

*Suicide (Prevention) Notes*

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**Conclusion:**

**The presence of physical disorders is a risk factor for suicidal behavior even in the absence of mental disorders. The risk is greatest in young people with physical conditions.**

**Title of Paper:**

**“Chronic Physical Conditions and Their Association with First Onset of Suicidal Behavior in the World Mental Health Surveys.”** Scott KM, Hwang I, Chu W, Kessler R, Sampson NA, et al. *Psychosom Med* 72:712-719 (2010).

**The Study:**

Associations between 13 pre-existing physical conditions and onset of suicidal ideations, plans and attempts were examined in a 14 country sample (10 high income countries, 4 moderate to low income countries).

**Results:**

- 1) Hypertension, heart attack/stroke, arthritis, chronic headache, other chronic pain and respiratory disease were associated with suicide attempts.
- 2) Epilepsy, heart attack/stroke and cancer were associated with planned suicide attempts.
- 3) Epilepsy was the condition most associated with the suicidal behavior.
- 4) Physical conditions were most predictive of suicidal behavior if they occurred before age 30.
- 5) Adjustment for mental disorders made little difference in these results.
- 6) Physical conditions were equally predictive of suicidal behavior in high income and lower income countries.

**Discussion:**

Suicidal behavior is usually associated with mental disorders. This study links suicidal behavior to many pre-existing physical conditions even when controlling for mental disorders. It also notes that risk for suicidal behaviors is greatest in young people with physical disorders. It suggests that significant risk for suicidal behavior exists in the practice areas of many non-psychiatric physicians. A challenge for the future will be for mental health providers to provide consultation and/or education to these providers.

**Questions for further consideration:**

- 1) What are protective factors in patients with physical conditions associated with elevated risk for suicidal behavior (most notably epilepsy)?
- 2) What is the best way to engage young people with physical conditions who are most at risk for suicidal behavior?

NOTE: Each issue of “Suicide (Prevention) Notes” is prepared by a member of the IOL’s Executive Committee. This issue was prepared by Steven Madonick, M.D., Medical Director, Young Adult Services.