Borderline personality disorder, drug use disorder, and worsening depression or substance abuse are significant predictors of suicide attempts in people with Axis I and II disorders


Q What are the diagnostic predictors of suicide attempts in people with Axis I and Axis II disorders?

CONCLUSIONS

Baseline diagnoses of BPD or drug use disorder are significant predictors of suicide attempts within 2 years. Worsening of depression and substance abuse are significant predictors of suicide attempts within the next month.

Notes

Analysis was only carried out on 621 participants who had at least 1 year follow up. Authors note that recall bias may result from retrospective information gathering from participants. There was no interviewer blinding regarding suicide attempts during the period being evaluated, which could bias recording of PSRs. However, interviewers were not aware of study hypotheses and several Axis I disorders previously described as predictors were not significant in this study. The reliability of the LIFE suicide behaviour assessment has not been tested.

Commentary

This study examines diagnostic predictors of suicide attempts in a patient cohort comprising four groups with personality disorders and a comparison group with major depressive disorder. The study sits within a body of epidemiological literature that has examined risk factors for suicidal behaviours with the explicit or implicit aim of assisting clinicians to identify and intervene with patients at heightened risk. The study is impressive, overcoming many of the methodological limitations of earlier work (eg small sample sizes, insufficient follow up periods, lack of appropriate comparators, limited range of predictor variables). The authors followed 621 patients for at least a year, in order to determine whether suicide attempts are predicted by baseline diagnosis and/or by worsening symptomatology close to the event (ie distal and proximal risk factors, albeit primarily clinical only).

They meticulously categorised suicide attempts, distinguishing them from suicidal gestures on the basis of intent and medical threat. This is significant, given the tendency of some patients with personality disorders to make attention seeking or mood regulating suicidal gestures. Suicidal gestures are included with non-attempters in the analysis. While this is appropriate given the research questions, it would have been of interest to examine them as a separate group to determine whether their risk factor profile varies from both attempters and non-attempters.

Yen et al show that baseline borderline personality disorder and drug use disorders predict suicide attempts, as does deterioration in the course of major depressive disorder and substance use disorders. While this information is neither specific nor sensitive enough to help clinicians predict suicidal behaviour in the individual case, it is of clinical relevance in that it points to the need to ensure that all patients with personality disorders receive optimal care, including appropriate monitoring of related symptomatology and careful, individualised assessment of suicide risk.

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