers have identified 34,219 people who received care as hospital in-patients for at least one day for deliberate self-harm between 2000 and 2005. The patients were monitored until 2009 via the Board of Health and Welfare's causes of death register, i.e. between three and nine years after the suicide attempt. In 2009, 1,182 of the people in the study had died from suicide.

The researchers studied the [psychiatric diagnoses](#) that patients had at the time of making their suicide attempt. They also took a closer look at the methods they used and, using this information, identified which patients with a previous suicide attempt ran the highest risk of a completed suicide. The study has yielded several clear results: attempters who used another method than poisoning, such as hanging, strangulation, asphyxiation, drowning, using a firearm, knife or other sharp instrument or jumping from a great height, ran a much higher risk of taking their own lives in the near future. Certain differences between genders were observed, particularly when it came to the use of firearms. The risk of subsequent suicide was higher among men with a previous attempt than women.

The risk of subsequent suicide was also much higher in people who had been diagnosed with [bipolar disorder](#), depression or psychosis at the time of the attempt. This applied to both men and women. Bipolar disorder was formerly called manic depression, a condition where the person shifts between depressiveness and feelings of elation. Examples of psychoses include schizophrenia, paranoid psychosis and other conditions that alter your perception of reality.

When the researchers weighed these parameters together, it turned out that one in five, or 20.4 percent, of bipolar disorder patients who chose a different method to attempt suicide than poisoning had died from suicide by the end of 2009. For patients who had some form of

psychosis, the corresponding figure was 15.6 percent, while for those with depression the figure was 13.9 percent.

The results confirm the findings of previous long-term studies. Those studies, however, did not include patients who were treated with today's psychiatric methods. Those in the previous studies had received care for attempted suicide further back in time. The study currently being published therefore provides an up-to-date picture of patient groups.

"There is a high risk of suicide after an attempt has been made, but the risk is particularly high for certain people. These [patients](#) should be treated adequately according to their underlying illness and they should be offered psychosocial support, especially in the period immediately following a [suicide attempt](#). Mobile emergency teams are one example of this type of support. There is also reason to believe that the psychosis and bipolar treatment centres that exist or are being built in most county councils can play a significant role in reducing the [suicide](#) rate in these groups," says Bo Runeson, Chief Physician in Psychiatry and Professor at the Department of Clinical Neuroscience at Karolinska Institutet.

**More information:** "Suicide after previous non-fatal self-harm: National cohort study 2000 – 2008." *Journal of Clinical Psychiatry*, 4 August, [DOI: 10.4088/JCP.14m09453](https://doi.org/10.4088/JCP.14m09453)

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