SUICIDAL IDEATION IN PRIMARY CARE PATIENTS: PREVALENCE AND PSYCHIATRIC CORRELATES

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INTRODUCTION

Evaluation of primary care (PC) patients for suicidal ideation is an important task for family practitioners, because it was reported that more than 80% of patients 6 months before their suicidal attempt were consulted by physician [1]. PC services have a key role in provision of services for medical as well as for psychiatric conditions [2].

Objective: The aim of this study was to establish prevalence of suicidal ideation and its correlates in PC patients.

SUBJECT AND METHODS

998 PC patients (68% women and 32% men; mean age 50±19 years, range from 18 to 89 years)

- **Mini International Neuropsychiatric Interview (MINI)** was used for the assessment of :
  - current mental disorders (major depressive episode, MDE; generalized anxiety disorder, GAD; posttraumatic stress disorder' PTSD; panic disorder and social phobia)
  - excessive alcohol use (positive answer to screening question 'In the past 12 months, have you had 3 or more alcoholic drinks within a 3 hour period on 3 or more occasions?')
  - suicidal ideation
- **Medical records** were used to collect information regarding documented psychiatric diagnosis and treatment
- **Univariate and multivariate** (enter method) binary logistic regression analysis was employed to assess associations of MDE, anxiety disorders and suicidal ideation with socio-demographic and clinical factors
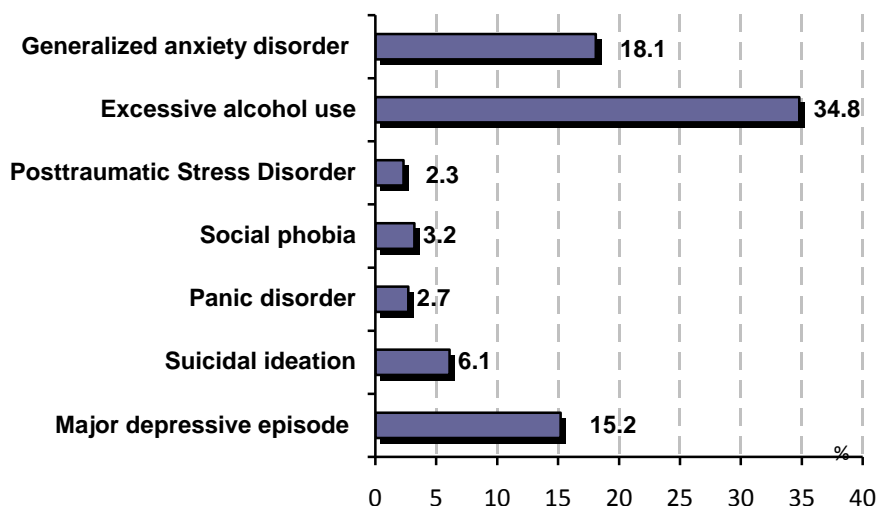
RESULTS

Suicidal ideation was identified in 61 (6.1%; 95%CI 4.6-7.6) PC patients, 6% (95%CI 4.8-8.5) of women and 5% (95%CI 2.6-7.4) of men. Of all (n=61) PC patients with suicidal ideation 24.6% used anxiolytics, 8.2% used antidepressants and 1.6% used antipsychotics.
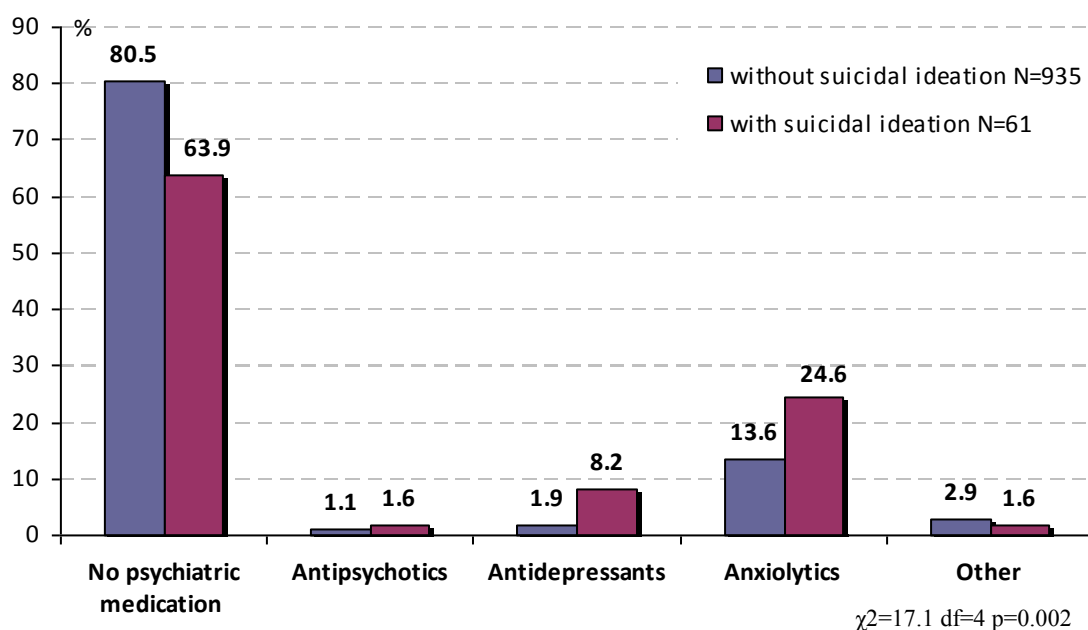
Demographic and clinical characteristics of the study patients

Demographic

Age, mean (SD); range (years)	50 (19); 18-89
Women n (%)	678 (68)
Marital status, n (%)	
Married/unmarried	778 (78)
Divorced/widowed	220 (22)
Education, n (%)	
Secondary or below	334 (33)
Any postsecondary	664 (67)
Main reason for the visit, n (%)	
Consultations	822 (82)
Administrative reasons	176 (18)

Clinical

Documented psychiatric diagnosis, n (%)	
Depressive disorder	45 (4.5)
Anxiety disorder	30 (3)
Insomnia	50 (5)
Psychotic disorder	12 (1.2)
Other	13 (1.3)
No psychiatric diagnosis	848 (85)
Documented history of psychiatric consultation	205 (20)
Current use of psychiatric medication, n (%)	
Antidepressants	23 (2.3)
Anxiolytics	143 (14)
Antipsychotics	11 (1.1)
No psychiatric medication	793 (80)

The prevalence of current mental disorders established by the MINI

	%
Generalized anxiety disorder	18.1
Excessive alcohol use	34.8
Posttraumatic Stress Disorder	2.3
Social phobia	3.2
Panic disorder	2.7
Suicidal ideation	6.1
Major depressive episode	15.2

Psychiatric medication use among PC patients with suicidal ideation and without suicidal ideation

without suicidal ideation N=935 / with suicidal ideation N=61

	without suicidal ideation	with suicidal ideation
No psychiatric medication	80.5	63.9
Antipsychotics	1.1	1.6
Antidepressants	1.9	8.2
Anxiolytics	13.6	24.6
Other	2.9	1.6

$\chi^2=17.1$ df=4 p=0.002

Factors affecting presence of suicidal ideation in total sample

	OR (95% CI)	
	Univariate	Adjusted[a]
Age, 1 year	1.03 (0.98-1.02)	1.0 (0.98-1.02)
Female gender	1.3 (0.7–2.4)	1.5 (0.8-2.9)
Widowed or divorced	0.9 (0.4-2.1)	0.9 (0.4-1.7)
Education, secondary or below	1.1 (0.7-1.9)	1.2 (0.7-2.1)
Current major depressive episode	**3.7 (2.2-6.6)**	**2.5 (1.2-5.1)**
Any current anxiety disorder	**3.0 (1.8-5.1)**	1.6 (0.8-3.0)
Excessive alcohol use	1.3 (0.8–2.2)	**1.9 (2.02-3.6)**
Psychiatric medication use		
Antipsychotics	1.9 (0.2-15.5)	1.4 (0.2-12.8)
Antidepressants	**5.4 (1.9-15.2)**	**7.7 (2.3-26.2)**
Anxiolytics	**2.2 (1.2-4.2)**	1.9 (0.9-3.9)

[a] for all variables in the table

CONCLUSION

Suicidal ideation was identified in 6.1 % PC patients. Presence of current MINI MDE, use of antidepressants, and excessive alcohol use are associated with suicidal ideation in PC patients.

Reference:

1. Nordentoft, M., 2007. Prevention of suicide and attempted suicide in Denmark. Dan Med Bull 54(4), 306–369.

2. Bunevicius, A., Peceliuniene, J., Mickuviene, N., Valius, L., Bunevicius, R., 2007. Screening for depression and anxiety disorders in primary care patients. Depress Anxiety 24, 455-460.

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