

Suicide attempts on the rise in US, finds study

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New data confirm that suicide attempts among U.S. adults are on the rise, with a disproportional effect on younger, socioeconomically disadvantaged adults with a history of mental disorders. The study, by researchers at Columbia University Medical Center (CUMC) and New York State Psychiatric Institute (NYSPI), was published today in *JAMA Psychiatry*.

"Attempted suicide is the strongest risk factor for suicide, so it's important that clinicians know just who faces the highest risk so that we can do a better job of preventing suicides from happening," said Mark Olfson, MD, MPH, professor of psychiatry and epidemiology at CUMC and lead author of the study.

Between 2004 and 2014, the annual suicide rate increased from 11 percent to 13 percent per 100,000 people. While the increase in suicide attempts mirrors this national trend, the study revealed some important differences in risk factors for attempted suicide versus completed suicide. For example, while middle-aged adults (aged 45-64 years) had the highest suicide rate, young adults (aged 21-34 years) had the biggest increase in suicide attempts. And while suicide attempts were higher among women than men, more men completed suicide.

The study is based on National Institutes of Health surveys performed in 2004-05 and again in 2012-13, in which nearly 70,000 adults answered questions about the occurrence and timing of suicide attempts. The study period included the economic downturn beginning in 2007.

In the 2012-13 survey, respondents who were unemployed, less educated, and had lower family income were significantly more likely to report a recent suicide attempt.

The two groups shared several clinical risk factors, including depression, anxiety, and substance use disorders. A history of violent behavior or self-injury also increased risk for suicide attempt or suicide.

"The patterns seen in this study suggest that clinical and public health efforts to reduce suicide would be strengthened by focusing on younger patients who are socioeconomically disadvantaged and psychiatrically distressed," said Dr. Olfson.

Jeffrey Lieberman, MD, chair of the department of psychiatry at CUMC and former American Psychiatric Association President commented that "Dr. Olfson's report provides a warning signal of the harmful consequences of ignoring mental illness and an exhortation to improve mental health care in the U.S.

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