

Another Study Links Cigarettes With Suicide

BY BRUCE JANCIN
Denver Bureau

VIENNA — Current or former cigarette smoking is strongly associated with an increased rate of prior suicide attempts among Hungarian psychiatric outpatients, Dr. Zoltán Rihmer reported at the annual congress of the European College of Neuropsychopharmacology.

This finding confirms a link between cigarette smoking and suicidal behavior that has been previously noted in large epidemiological studies conducted elsewhere, including Finland and the United States, said Dr. Rihmer of the Hungarian National Institute of Psychiatry and Neurology, Budapest.

"Cigarette smoking is very important. When I learned that cigarette smoking is an independent suicide risk factor, I changed my smoking habit. I stopped smoking cigarettes and started smoking a pipe," he quipped.

He and his colleagues interviewed 334 consecutive outpa-

tients with unipolar major depression; bipolar disorder; panic disorder with no history of major depression; schizoaffective disorder; or schizophrenia as to their smoking habits and prior suicide attempts. Of these, 53% were current cigarette smokers and another 15% were ex-smokers. Not a single patient was primarily a pipe or cigar smoker or used smokeless tobacco.

In all, 37% of subjects had made one or more medically documented suicide attempts. The rate was 48% among current smokers, 43% in ex-smokers, and 25% in never-smokers. With the exception of patients with panic disorder (of whom only 3 of 60 reported a prior suicide attempt), the prevalence of prior suicide attempts was substantial among patients in all of the other diagnostic categories, ranging from 32% among all patients with bipolar disorder to 53% in those with unipolar depression.

A limitation of this study was that the results weren't adjusted for potential confounding vari-

ables, such as alcohol and caffeine consumption, age, and socioeconomic status, Dr. Rihmer noted.

The Hungarian findings, however, are consistent with a Finnish study that did adjust for potential confounders. In that study, the ad-



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justed probability of one or more prior suicide attempts for 1,217 psychiatric inpatients was twice as great in current smokers as in nonsmokers. Smokers also had a 43% increased likelihood of suicidal ideation (Am. J. Psychiatry 1998;155:129-30).

In a separate population-based study involving nearly 37,000 Finns followed for a mean of 14.4 years, investigators found that the adjusted relative risks of both

violent and nonviolent suicide increased in linear fashion with the number of cigarettes smoked per day (Acta Psychiat. Scand. 2000;101:243-5).

In the United States, Dr. Matthew Miller and his associates at the Harvard School of Public Health, Boston, reported an adjusted 1.4-fold increased risk of suicide among smokers of fewer than 15 cigarettes a day, and a 2.5-fold increased risk among heavier smokers, in the Health Professionals Follow-up Study, involving more than 51,000 predominantly white middle-aged and elderly men followed prospectively for 8 years (Am. J. Public Health 2000;90:768-73).

In a separate prospective cohort study involving 300,000 male U.S. Army soldiers followed for more than 960,000 person-years, Dr. Miller and his colleagues found that those who smoked more than 20 cigarettes a day were more than twice as

likely to commit suicide as were never-smokers (Am. J. Epidemiol. 2000;151:1060-3).

Possible explanations for the strong link between smoking and suicidal behavior include a suggested association between smoking and aggressive-impulsive personality traits and high levels of sensation-seeking, according to Dr. Rihmer. This, in turn, has been related to reduced central serotonin function.

Hungary has historically had one of the world's highest suicide rates. The rate, however, has steadily dropped from 46 per 100,000 in 1984 to half that today, even though the collapse of the Soviet bloc in the early 1990s brought a sixfold jump in Hungarian unemployment, a 25% rise in diagnosed alcoholism, and a sharp increase in divorce.

The reduction in suicides despite this adverse backdrop has been attributed to substantial increases in the number of Hungarian psychiatrists, outpatient psychiatric clinics, and telephone hotlines, he said. ■

Binge Drinking Common In Psychiatric Outpatients

BY ROBERT FINN
San Francisco Bureau

SAN FRANCISCO — A computer-based intake survey of 422 psychiatric outpatients showed that 27% reported having at least five drinks on a single occasion within the past 30 days, reported Derek D. Satre, Ph.D.

In addition, 28% reported having eight or more drinks at one time during the past year, said Dr. Satre of the department of psychiatry at the University of California, San Francisco and the division of research at Kaiser Permanente, Oakland.

Patients who reported binge drinking had significantly higher scores on the Beck Depression Inventory than did those who did not (26.1 versus 20.6). Men were significantly more likely to report binge drinking than were women, by 32% to 22%, Dr. Satre said.

The findings, reported at a meeting on depression research and treatment sponsored by the university, were part of a broader-based study of substance use among individuals seeking outpatient psychiatric care at the university's Langley Porter Psychiatric Institute. The results of the larger study were published in April (Psychiatr. Serv. 2008;59:441-4).

All 422 of the patients in the smaller study completed the com-

puter-based intake survey on their medical, psychiatric, and substance-use history. Studies show that "people are more willing to divulge drug use and other sensitive information to a computer than to a human being," he said.

To further increase the possibility of getting honest responses, the intake survey first asked whether the patient had ever in his or her life used a certain substance, and only later asked about use within the past year or month. By asking the less sensitive question about lifetime use first, "We tried not to train them to say no," Dr. Satre said.

Of the patients, 69.2% were women, 30.3% were men, and 0.5% were transgender individuals. The investigators found statistically significant gender differences in several measures of substance use. For example, 84% of men versus 74% of women reported drinking alcohol, and 9% of men versus 5% of women reported using amphetamines during the past year.

Tobacco, marijuana, and sedatives "other than prescribed" followed alcohol in terms of frequency of use.

Dr. Satre disclosed that he had no financial interests, arrangements, or affiliations with any commercial companies related to his presentation. ■

Study Assesses 1-Year Substance Use Remission in Native American Veterans

BY DOUG BRUNK
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CORONADO, CALIF. — One-year remission from substance abuse disorder among Native American veterans does not reduce the prevalence of mood and anxiety disorders, gambling disorders, or posttraumatic stress symptoms, results from a community survey demonstrated.

However, 1-year remission is associated with better rates of social function and fewer psychological symptoms, researchers led by Dr. Joseph J. Westermeyer reported during a poster session at the annual meeting of the American Academy of Addiction Psychiatry.

"Remitted patients should be informed about, and screened for, internalizing and externalizing disorders," they wrote. "Remission improves the lives of [Native American] veterans."

In an effort to assess whether 1-year remission from substance abuse disorders was associated with mental health improvement, Dr. Westermeyer and his associates collected data from a community-based sample of 558 Native American veterans from the Minneapolis VA catchment area, including remission assessed by DSM III-R criteria for 1-year remission; any lifetime and current anxiety disorder or mood disorder; and current social function as assessed by employment status, marital status, type of residence, and level of education.

Of the 558 patients, 359 (64%) had no lifetime history of substance abuse disorder, while 199 (36%) had a lifetime prevalence of substance abuse disorder. Of these 199, 82 (41%), with a mean age of 43 years, were in remission from substance abuse disorder, and 117 (59%), with a mean age of 48, were not.

The researchers pointed out that the estimated

lifetime prevalence of substance abuse disorder in the general population of the United States is 14%, while the remission rate is at 74% (Arch. Gen. Psychiatry 2005;62:593-602). These figures stand in stark contrast to the rates reported in this sample of Native Americans.

Compared with the current clinical characteristics of Native American veterans with no lifetime history of substance abuse disorder, those with substance abuse disorder in remission manifest 10% more distress on the Brief Symptom Inventory and 20% more distress on the Posttraumatic Symptom Checklist; two- to threefold higher rates of internalizing disorders; a threefold higher rate of pathological gambling, and two- to threefold higher rates of mental health treatment.

There were no differences between the two groups in the rates of current antisocial personality disorder and social competence, reported Dr. Westermeyer, chief of psychiatry at the Minneapolis VA Hospital and a professor of psychiatry at the University of Minnesota, Minneapolis.

Comparison of Native American veterans who had substance abuse disorder in remission with those in active substance abuse revealed no differences in the rates of internalizing or externalizing disorders, no differences in symptoms based on the Brief Symptom Inventory, and no differences in the rates of mental health treatment.

Veterans in active substance abuse demonstrated more PTSD symptoms, more negative attitudes toward seeking treatment, and less social competence in terms of managing a job, residence, and marriage, compared with those in remission.

The researchers emphasized that the findings may be generalizable to nonveterans, non-Native Americans, or Native Americans from other geographic regions. ■