

Lifetime suicide risk factors identified

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A review of studies into suicide risk factors at different stages of peoples' lives, as well as of the effectiveness of assessment and treatment approaches, has found that while some factors such as genetics and family history play a part in suicide risk throughout life, other factors including clinical depression, substance misuse, lack of social support

and economic factors become stronger after adolescence.

Publishing in the *New England Journal of Medicine (NEJM)*, the researchers from the University of Oxford and the Karolinska Institutet, Stockholm, found that among individual risk factors for suicide, depression, [bipolar disorder](#), schizophrenia-spectrum disorders, [substance use disorders](#), epilepsy, and traumatic brain injury each increases the odds of completed suicide by a factor of more than three during the course of a lifetime.

The researchers looked at the effectiveness of interventions at a [population level](#) to target high-risk groups or individuals, such as restricting access to poisons or firearms, but found that these measures vary in effectiveness by country and culture.

Professor Seena Fazel of Oxford University's Department of Psychiatry, said: "This is the first evidence synthesis to look at suicide at a population-wide level and through the course of peoples' lives, which is particularly useful because many risk factors contribute differentially in childhood, adolescence, and adulthood, and we have attempted to identify both replicated factors and their strength.

"Preventing suicide involves understanding the full picture of contributing factors throughout a lifetime, and there is no simple solution or fix. What we wanted to do in this review was to provide an overview of the latest evidence of how to identify higher risk individuals, and one that could be used in any country."

The researchers concluded that when assessing and treating suicide risk: a person who presents with [suicidal thoughts](#) may be at risk for suicide even if there are few overt symptoms of a psychiatric disorder; [suicide risk](#) should be assessed by considering predisposing and precipitating factors; the risk of suicide should be managed through regular follow-up

and brief psychological therapy; for persons with symptoms of mental illness, pharmacologic treatment should also be considered; the suicidal person, family members, and those who provide care should all take part in ensuring a safe environment, with removal of the means of suicide such as guns or certain medications; if the risk of suicide is considered to be high or uncertain, the person should be referred immediately to mental health services, and the use of risk-assessment tools should be considered to aid risk stratification and communication among services.

More information: Seena Fazel et al. Suicide, *New England Journal of Medicine* (2020). [DOI: 10.1056/NEJMra1902944](https://doi.org/10.1056/NEJMra1902944)

Provided by University of Oxford

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