

Medical emergency department visits can indicate increased suicide risk among teens and young adults

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A new study published in the *American Journal of Preventive Medicine* provides detailed insights on the increased risk of self-directed violence that patients aged 15-29 years visiting the emergency department (ED) for medical complaints subsequently experience. This underscores the importance of EDs in suicide prevention. The broad number of physical health conditions associated with an increased risk of self-directed violence may serve to support expanded or broader screening among teens and young adults.

Suicide is the second leading cause of death for youth, with mental disorders and substance abuse as the two leading risk factors.

Approximately 40 percent of [suicide](#) decedents aged 16 and older visit EDs in the year prior to their deaths; 60 percent of them receive medical diagnoses other than mental health or substance abuse.

"Young people presenting to the ED for certain medical conditions are at an increased risk of subsequent self-directed violence," explained lead investigator Jing Wang, MD, MPH, Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Atlanta, GA, USA, in the study's findings. "An awareness of these medical encounters may help guide screening efforts for suicide [prevention](#) in clinical settings."

This study addresses important gaps in prior research by identifying the

medical reasons triggering youth ED visits that are associated with higher risk of subsequent suicidal behavior. Using 2011-2013 data from six states (Florida, New York, Nebraska, Vermont, Iowa, and Massachusetts) from databases sponsored by the Agency for Healthcare Research and Quality, investigators followed more than two million teens and young adults (aged 15-29) who visited EDs for medical reasons during 2012-2013. Of that group, nearly 8,500 subsequently engaged in self-directed violence within six months of the initial visit; anyone who exhibited suicidal behavior in 2011 was excluded from the study.

Teens and [young adults](#) who presented with diagnoses of epilepsy or seizures, or visited two or more times for various types of pain, syncope (fainting), or vomiting had a 3-9 fold increased risk of suicidal behavior in the following six months. Individuals who visited three or more times for dental complaints were also found to be more likely to engage in subsequent self-directed violence. ED visitors in the group who received diagnoses of minor infections served as a reference group.

The findings also showed that half of the self-directed violence events occurred within 42 days of the initial ED visit. Identification of the heightened risk for suicide following visits for these [medical conditions](#) provides ED clinicians with a critical window of opportunity for detection, assessment, and intervention. The broad number of physical health conditions associated with an increased risk of subsequent suicidal behavior may help inform and support expanded screening and [suicide prevention](#) strategies in EDs.

A limitation of the study is that about 70 percent of people who engage in self-directed [violence](#) do not seek medical assistance.

More information: "Self-Directed Violence After Medical Emergency Department Visits Among Youth," *American Journal of*

Preventive Medicine, [DOI: 10.1016/j.amepre.2018.09.014](https://doi.org/10.1016/j.amepre.2018.09.014)

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