

# What are the most effective strategies for secondary suicide prevention?

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Attempts to reduce suicide in a population do not always focus enough on high-risk patients, argues an Essay in *PLoS Medicine* this week that discusses different interventions for "secondary suicide prevention."

Whilst primary suicide prevention aims to reduce the number of new cases of suicide in the population and tertiary prevention attempts to diminish clusters of suicides in an area ("suicide contagion"), secondary suicide prevention aims to decrease the likelihood of suicide attempts in particularly high risk patients. These include people with psychiatric illnesses, which is associated with 90% of all suicides. Leo Sher of Columbia University and colleagues discuss the growing research field that aims to help prevent suicide in these patients most at risk. Suicide poses a major threat to public health worldwide, accounting for 877,000 deaths worldwide in 2002.

Outlining both the clinical evaluations and biological markers of suicide, the authors argue that physicians need to be taught about the association between [mental disorders](#) and suicide and should not hesitate to ask people about their thoughts of suicide, as patients will often talk frankly given the opportunity.

The authors also discuss the latest research on five secondary [suicide prevention](#) methods: [antidepressants](#); the combination of therapy and drugs; "follow-up care" to maintain adherence to antidepressants and other therapies; legal restrictions to reduce access to particular means of suicide (such as firearms or pesticides); and responsible reporting of

suicide cases in the media.

There are still many gaps in research, say the authors, who argue that more research into new approaches for the prevention and treatment of suicidal behaviour is essential. "Looking to the future, thorough evaluations and appropriate treatments of patients with depressive disorders and other psychiatric illnesses should help to improve the efficacy of secondary prevention of [suicide](#)," they conclude.

**More information:** Ganz D, Braquehais MD, Sher L (2010) Secondary Prevention of Suicide. PLoS Med 7(6): e1000271. [doi:10.1371/journal.pmed.1000271](https://doi.org/10.1371/journal.pmed.1000271)

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