

# Guidelines developed for reducing suicide in veterans

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In clinical guidelines published online Aug. 27 in the *Annals of Internal*

*Medicine*, recommendations are presented related to screening, treatment, and management strategies for reducing suicide among veterans.

Kristen E. D'Anci, Ph.D., from the ECRI Institute in Plymouth Meeting, Pennsylvania, and colleagues examined the benefits and harms of nonpharmacologic and pharmacologic interventions to prevent suicide and related suicide behaviors in at-risk adults. Data were reviewed from eight systematic reviews and 15 randomized controlled trials. The researchers found that compared with treatment as usual, [cognitive behavioral therapy](#) reduces suicide attempts, suicidal ideation, and hopelessness. Compared with wait-list control or crisis planning, dialectical behavior therapy reduces suicidal ideation. Compared with placebo or midazolam, ketamine reduces suicidal ideation. Compared with placebo, lithium reduces the rates of suicide among patients with unipolar or bipolar mood disorders.

Based on these findings, James Sall, Ph.D., from the Veterans Health Administration in Washington, D.C., and colleagues developed guidelines for Veterans Affairs (VA) and U.S. Department of Defense (DoD) patients at risk for suicide. The published synopsis includes three clinical practice algorithms related to screening and evaluation; [risk management](#) and treatment, which includes pharmacologic and nonpharmacologic approaches; and other management methods, which address the safety of lethal means (e.g., restricting access to firearms, poisons, and medications and installing barriers to prevent jumping from lethal heights) and population health strategies.

"Lowering adult suicide rates overall would probably reduce suicide rates among veterans, but the VA cannot do it alone," writes the author of an accompanying editorial. "Other interventions, such as Zero Suicide—a systematic model for health care settings that is similar to the approach recommended in the new VA/DoD guideline—are needed."

**More information:** [Systematic Review](#)  
[Synopsis of the Clinical Guidelines](#)  
[Editorial \(subscription or payment may be required\)](#)

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