Suicide Prevention Tool Geared to Primary Care

BY DAMIAN McNAMARA

FROM THE ANNUAL MEETING OF THE AMERICAN ASSOCIATION OF SUICIDOLOGY

ORLANDO — A new Web-based toolkit provides guidance and information for primary care physicians in the screening, management, and referral of patients at risk of suicide.

The overall aim of using the kit is to optimize interactions between physicians and at-risk patients. It includes advice on when and how to question patients about their risks, how to refer them to mental health specialists, and how to find community resources. It also emphasizes the importance of training all practice staff to recognize the relevant signs and risk factors for suicide.

"Our data tell us that primary care is an important setting" for the early detection of suicide risk, said David A. Litts, O.D., associate director of the Suicide Prevention Resource Center (SPRC), at the Education Development Center, Newton, Mass., and one of the developers of the kit.

"Why primary care?" asked session moderator, Guy S. Diamond, Ph.D. "Because 70% of adolescents see a physician once a year for a well visit or school check-up—[that's] an opportunity to touch a lot of lives."

In addition, most adolescents report a willingness to talk with a primary care physician about emotional distress, particularly with a physician they know well, said Dr. Diamond, who is on the psychiatry and behavioral science faculty at Children's Hospital of Pittsburgh.

Matthew B. Wintersteen, Ph.D., emphasized during another presentation that primary care is "the sole source of mental health treatment for most Americans."

The Suicide Prevention Toolkit for Rural Primary Care includes a user-friendly starter guide and sections on educating the practice staff; developing partnerships with mental health providers; tools for managing patients; patient education tools; and resources.

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Although its title includes the word "rural," the kit is just as useful and easily applicable in the nonrural primary care setting, said Dr. Peggy West, a senior adviser at SPRC, who was also involved in developing the kit.

Dr. Litts stressed the importance of first developing an office protocol on suicide prevention. "Make sure you have [it] in place" before you implement the rest of the prevention protocol, he said.

The component on initiating collaborative partnerships with mental health service providers includes a template letter that can be easily modified depending on a patient's circumstances, as well as a mental health service locator and information about veterans' services and telemental health services, which is particularly important in remote rural areas.

Other components include universal screening for depression and substance abuse and instructions on safe storage of firearms for all patients, especially adolescents. A safety planning guide helps a physician decide whether patients can manage themselves and when they should call a physician for help.

Although there are considerable challenges in the primary care setting, such as time constraints, reimbursement issues, and knowing how to intervene when a patient endorses suicidal ideation, primary care physicians can make a difference, said Dr. Wintersteen, who is director of research, division of child and adolescent psychiatry, Thomas Jefferson University, Philadelphia.

"Be approachable, flexible, and persistent," he advised.

Suicidal ideation screening in a busy primary care practice should be brief. "You want to keep it short," said Dr. Litts. He recommended asking a question such as: "Mr. Jones, a lot of people who have had pain as long as you have sometimes think about killing themselves. Have you had any thoughts like that?"

"The bottom line with screening is: Ask and they will tell," said Dr. Wintersteen, who recently published findings that demonstrate the effectiveness of screening adolescents for suicide risk in primary care (Pediatrics 2010;125:938-44).

The importance of state-specific information in the toolkit—such as state hospital locations, regional resources, and local hotline numbers—are lessons learned from early adopters of the toolkit, Dr. West said.

The SPRC is a federally funded entity that is managed through the Substance Abuse and Mental Health Services Administration. It supports suicide prevention to advance the National Strategy for Suicide. Funding for the toolkit came from a grant from the Western Interstate Commission for Higher Education (WICHE) Center for Rural Mental Health Research.

The kit is available at www.sprc.org/pctoolkit/index.asp. Print copies are also available. ■

Perceived Burdensomeness Predicted Suicidal Ideation

BY SUSAN LONDON

FROM THE ANNUAL MEETING OF THE SOCIETY OF BEHAVIORAL MEDICINE

VITALS

Major Finding: Perceived burdensomeness was independently associated with suicidal ideation among patients with chronic pain, and a model including this measure correctly classified 95% of patients as to the presence or absence of suicide ideation.

Data Source: A retrospective study of 109 patients in a military population with chronic pain referred to a psychology clinic.

Disclosures: Dr. Kanzler reported that she had no conflicts of interest related to the study.

SEATTLE — Asking patients with chronic pain a single question—"Do you believe it would be better for everyone involved if you were to die?"—can determine whether he or she is having suicidal thoughts or wishes, findings from a retrospective study suggest.

Among 109 patients with chronic pain, patients' perceptions that they were a burden to others as assessed with this question was the sole independent predictor of suicide ideation even after depression and hopelessness were taken into account.

A model including perceived burdensomeness, in addition to conventional risk factors, correctly classified 95% of the patients regarding the presence or absence of suicide ideation.

"It's important to consider perceived burdensomeness in the patients that you see," advised lead investigator Kathryn E. Kanzler, Psy.D., who is a captain in the U.S. Air Force and a psychologist at Lackland Air Force Base in San Antonio.

"Just one question—that's all it takes to get kind of a quick snapshot of what's going on."

Patients with chronic conditions may be uniquely attuned to the impact of their health on their caregivers, Dr. Kanzler told attendees of the annual meeting of the Society of Behavioral Medicine.

"Research has found that self-perceived burden … can have a direct impact on significant medical decision making," she said, such as choosing to reduce or entirely skip dialysis.

In the study, she and her colleagues reviewed the medical records of 109 outpatients with chronic pain who were referred to a psychology clinic for evaluation and possible behavioral and psychosocial interventions. All were active or retired military personnel, or their dependents or family members.

The patients were age 42 years on average. The majority were married (72%), female (65%), and white (66%).

The leading primary cause of pain was headache/migraine (seen in 28% of patients), followed by chronic low back pain (16%), fibromyalgia (13%), temporomandibular or myofascial pain (9%), arthritis (3%), and complex regional pain syndrome (1%). The remaining patients (30%) had pain secondary to other conditions, such as cancer or orthopedic injuries.

The investigators used responses on the Beck Depression Inventory–Second Edition (BDI-II) to assess patients' hopelessness, suicide ideation, and depression.

Perceived burdensomeness was assessed from responses to a single statement, "It would be better for everyone involved if I were to die," with possible response options ranging from 1 (never or none of the time) to 5 (always or a great many times).

Overall, 7% of patients were found to have suicide ideation, Dr. Kanzler reported. A logistic regression model including age, sex, race, marital status, depression, and hopelessness improved the ability to predict suicide ideation above a null model.

Adding patients' perceived burdensomeness to this model further improved the ability to predict suicide ideation and also improved model fit.

When controlling for depression and hopelessness, perceived burdensomeness was the sole independent predictor of suicide ideation.

There was no difference in the findings between patients who did and did not have an identified caregiver, a finding that corroborated those from other studies suggesting that perceived burdensomeness may apply to the people who are important in one's life generally.

Perceived burdensomeness performed better at correctly classifying patients without suicide ideation (98%) than at correctly classifying those with suicide ideation (63%).

"We hope this study adds to the understanding of the really complex relationship between chronic pain and suicide ideation," Dr. Kanzler said. "Perceived burdensomeness as a risk factor might help explain high rates of suicide ideation beyond the types of things that definitely, immediately come to mind."

Importantly, she noted, perceived burdensomeness is modifiable, in contrast to many other risk factors for suicide ideation, such as age and sex. "Some kind of a cognitive intervention might be useful," she proposed, such as intervening to change the meaning of the cognition of perceived burdensomeness.

Encouraging increased communication with the key people in a patient's life may also be beneficial, according to Dr. Kanzler. "Sometimes, especially in our population, there is not necessarily an identified caregiver, but this perceived burdensomeness kind of affects the whole group that surrounds that person," she explained. ■