

FACTS ABOUT SUICIDE AND DEPRESSION

In 2005, suicide was the eleventh leading cause of death in the U.S., claiming 32,637 lives.

Suicide rates among youth (ages 15-24) have increased more than 200% in the last fifty years.

The suicide rate is highest for the elderly (ages 65+) than for any other age group.

Four times more men than women complete suicide, but three times more women than men attempt suicide.

Suicide occurs across all ethnic, economic, social and age boundaries.

Many suicides are preventable. Most suicidal people desperately want to live; they are just unable to see alternatives to their problems. Most suicidal people give definite warning signals of their suicidal intentions, but those in close contact are often unaware of the significance of these warnings or unsure what to do about them.

Talking about suicide does not cause someone to become suicidal.

Surviving family members not only suffer the loss of a loved one to suicide, but are also themselves at higher risk for suicide and emotional problems.

THE LINK BETWEEN DEPRESSION AND SUICIDE

Major Depressive Disorder (MDD) is the psychiatric diagnosis most commonly associated with completed suicide. Lifetime risk of suicide among patients with untreated MDD is nearly 20% (Gotlib & Hammen, 2002).

About 2/3 of people who complete suicide are depressed at the time of their deaths.

In a study conducted in Finland, of 71 individuals who completed suicide and who had Major Depressive Disorder, only 45% were receiving treatment at the time of death and only a third of these were taking antidepressants (Isometsa et al., 1994).

About 7 out of every 100 men and 1 out of every 100 women who have been diagnosed with depression at some time in their lifetime will go on to complete suicide.

The risk of suicide in people with Major Depressive Disorder is about 20 times that of the general population.

Individuals who have had multiple episodes of depression are at greater risk for suicide than those who have had one episode.

People who have a dependence on alcohol or drugs in addition to being depressed are at greater risk for suicide.

Individuals who are depressed and exhibit the following symptoms are at particular risk for suicide:

- o Hopelessness
- o Rage, uncontrolled anger, seeking revenge
- o Acting reckless or engaging in risky activities, seemingly without thinking
- o Feeling trapped - as if there's no way out
- o Increasing alcohol or drug use

- o Withdrawing from friends, family and society
 - o Anxiety, agitation, inability to sleep or sleeping all the time
 - o Dramatic mood changes
 - o Expressing no reason for living; no sense of purpose in life
- Suicide is the major life-threatening complication of depression.

ANTIDEPRESSANTS AND SUICIDE RISK

In short-term studies, there has been some evidence that children and adolescents taking antidepressants exhibit a risk of increased suicidal ideation and/or suicidal behaviors (suicidality). Given this, the concern is that antidepressants could potentially lead to completed suicides. The U.S. Food and Drug Administration (FDA) analyzed 24 trials that included over 4400 patients and concluded that the risk of suicidality in children and adolescents who were prescribed antidepressants was 4%, twice the placebo risk of 2% (www.fda.gov). None of the children in these studies died by suicide. As with any new prescription in children and adolescents, careful monitoring of symptoms and side effects should be observed by an adult. Any changes in symptomatology should be reported to the prescribing physician. More research is required to determine if antidepressants are related to suicidality in children, adolescents and adults.

FDA 'BLACK BOX' WARNINGS

The Food and Drug Administration (FDA) is now requiring manufacturers of antidepressants to add a 'black box' warning label describing the potential risks of suicidality and the need for close monitoring of anyone prescribed this type of pharmacotherapy. The FDA also developed a Patient Medication Guide (MedGuide), a user-friendly guide intended to educate patients and their caregivers about their prescription. A joint meeting of the Psychopharmacologic Drugs Advisory Committee and the Pediatric Drugs Advisory Committee in September 2004 analyzed the short-term placebo-controlled trials of nine antidepressant drugs. The results demonstrated "a greater risk of suicidality during the first few months of treatment of those receiving antidepressants, the average risk of such events on drug was 4%, twice the placebo risk of 2%. No suicides occurred in these trials" (www.fda.gov).

Based on these findings, the FDA issued the following warnings (the 'black box' warnings) regarding antidepressants:

- o Antidepressants increase the risk of suicidal thinking and behavior (suicidality) in children and adolescents with MDD (Major Depressive Disorder) and other psychiatric disorders.
- o Anyone considering the use of an antidepressant in a child or adolescent for any clinical use must balance the risk of increased suicidality with the clinical need.
- o Patients who are started on therapy should be observed closely for clinical worsening,

suicidality, or unusual changes in behavior.

o Families and caregivers should be advised to closely observe the patient and to

communicate with the prescriber.

All patients being treated with antidepressants should be closely monitored for any changes in symptoms especially at the beginning of treatment or when the dose is adjusted up or down.

For more information on the FDA warnings, please visit their website

(<http://www.fda.gov/>).

BE AWARE OF FEELINGS, THOUGHTS, AND BEHAVIORS

Nearly everyone at some time in his or her life thinks about suicide. Most everyone decides to live because they come to realize that the crisis they are experiencing is temporary, but death is not. On the other hand, people in the midst of a crisis often perceive their dilemma as inescapable and feel an utter loss of control. Frequently, they:

Can't stop the pain If you experience any of these feelings, get help!

Can't think clearly

Can't make decisions If you know someone who exhibits these feelings, offer help!

Can't see any way out

Can't sleep, eat, or work If you are experiencing any of these warning

Can't get out of the depression signs, please call 1-800-273-TALK

Can't make the sadness go away

Can't see the possibility of change

Can't see themselves as worthwhile

Can't get someone's attention

Can't seem to get control

TALK TO SOMEONE -- YOU ARE NOT ALONE. CONTACT:

o A community mental health agency

o A private therapist

o A school counselor or psychologist

o A family physician

o A suicide prevention/crisis intervention center

o A religious/spiritual leader

References

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Websites:

National Institute of Mental Health (<http://www.nimh.nih.gov/>)

U.S. Food & Drug Administration (<http://www.fda.gov/>)

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