

بِه نام خدا

«SOMATIC DISORDERS AND SUICIDE»



Suicide, or intentional self-harm with the intent of causing death, is the **11th** leading cause of death. Non-lethal self-inflicted injuries are even more prevalent.

Original Investigation

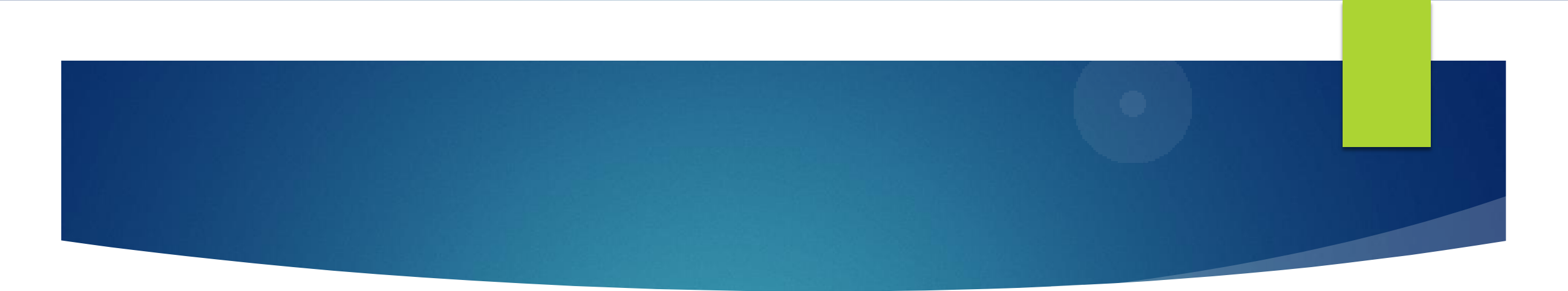
May 22, 2000

Suicidal Ideation and Suicide Attempts in General Medical Illnesses


[Benjamin Druss, MD, MPH](#); [Harold Pincus, MD](#)

Arch Intern Med. 2000;160(10):1522-1526. doi:10.1001/archinte.160.10.1522

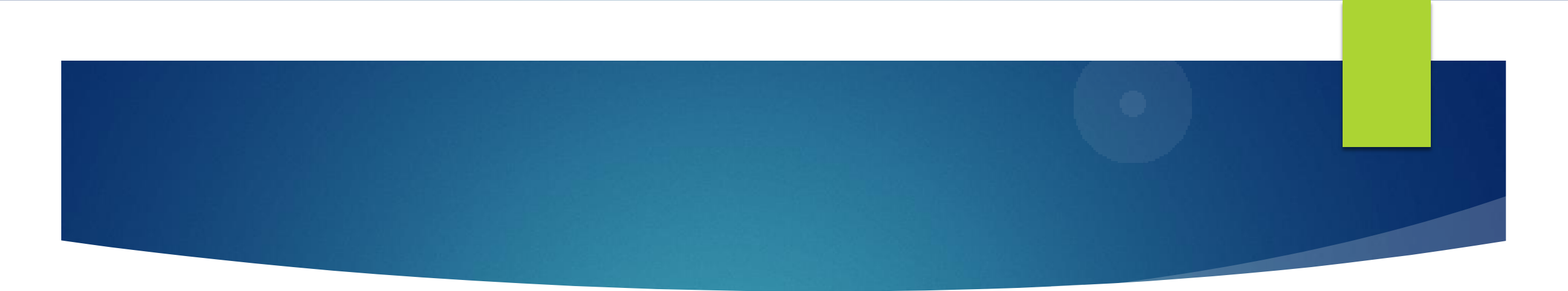
Suicidal ideation and attempts are among the **most important risk factors** for completed suicide.



Psychiatric disorders, as the most powerful risk factor for both completed and attempted suicide, are associated with more than 90% of completed suicides and with the majority of attempted suicides.



In addition, **medical illness**, especially chronic illness, is also associated with an **increased** risk of suicide.

A decorative header graphic consisting of a dark blue horizontal bar with a wavy bottom edge. A light green vertical rectangle is positioned on the right side of the bar. A faint, light blue circular graphic is also visible in the upper right area of the blue bar.

Somatic disorders involve physical, psychological, and social implications. They imply stress, pain, sometimes handicaps, limited social performance, decrease in the capability to work, and the increased need for help from others.

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Understanding the role of general medical illnesses as potential risk factors for suicidality is **complex** because of their high comorbidity with **depression**.

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If medically ill individuals are more likely to be depressed, and depressed individuals are more likely to become suicidal, then **depression might fully explain** the association between general medical illnesses and suicidal thoughts or suicide attempts.

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Alternatively, medical illnesses could represent an **independent risk factor** for suicidality over and above depressive symptoms.

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Thus, medical illness and psychopathology each contributed **independently** to risk of suicidality, and together represented a cumulative risk for suicidal ideation and attempts.

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While medical illness was associated with depression and heavy alcohol use, the relationship between medical illness and suicidality persisted after adjusting for these factors, suggesting that it is not fully mediated by these disorders.

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Most likely, general medical illnesses represent proxies for other intermediate factors, such as functional disability, disruption of social support, or chronic pain, which in turn may lead an individual to regard life as no longer worth living.

Original Investigation

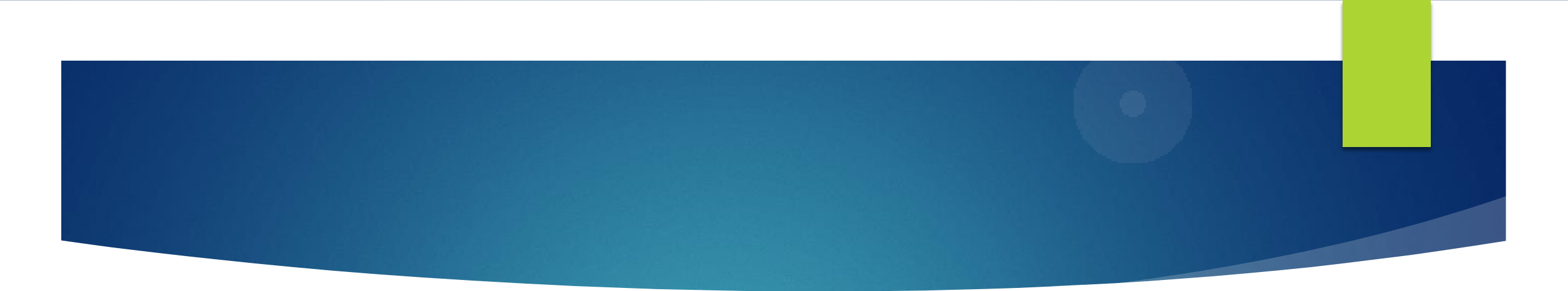
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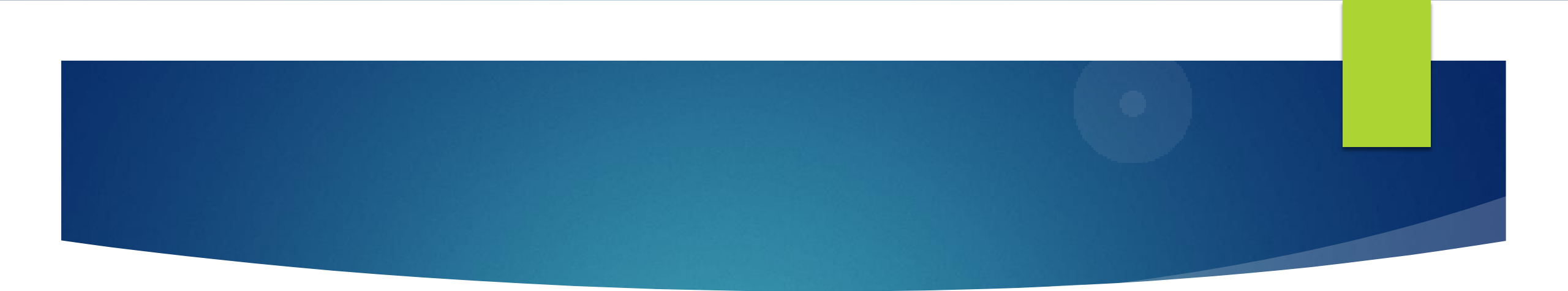
The results of this study suggest that patients with **multiple medical** conditions are **high-risk** groups that should be a particular focus for such screening efforts. These patients may be at risk for suicidality even when they do not meet full criteria for depression or other mental disorders.



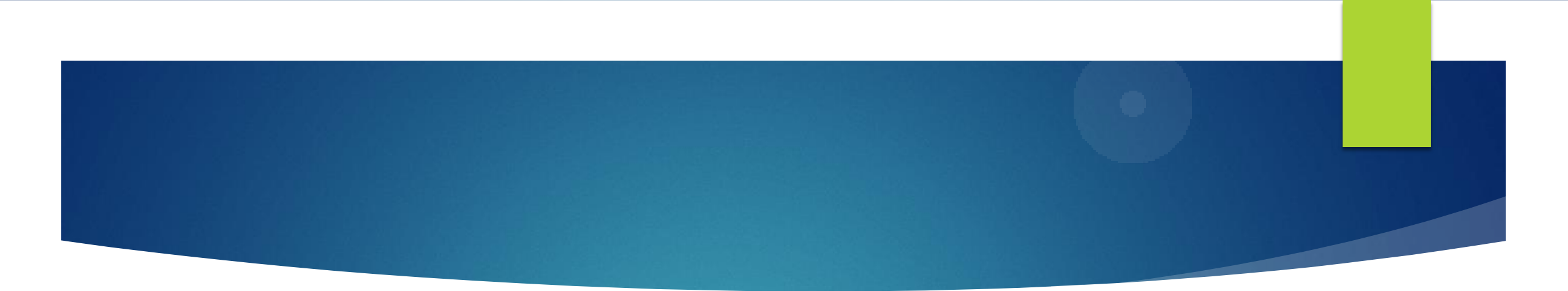
Psychosomatic medicine psychiatrists must be familiar with the evaluation and treatment of patients who contemplate, threaten, or attempt suicide, not only because of the risk of suicide associated with **psychiatric** and **medical illness**, but also because they are likely to be asked to evaluate patients who are medically or surgically hospitalized following a suicide attempt.

Medical Risk Factors

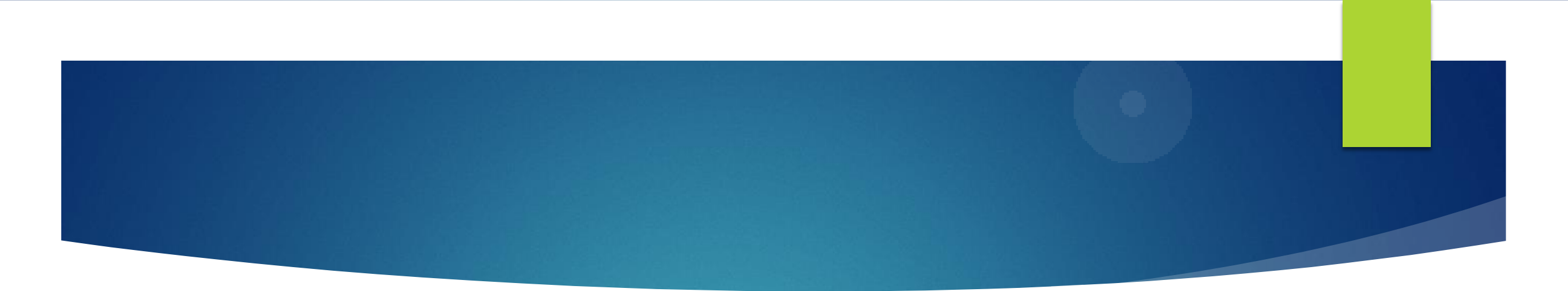
Medical illness, especially of a **severe** or **chronic** nature, is associated with an increased risk of suicide and is thus considered a risk factor for completed suicide (even though there is most likely a multi-factorial relationship between medical illness and suicide).



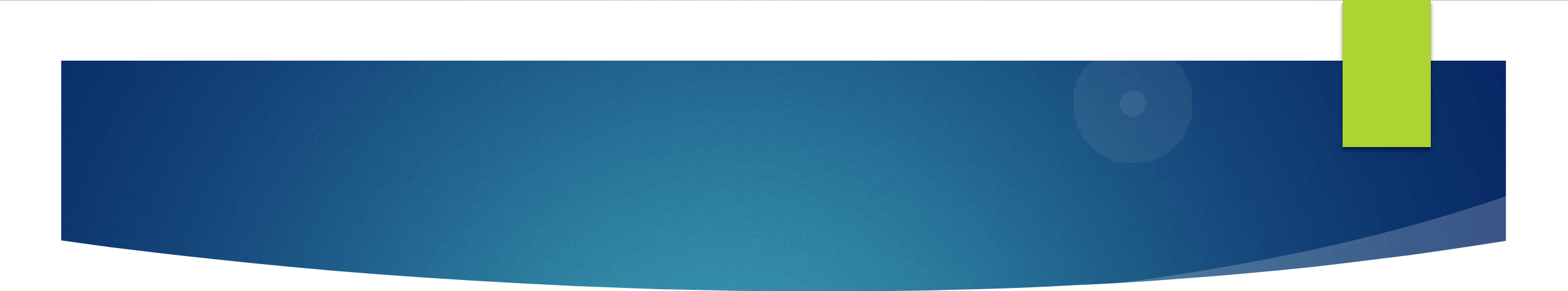
Medical disorders are associated with as many as **35%** to **40%** of suicides and with as many as **70%** of suicides in those older than 60 years.



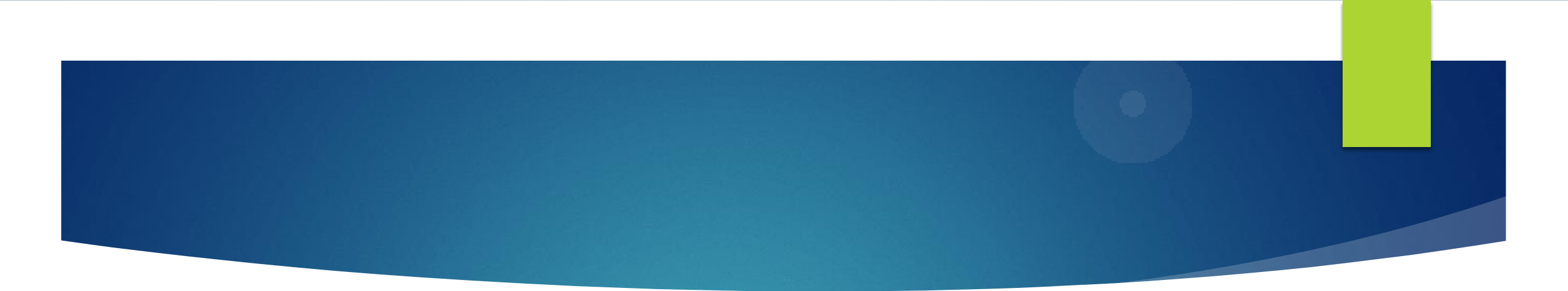
Acquired immunodeficiency syndrome (AIDS), cancer, head trauma, epilepsy, multiple sclerosis, Huntington's chorea, organic brain syndromes, spinal cord injuries, hypertension, cardiopulmonary disease, peptic ulcer disease, chronic renal failure, Cushing's disease, rheumatoid arthritis, and porphyria have each been reported to increase the risk of suicide.



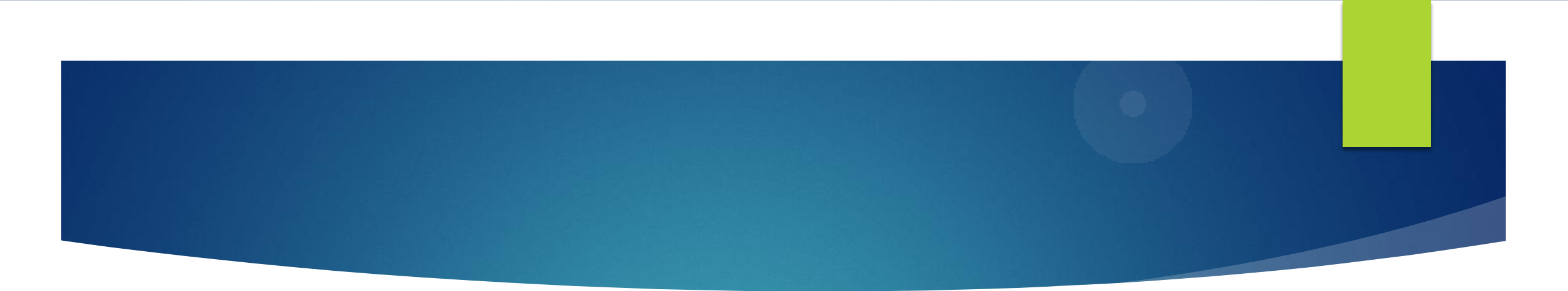
A review of these rare cases suggests that agitation and a readily available lethal means of suicide are potent risk factors (as are past psychiatric illness, substance abuse, suicidal ideation, and depression).



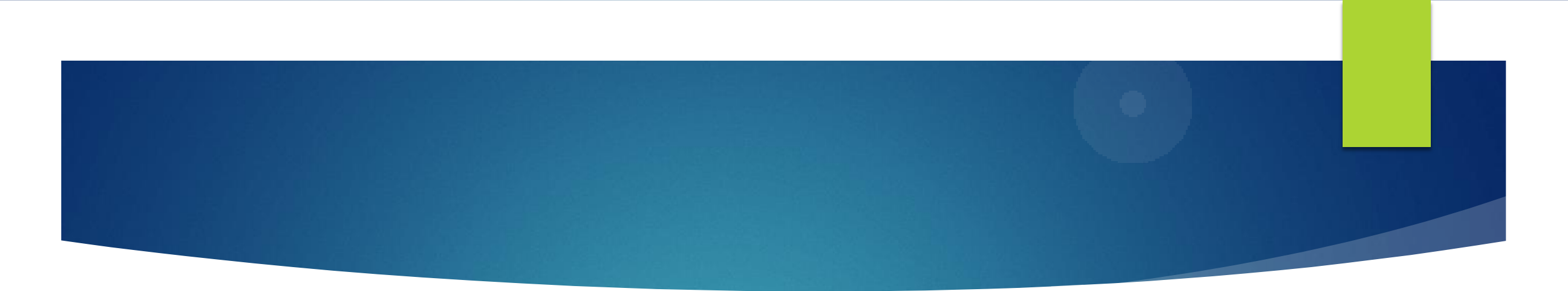
Patients with **AIDS** appear to have a suicide risk that is greater than that of the general population, and estimates of the increased risk range from **7** to **66 times** greater than the general population.



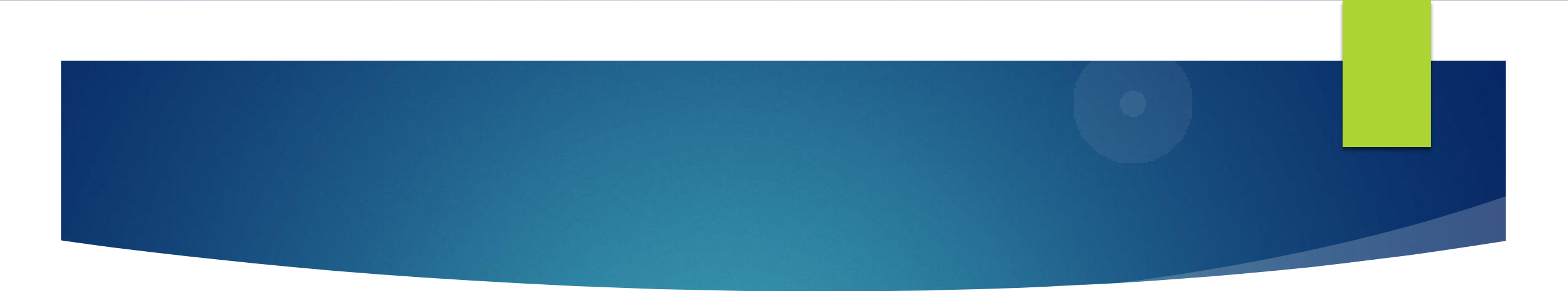
Cancer patients have a suicide rate that is almost **twice** as great as that found in the general population, and the risk appears to be higher in the first 5 years after diagnosis.



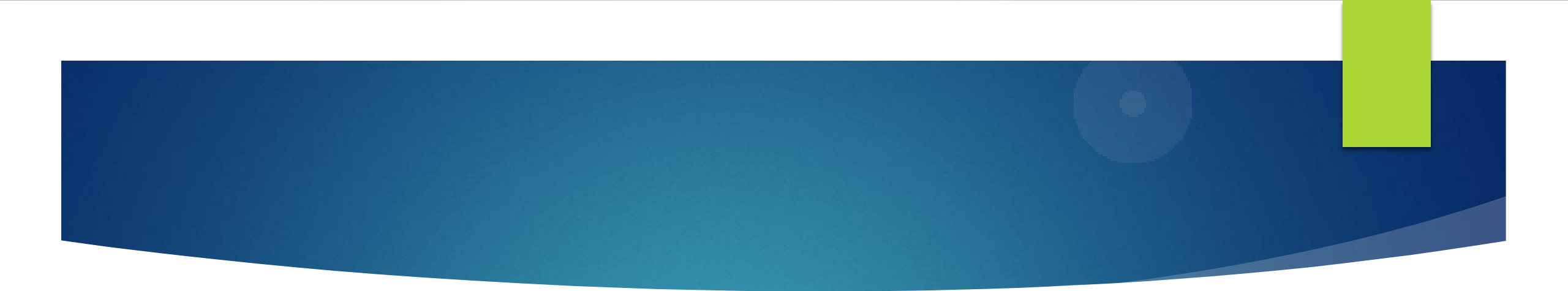
A large retrospective cohort study of patients diagnosed with cancer in the United States from 1973 to 2002 found that suicide rates varied among patients with cancers of different anatomic sites, with the highest risks observed in the following order: the lung and bronchus, stomach, oral cavity and pharynx, and larynx.



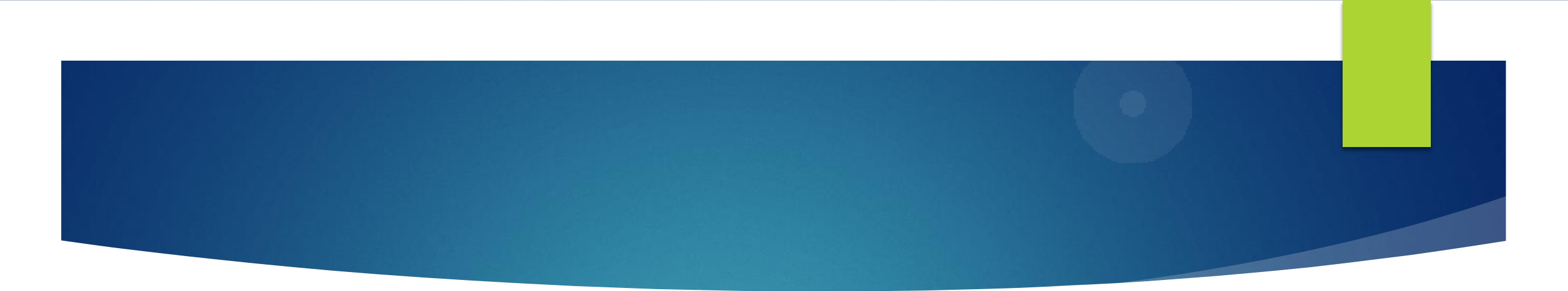
Head and neck malignancies have been associated with a risk of suicide **11 times** greater than that of the general population (possibly due to increased rates of tobacco and alcohol use and the resultant facial disfigurement and loss of voice). In men, gastrointestinal cancers are associated with a greater risk of suicide.



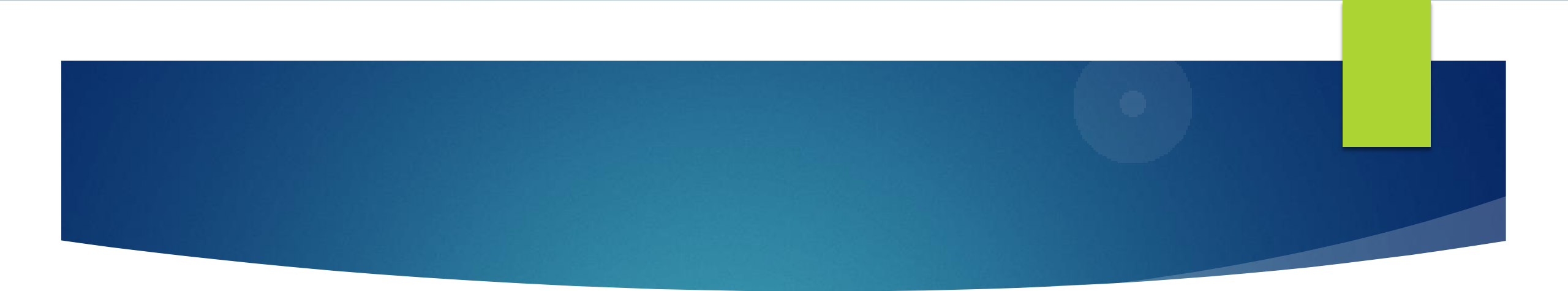
Other factors that may place cancer patients at greater risk include poor prognosis, poor pain control, fatigue, depression, hopelessness, delirium, disinhibition, prior suicide attempts, recent losses, and a paucity of social supports.



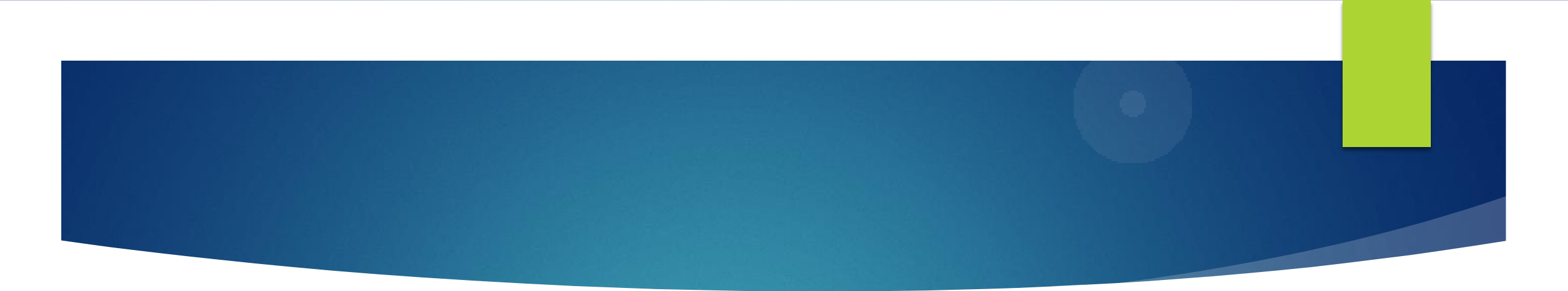
As with cancer patients, individuals with head trauma, multiple sclerosis, and peptic ulcer disease have approximately **twice** the risk of suicide as those in the general population. In patients with head injuries, the risk appears to be greater **in those who** suffer severe injuries and in those who develop dementia, psychosis, character changes, or epilepsy.



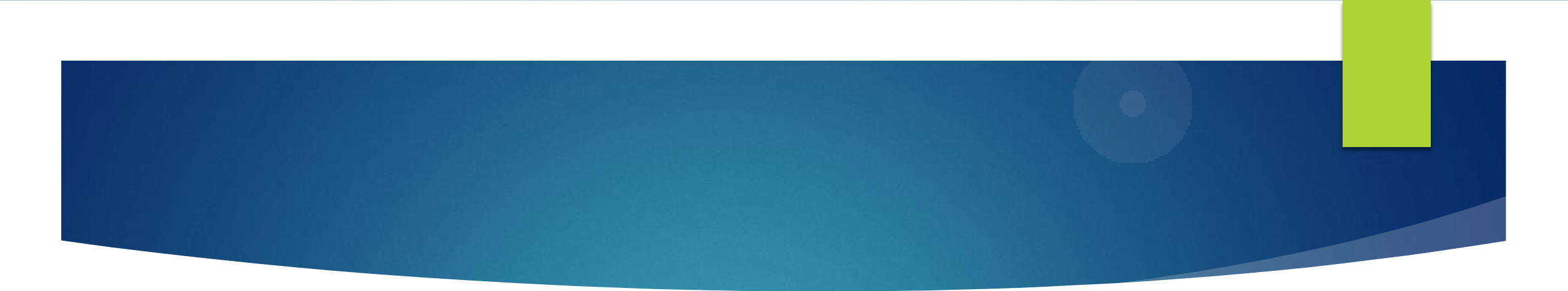
In patients with **multiple sclerosis**, the risk may be higher for those diagnosed before age 40 years and within the first 5 years after a diagnosis has been made. In patients with **peptic ulcer** disease, the increased risk is thought to be due to **co-morbid psychiatric and substance use** (especially alcohol) disorders.



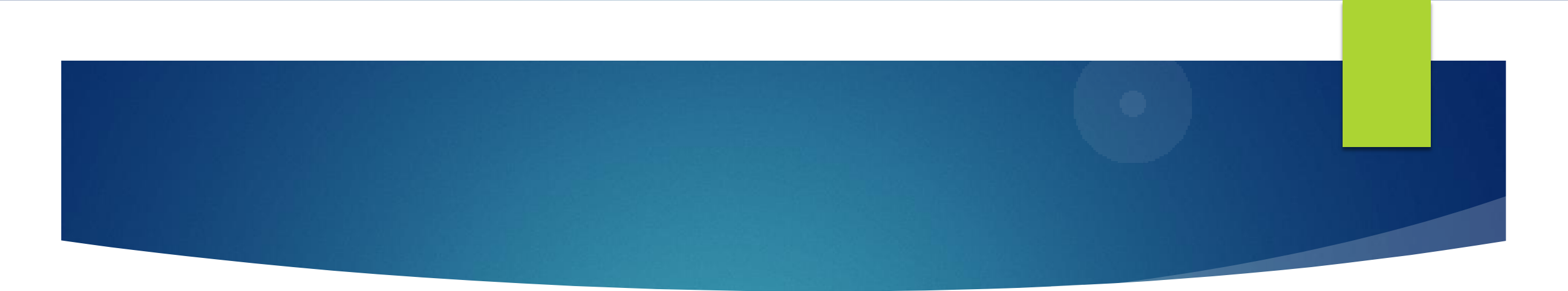
Between the increased risk of suicide of approximately two-fold for cancer, head trauma, multiple sclerosis, and peptic ulcer disease, and the increased risk in HIV-infected/ AIDS patients (estimated to be at least nearly seven-fold), there are a number of medical illnesses associated with intermediate increases in suicide risk.



These illnesses and conditions include epilepsy, systemic lupus erythematosus, spinal cord injuries, Huntington's disease, organic brain syndromes, and chronic renal disease. Patients with end-stage renal failure treated with hemodialysis may have the highest risk of all subgroups.



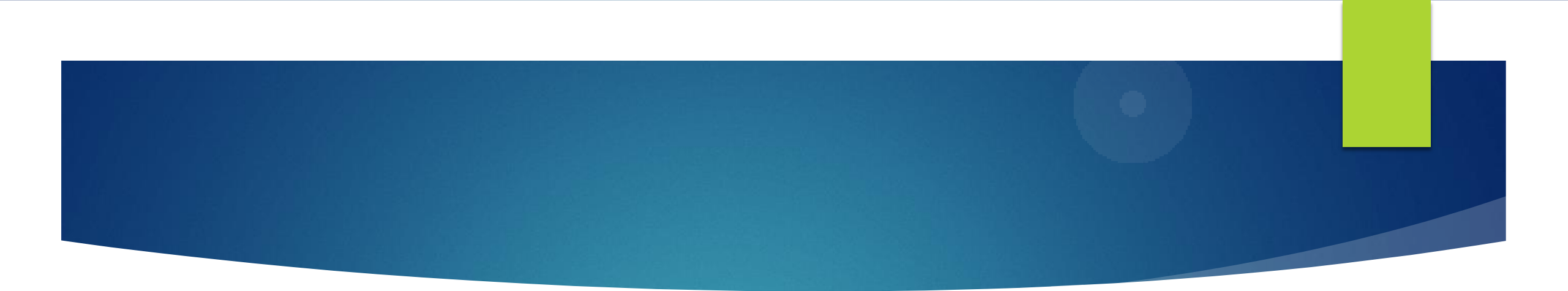
As many as 5% of patients with chronic renal failure on hemodialysis die from suicide; those who travel to medical centers for dialysis have a higher suicide rate than those who are dialyzed at home. The risk for suicide among these patients may be as high as 400 times that of the general population.



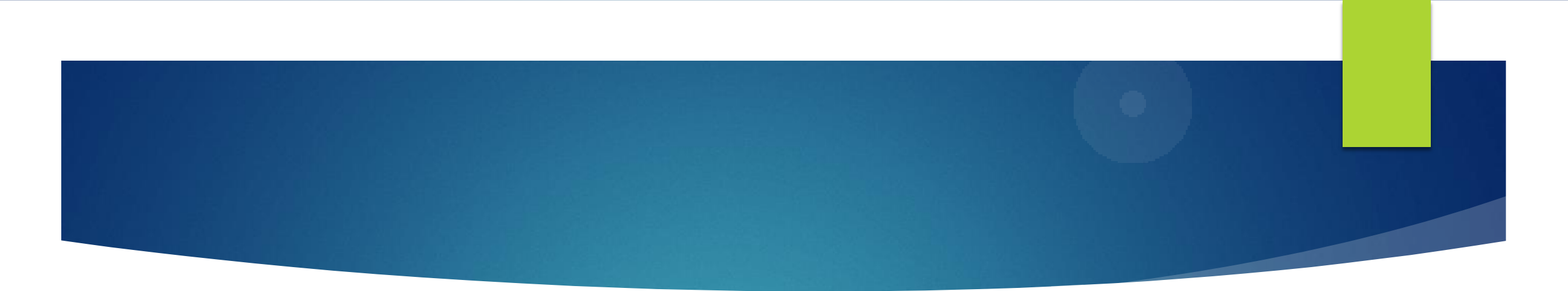
Patients with epilepsy are five times more likely than those in the general population to complete or to attempt suicide. Sufferers of temporal lobe epilepsy, with concomitant psychosis or personality changes, may also be at greater risk.



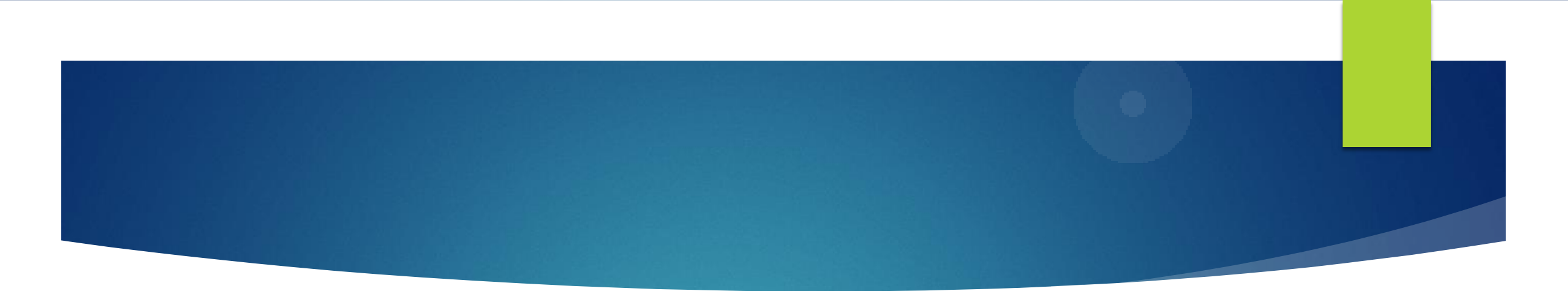
Delirious and confused patients may suffer from agitation and destructive impulses and be unable to protect themselves from harm.



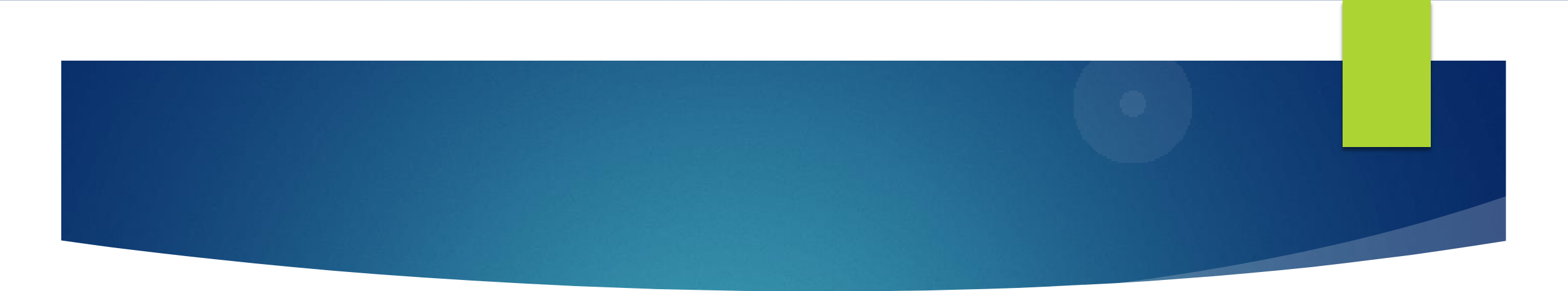
Hypertensive patients and those with cardiopulmonary disease may also have a higher risk for suicide than those in the general population.



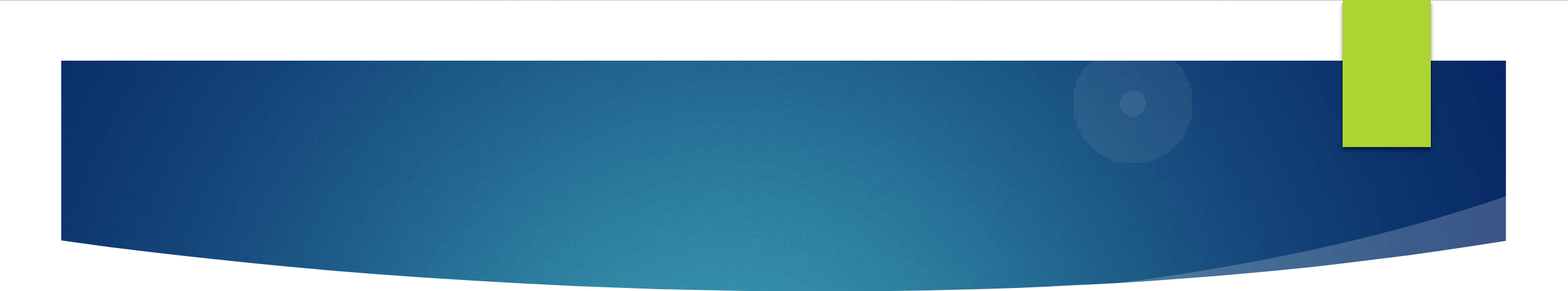
Although previous reports suggested that β -blockers could contribute to increased risk by promoting depression, recent studies suggest that β -blockers do not increase the risk of developing depression.



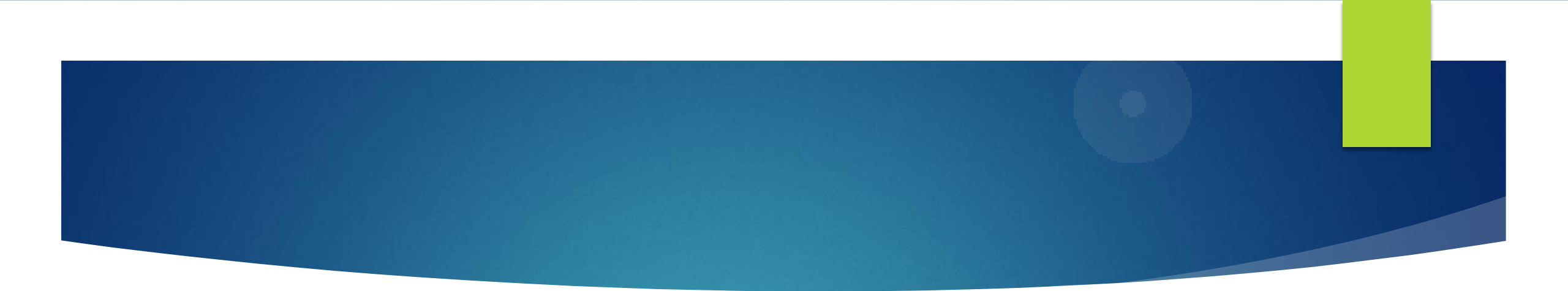
Suicidal ideation in pregnancy has been associated with unplanned pregnancy, current major depression, and a co-morbid anxiety disorder.



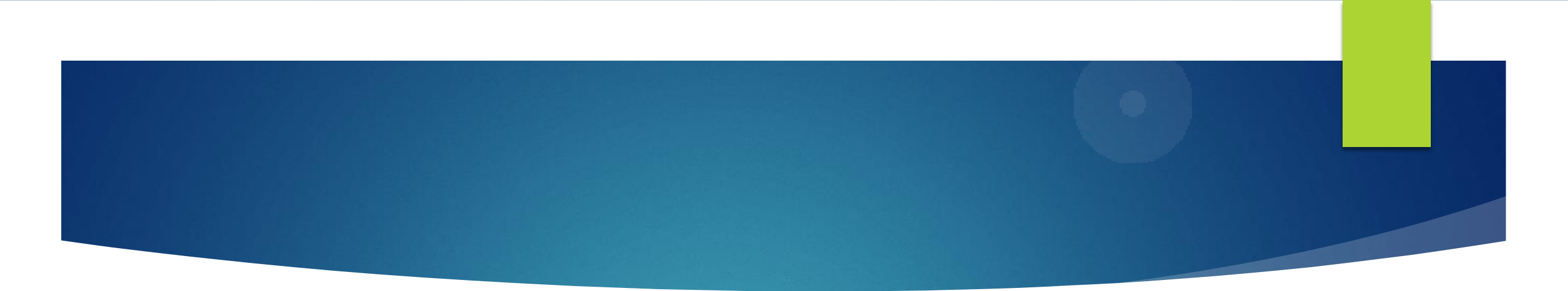
Completed suicide and suicide attempts are less frequent during pregnancy and the postpartum period than they are in the general population of women. However, suicides account for almost 20% of post-partum deaths.



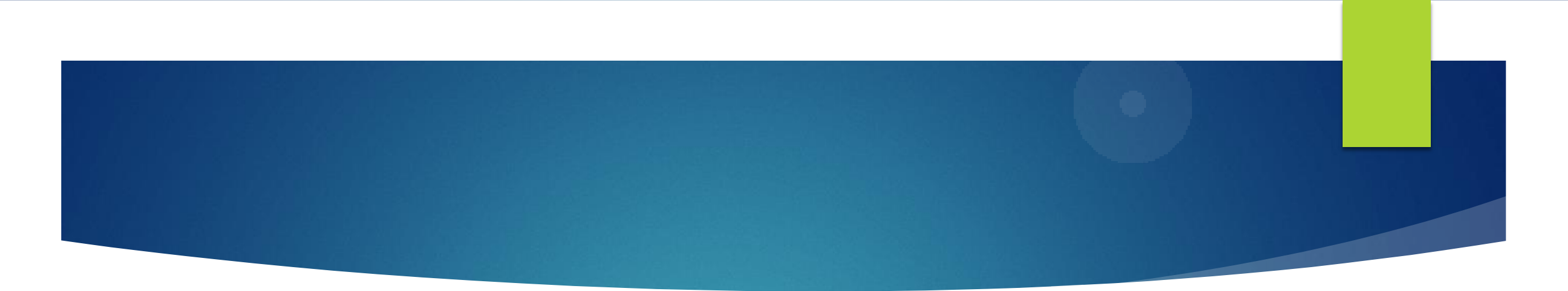
Surgical procedures have also been associated with a higher risk of suicide. Six epidemiologic studies have concluded that the suicide rate in women who received cosmetic breast implants was approximately twice the expected rate based on estimates in the general population.



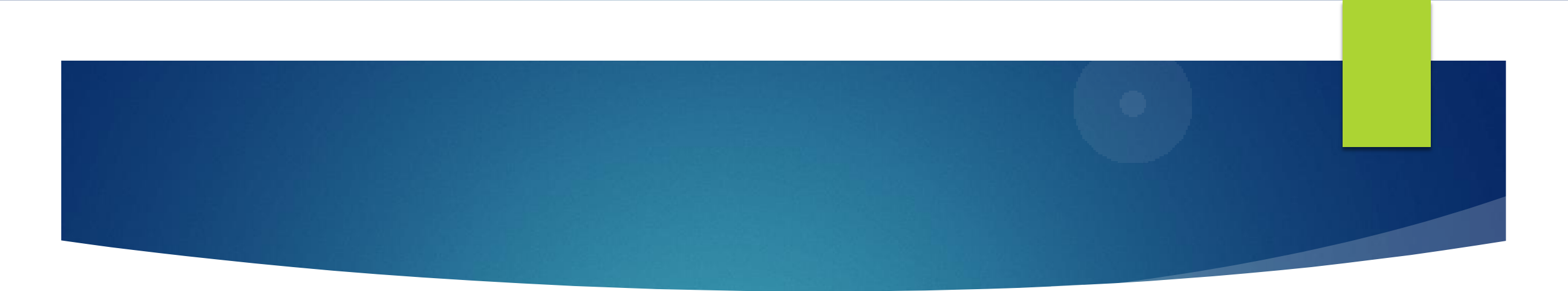
Bariatric surgery is associated with an increased risk of death from non-disease-related causes, including suicide, compared with other severely obese individuals and the general population.



The comorbidity of somatic disorders with psychiatric disorders, especially with MDD and personality disorders substantially increases the risk for suicide.



Age and separation from loved ones, loneliness, hopelessness, helplessness, and social isolation are parameters of importance for suicide risk.



Elderly patients with chronic or incurable diseases need to have an adequate somatic and psychiatric treatment, as well as good psychosocial care in times of shrinking economical resources.

References

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2. Comprehensive Text Book Of
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