



Suicide (Prevention) Notes

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Conclusion/Take Away Points:

Bipolar Adolescents (BP I, BP II and BP NOS): Be especially concerned in the presence of the following factors:

- Coexistence of a Substance Use Disorder and/or a Panic Disorder
- A positive family history of depression
- Depression that is especially severe or has lasted a long time.

Title of Paper: “Predictors of Prospectively Examined Suicide Attempts Among Youth With Bipolar Disorder.” Goldstein TR; Wonho H; Axelson D; Goldstein B; Liao F; Gill MK; Ryan ND; Yen S; Hunt J; Hower H; Keller M; Stroeber M; Birmaher B, *Arch Gen Psych*, 2012, 69:11, pp. 1113-1122.

Background: We know from adult studies that from 25% to 50% of bipolar adults make at least one suicide attempt and 8% to 19% will die of suicide. Research looking for causes has generally focused on past or present factors at study intake to try to understand people/patients at risk. For the adult population, only 3 prospective studies have been published. As of 2012, no prospective study of youths with bipolar disorder had been published. Hence, this led to an effort to study prospectively a group of youths with bipolar disorder for suicide attempts.

Method: Child/Adolescent researchers from UCLA, Pittsburgh and Brown recruited 446 youths with bipolar disorder at their Child/Adolescent Psychiatric Clinics between 2000 and 2006. Of the sample, 53% were male, 47% female and 82% were Caucasian. After intake, they were then followed for a 5-year period. Weekly values on the PSR Symptom Severity and Treatment Exposure scale were then aggregated for each 8 week interval during the 5-year observation period.

Results: 413 subjects completed the study. Of these 18% attempted suicide at least once and 31 of the 76 (8%) more than once.

Other findings are as follows:

- Bipolar Disorder Subtype did not distinguish attempters from non-attempters
- Attempters had higher rates of Substance Use Disorder and more frequent past exposure to an antidepressant.
- Greater risk suicide attempt correlated with greater time depressed or in a mixed state but not being manic or hypermanic.
- Greater suicide risk was seen with a positive history of depression.

Questions for Further Discussion:

- 1) Aware of these findings, how might we go about designing a couple of risk reduction strategies for BP adolescents?
- 2) What would be a good treatment plan for a 15 year old female who comes to the ED in the midst of a panic attack but as you take the history, tells you that she carries a diagnosis of BP II disorder and smokes marijuana three times a week with her friends?

NOTE: Each issue of "Suicide (Prevention) Notes" is prepared by a member of the IOL's Executive Committee. This issue was prepared by Dr. Al Herzog, Program Psychiatrist, The Professionals Program.