

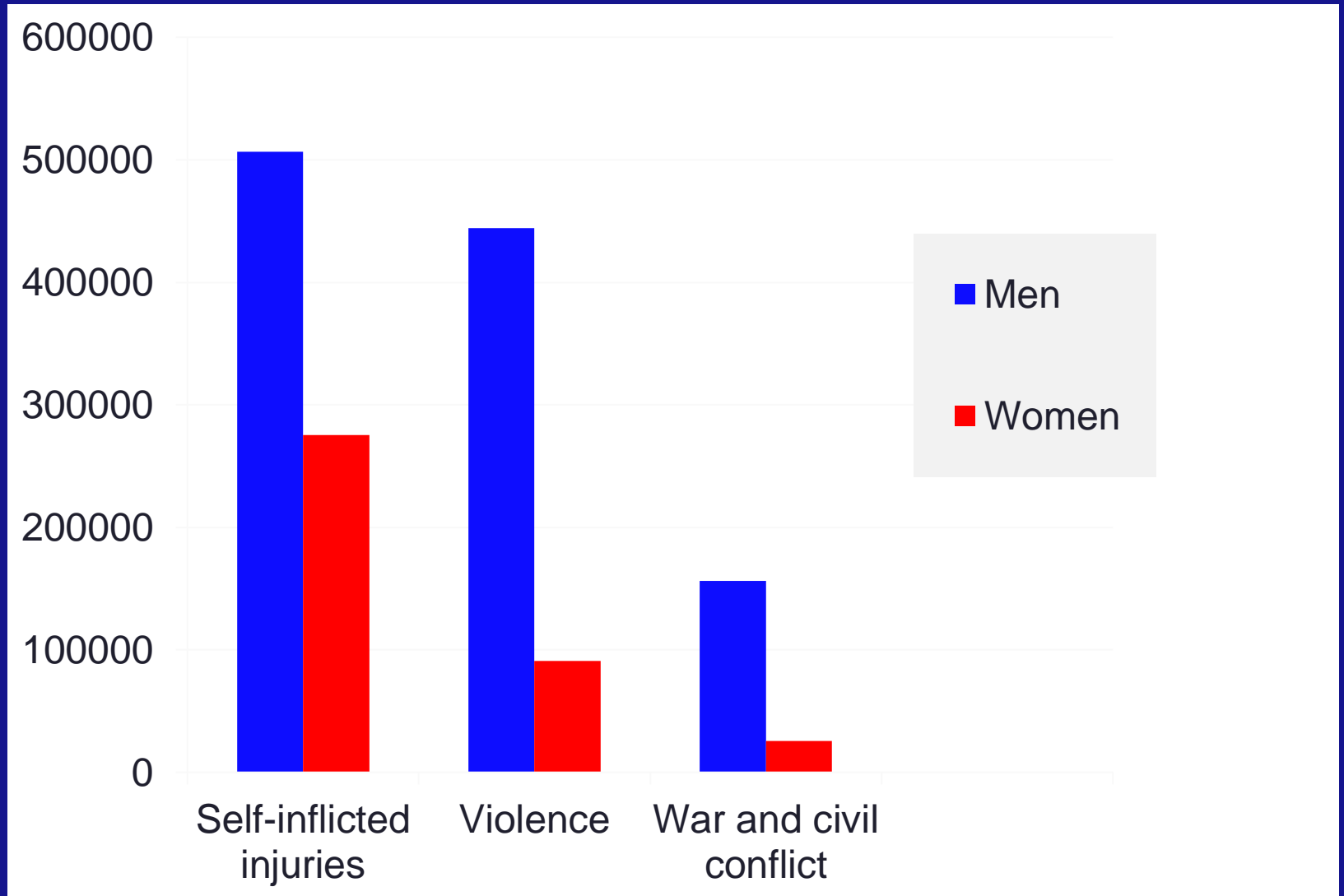
Gender and suicidal behaviour

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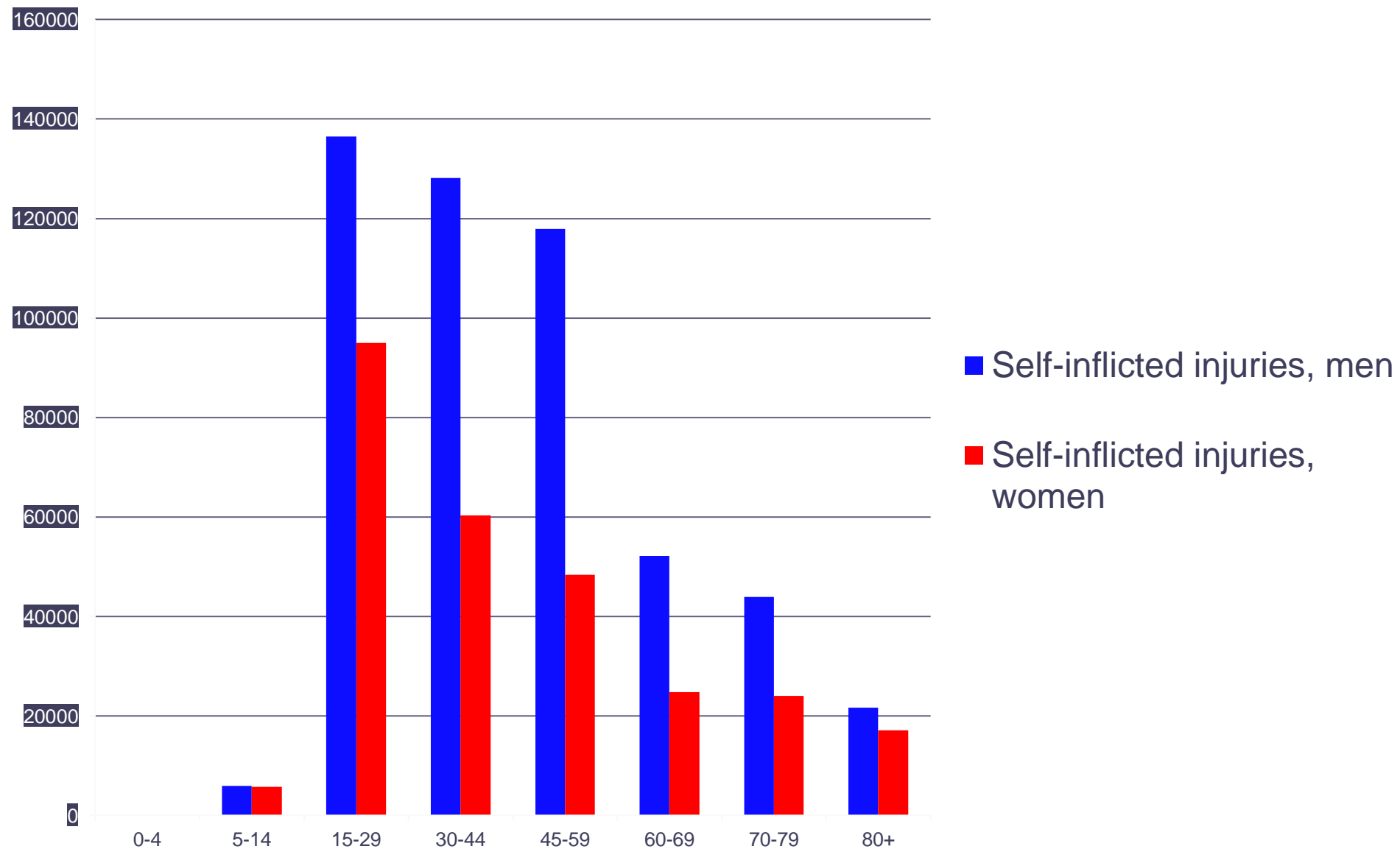
1 million suicides each year

- More than homicides and victims of war worldwide
- Twice as much as traffic accidents in Denmark

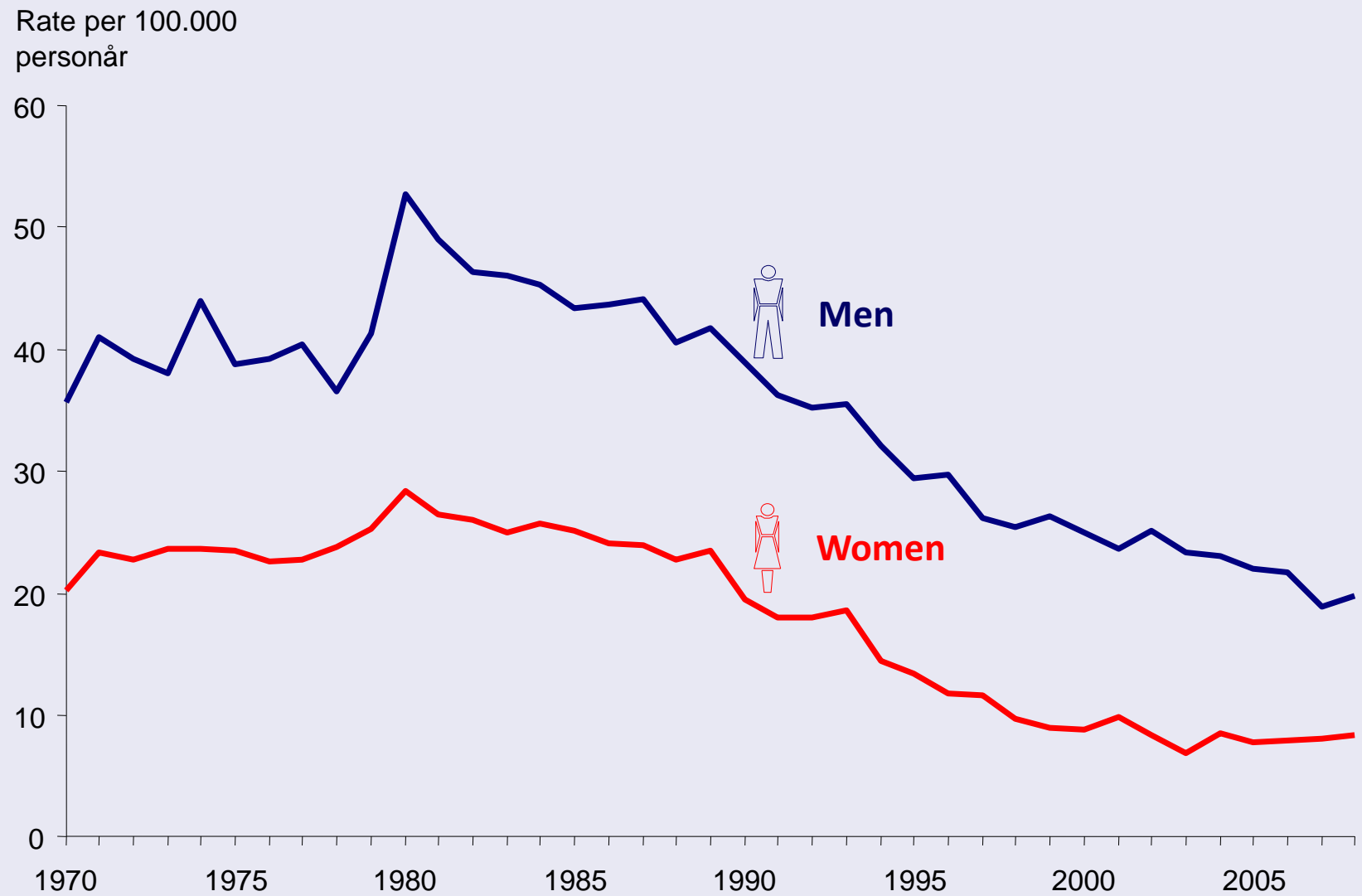
Unintentional deaths, World wide



Suicides in age groups world wide

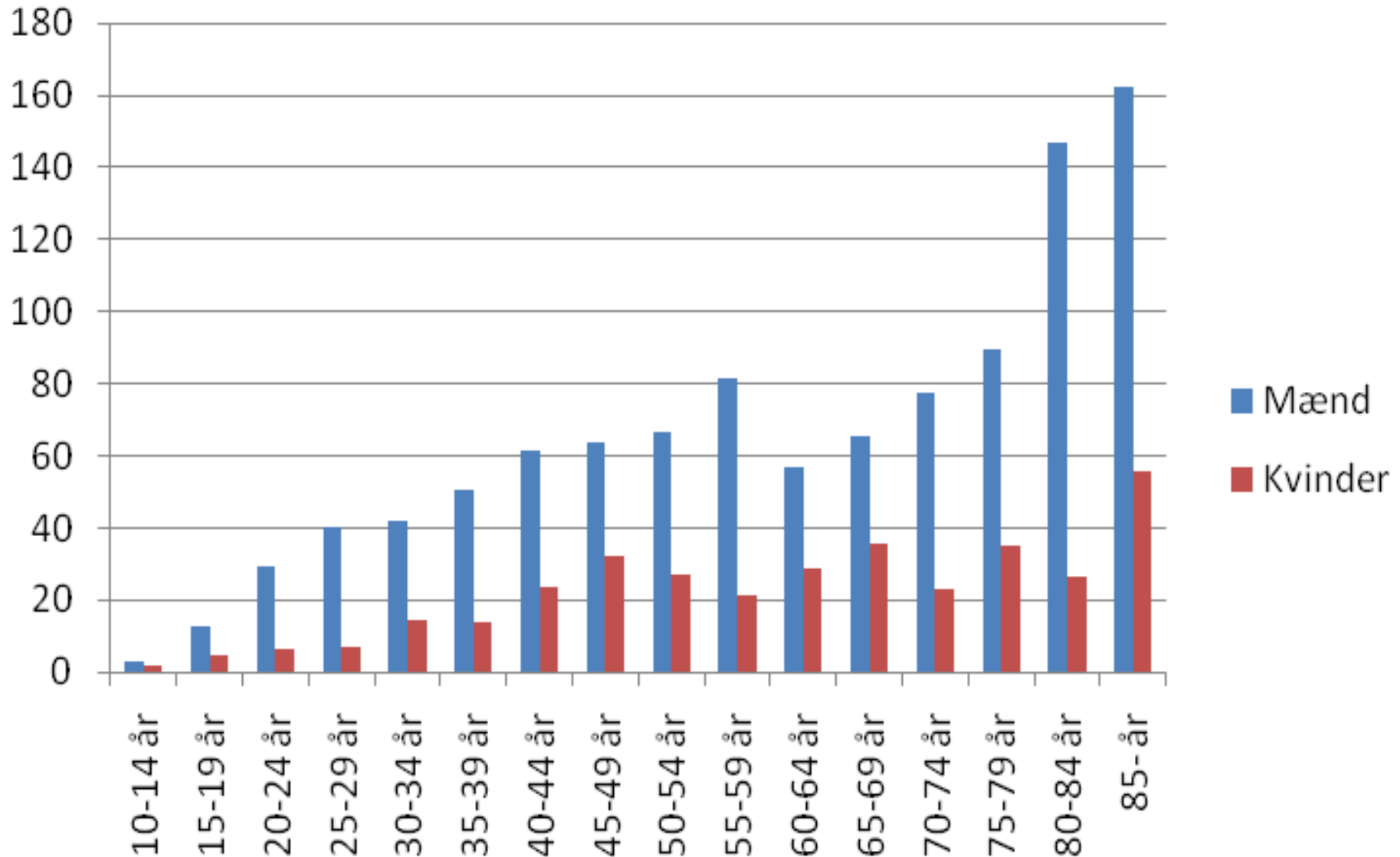


Suicides per 100.000 per year, Danmark, 1970-2008.

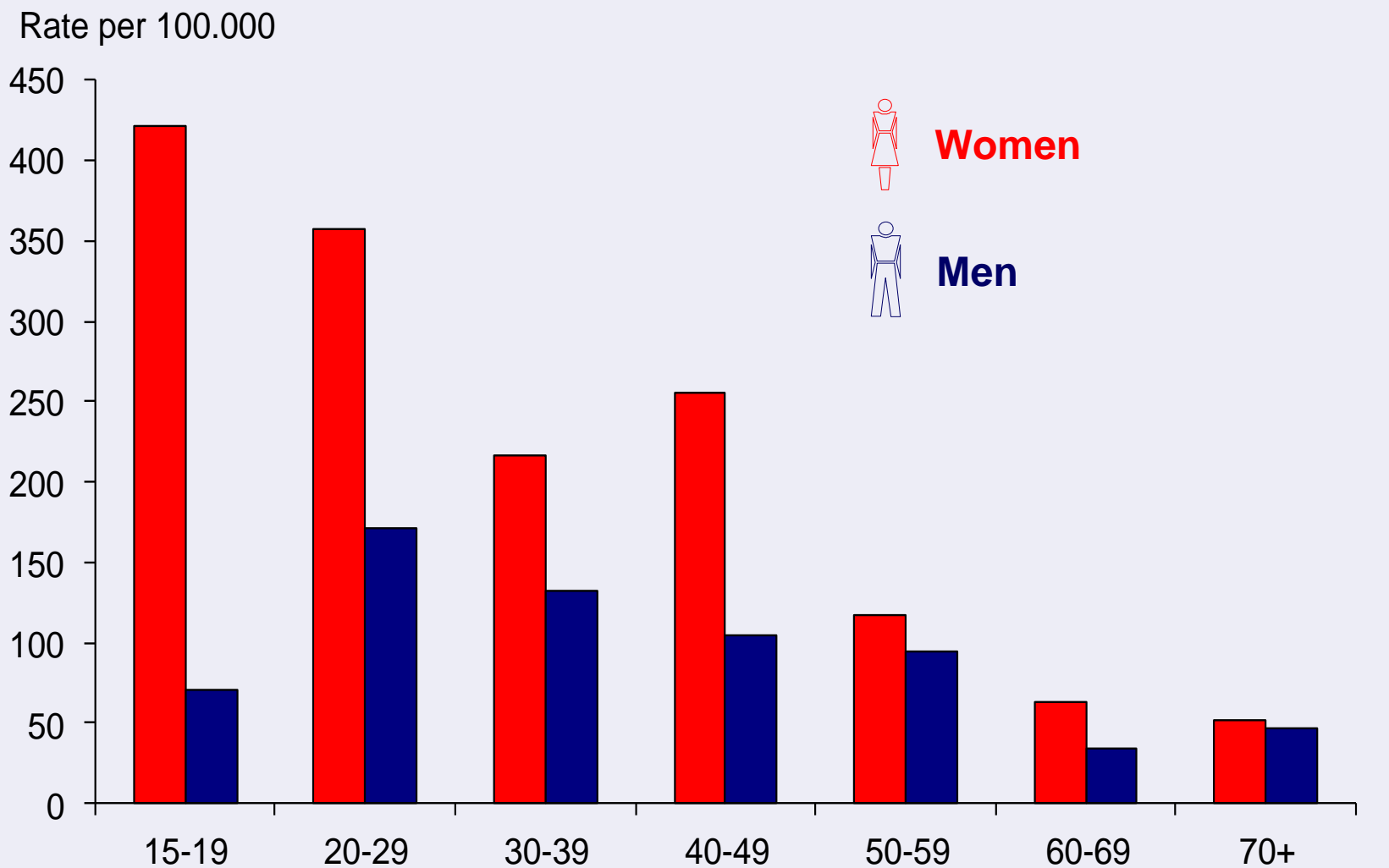


Data source: Dødsårsagsregisteret og Danmarks Statistikbank, Figure: Annette Erlangsen, Psychiatric Center Copenhagen

Age-specific suicide rates, Denmark 2009



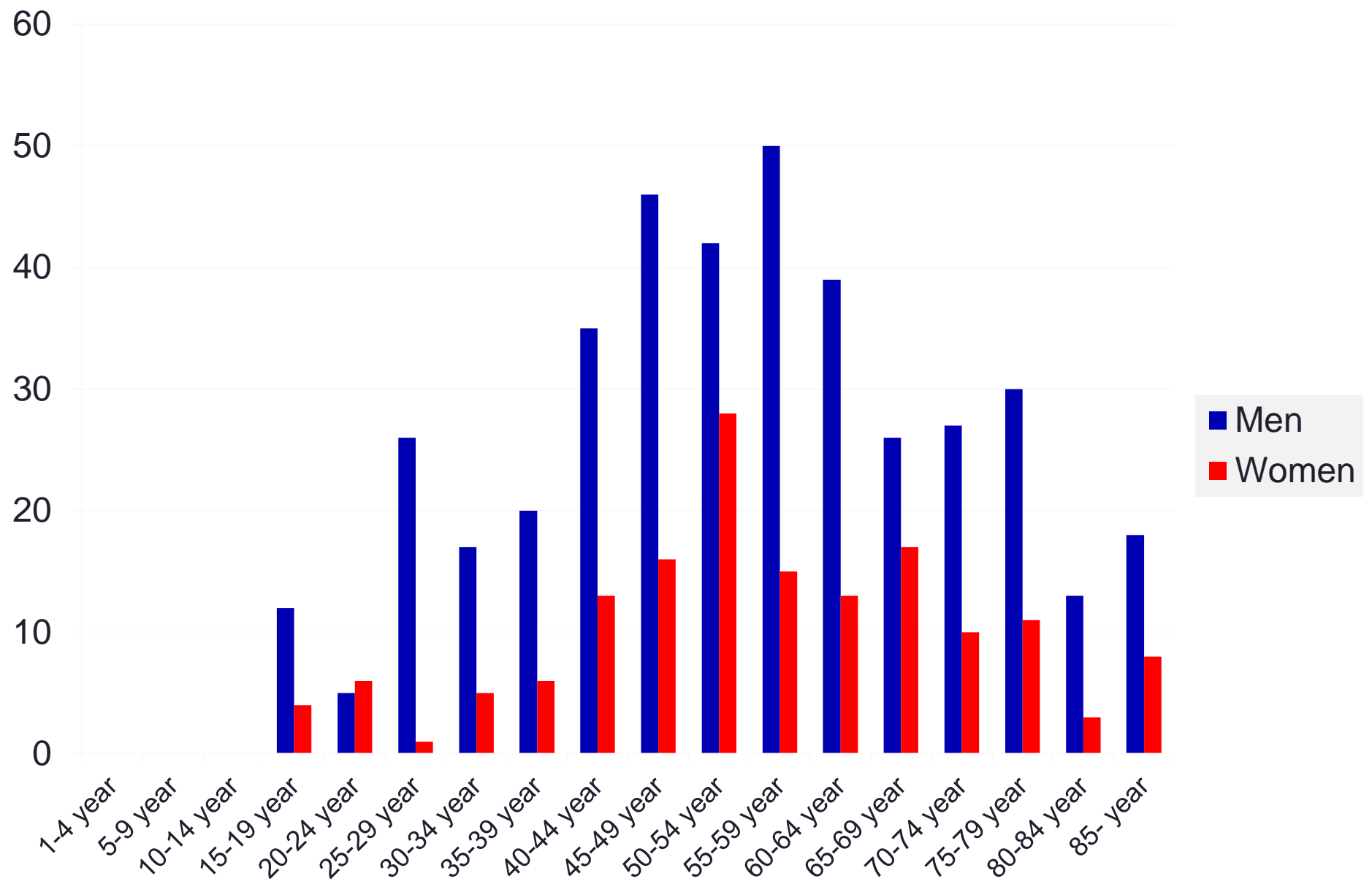
Age specific rates for suicide attempts, 2008 Funen



Kilde: Selvmordsforsøgsregisteret og Danmarks Statistikbank,
beregninger: Annette Erlangsen PhD, Psykiatrisk Center København

Aldersgruppe

Number of suicides in Denmark, 2010,



A complication

Suicidal acts can be considered severe and preventable complications to a range of diseases and conditions in which social aspects play an important role.

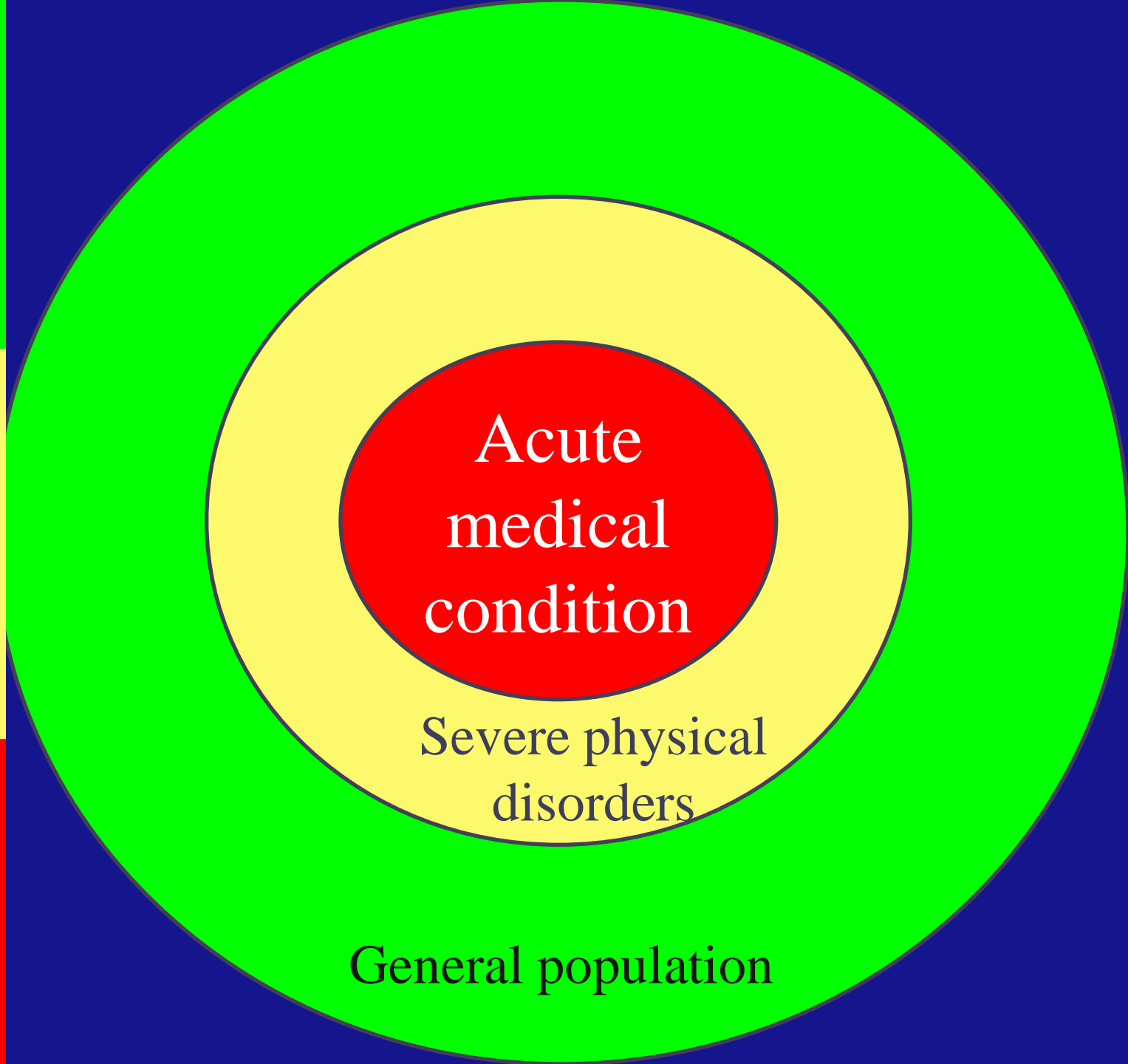
Universal, Selected, and Indicated prevention (USI)

- **Universal** preventive interventions address an entire population;
- **Selective** interventions address a subset of the total population; individuals who are at greater risk for suicidal behaviour;
- **Indicated** preventions are targeted at individuals who have already begun self-destructive behaviour.

Encourage and facilitate healthy life style, monitor health condition, identify early stages of illness

Primary and secondary care: Monitor healths condition and provide relevant treatment for medical disorders

Intensive care unit: stabilize heart rythm, blood pressure and ensure respiration



Acute
medical
condition

Severe physical
disorders

General population

Encourage and facilitate health life style, monitor health condition, identify early stages of illness



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Acute medical condition

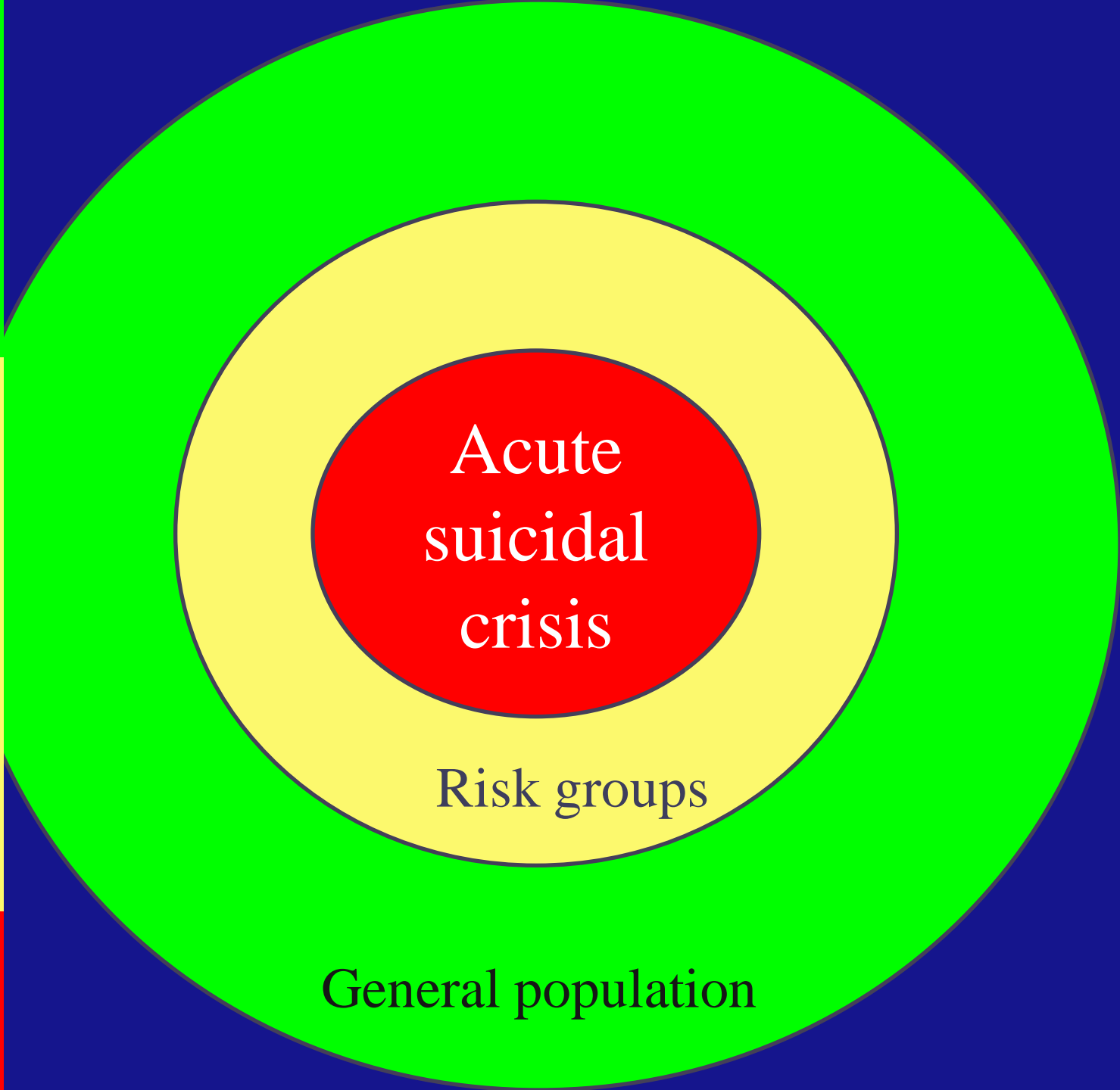
Severe physical disorders

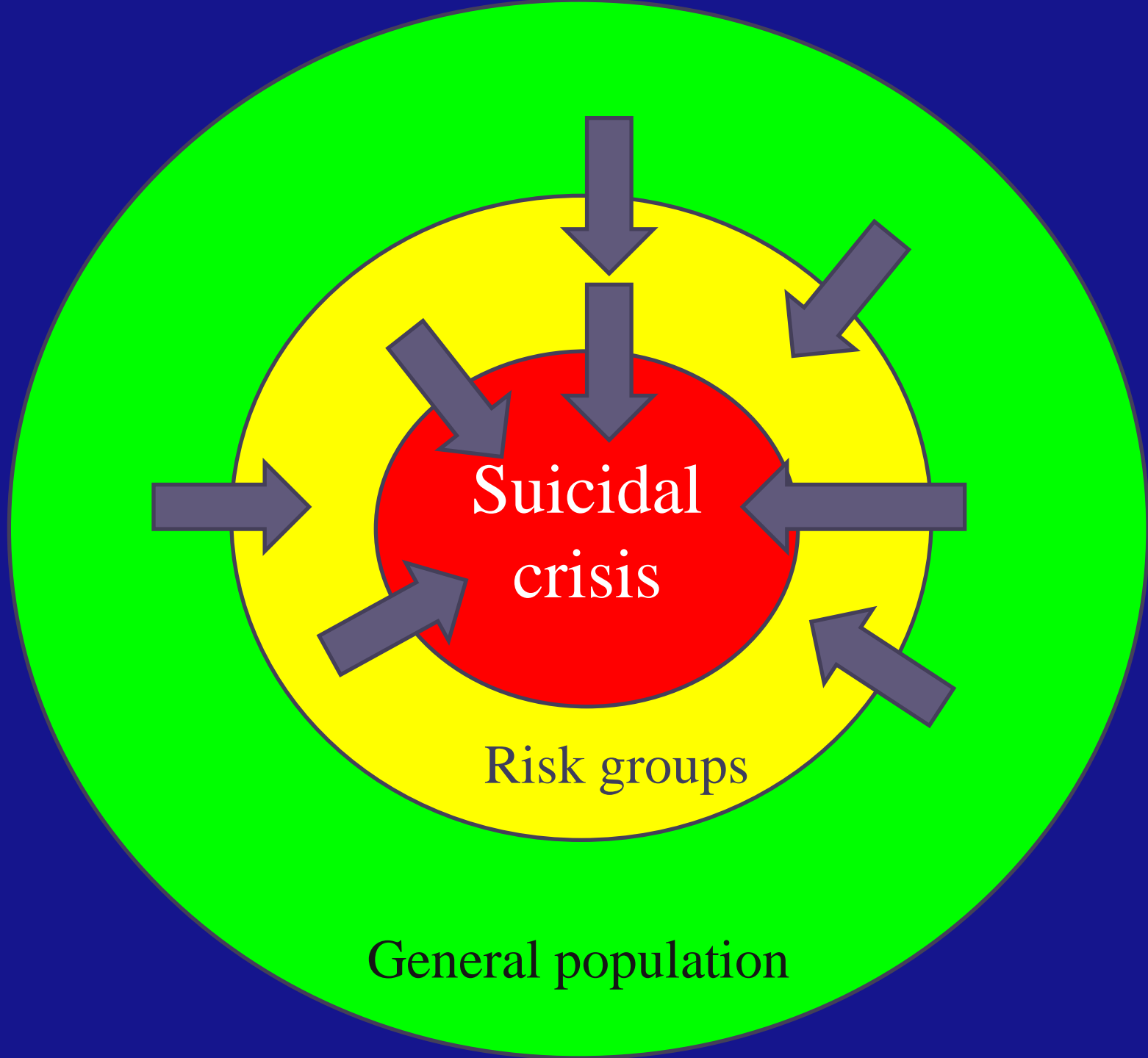
General population

Enhance protective factors.
Reduce stressors.
Ensure easy access to care
Restrict access to dangerous means

Identify risk groups and monitor risk of suicide.
Educate staff.
Ensure treatment of relevant disorders
Ensure help in difficult social situations

Ensure survival, stabilize critical situation

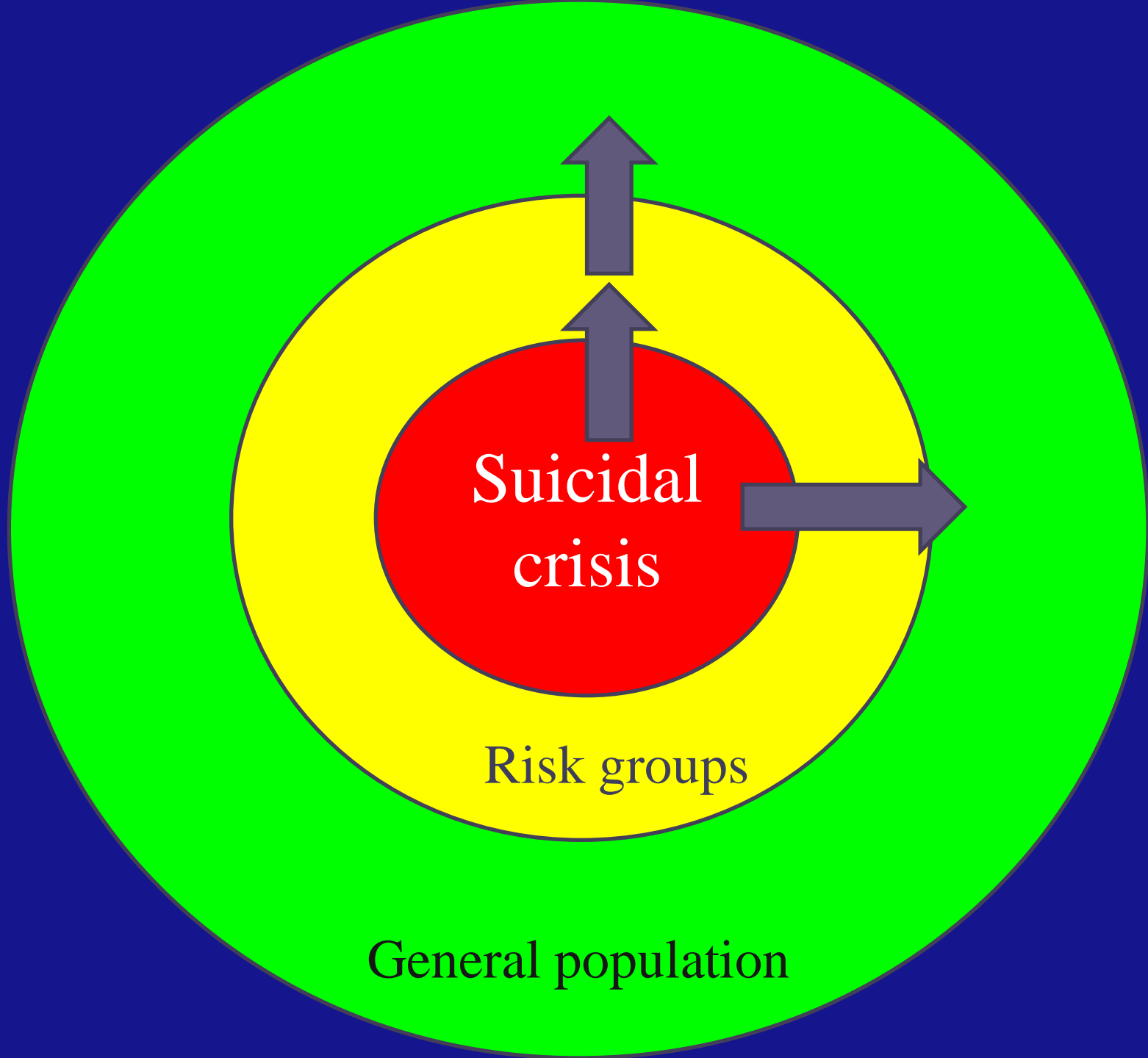




Suicidal
crisis

Risk groups

General population



Suicidal
crisis

Risk groups

General population

•Universal
interventions:

•Ensuring safe
and secure living
conditions

•Ensuring
psychological
healthy
environment

•Prevention of
mental and
physical
disorders

•Restrict alcohol
and substance
abuse

•Restricted access
to dangerous
means for suicide



General population

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General population

Figure 3. Method specific suicide rates per 100.000 Danish women, from 1970 to 2000, selfpoisoning.

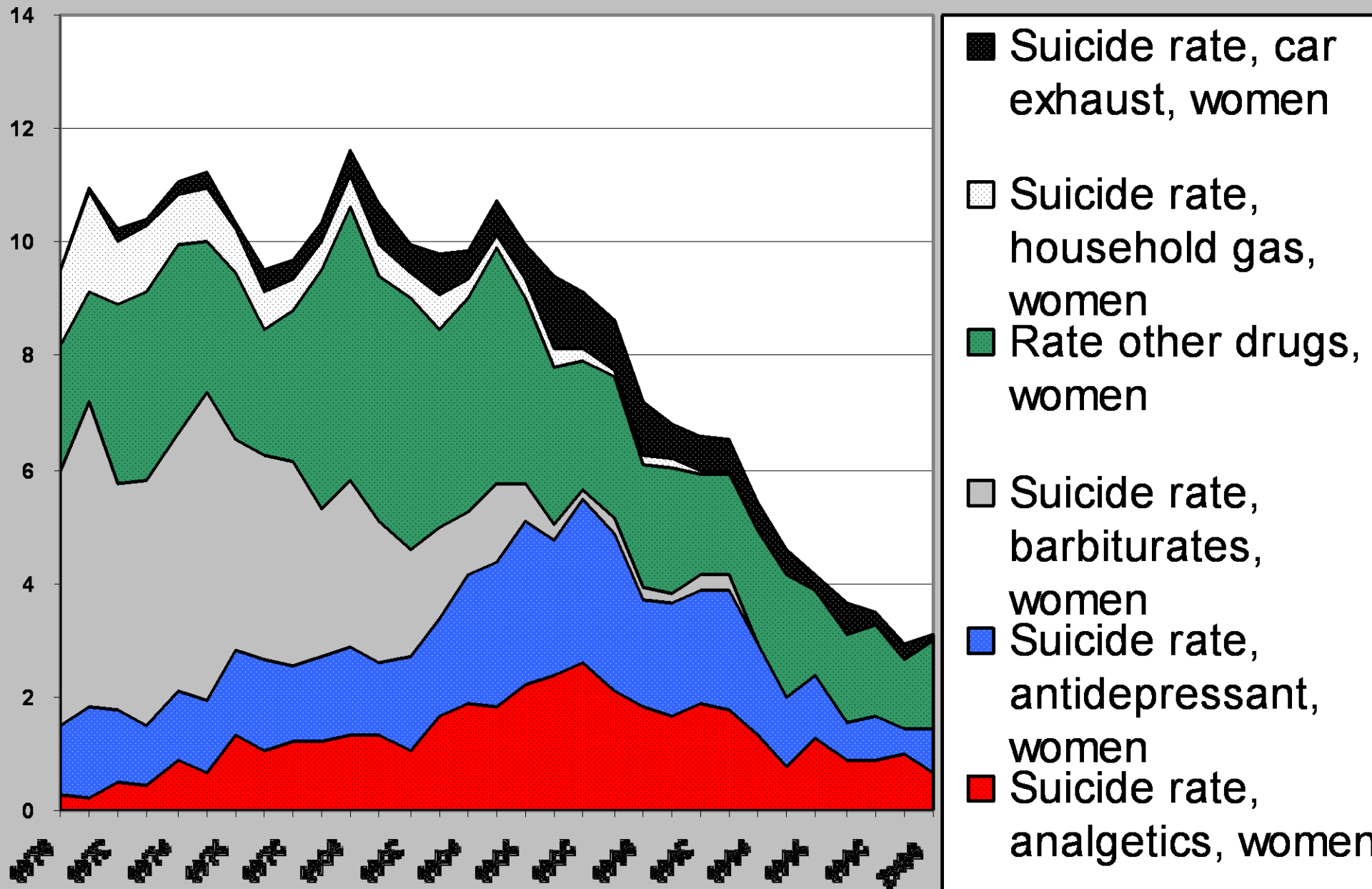


Figure 1. Method-specific suicide per 100,000 men , Denmark 1970-2000, self-poisoning.

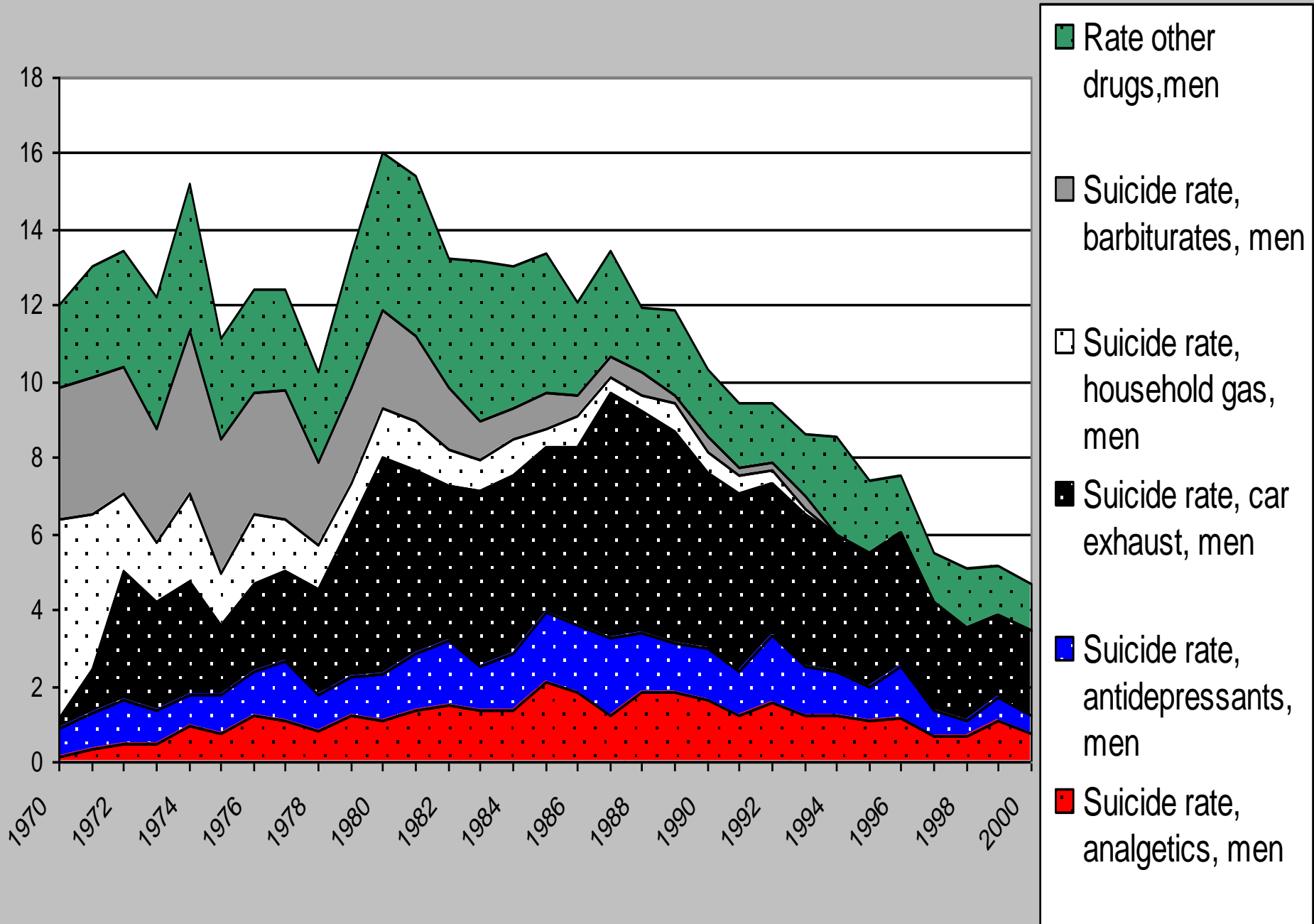


Figure 4. Method-specific suicides per 100.000 Danish women, from 1970 to 2000, violent methods

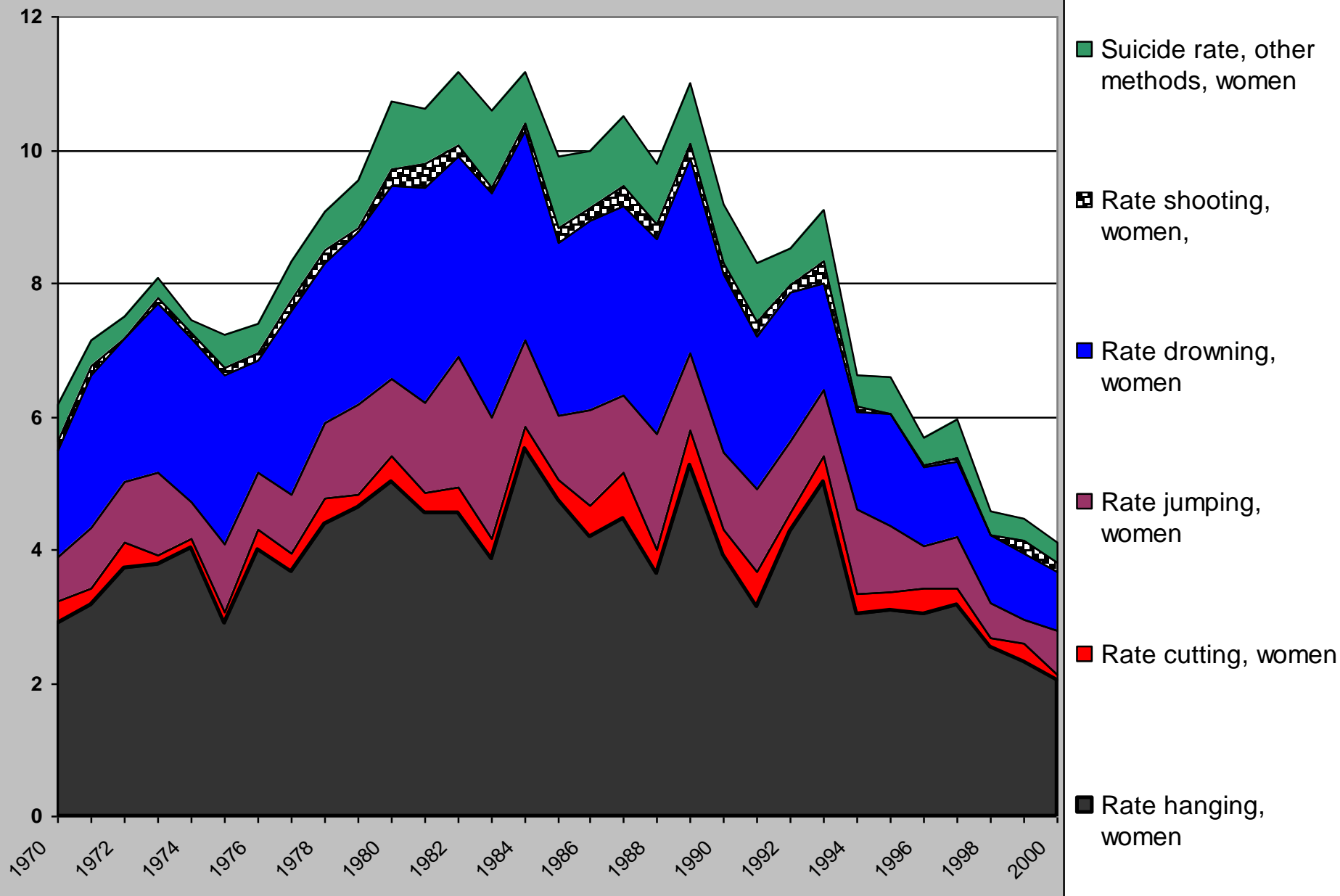
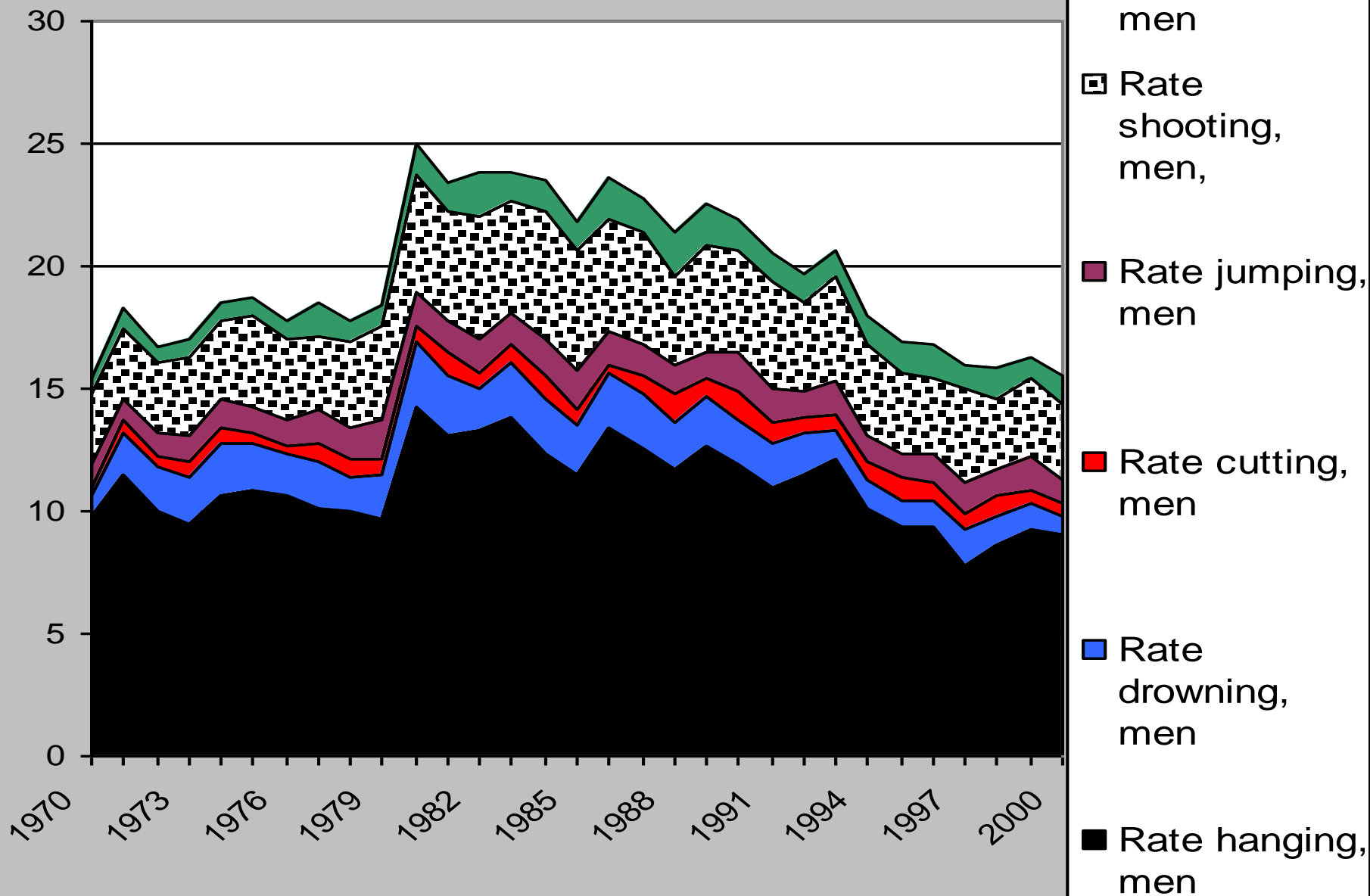
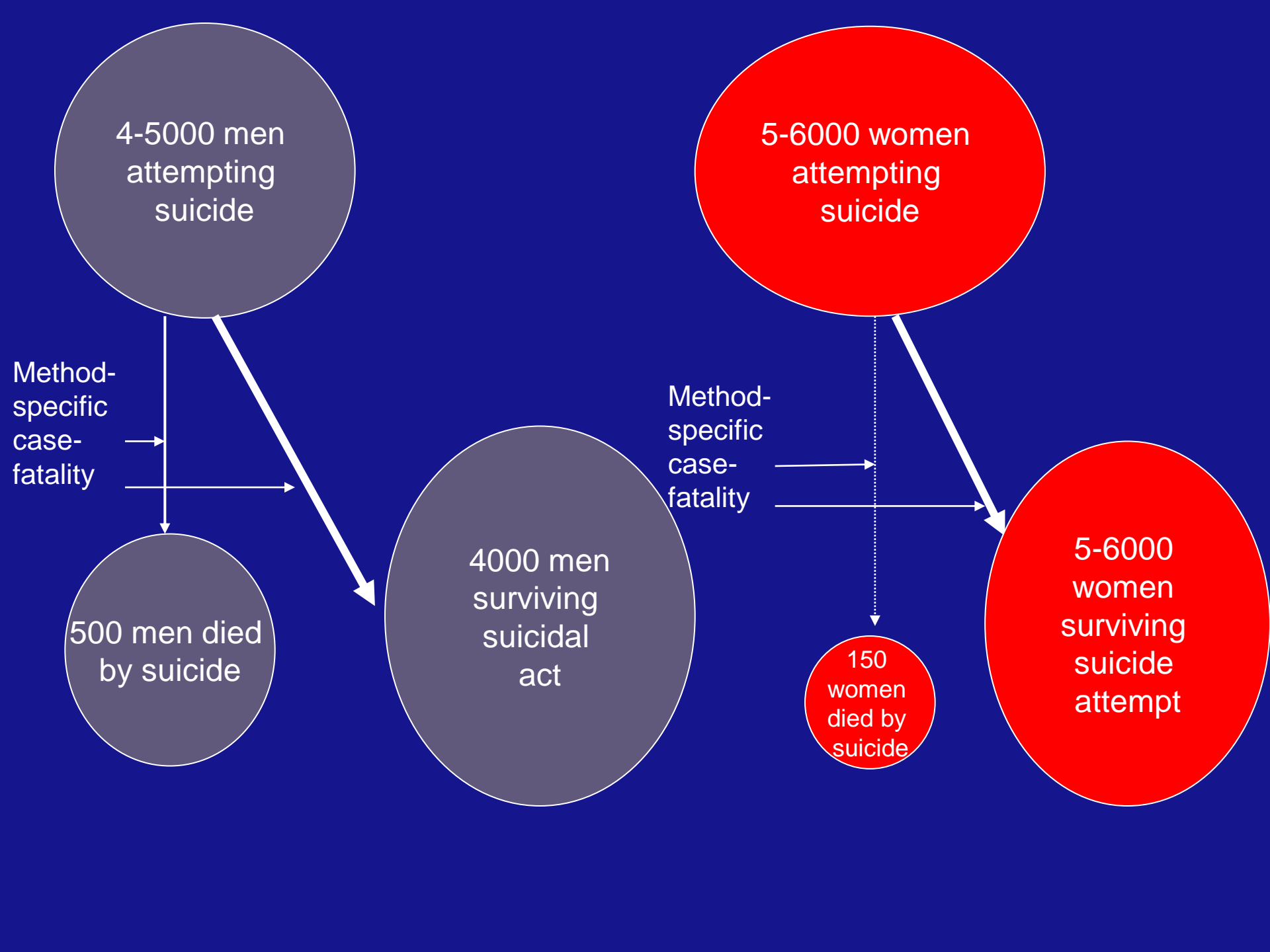
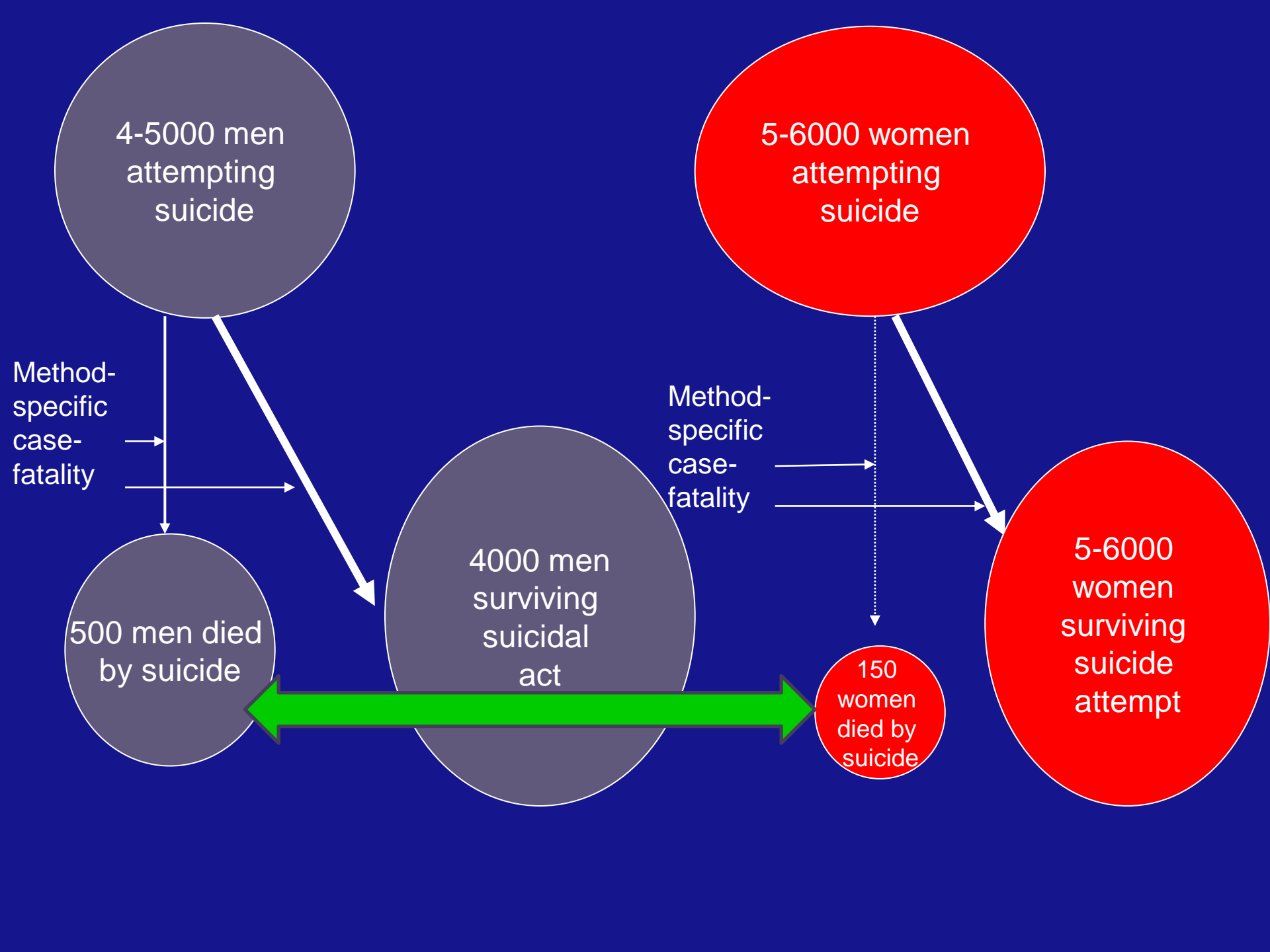


Figure 2. Method-specific suicide per 100,000 men , Denmark 1970-2000 methods.







4-5000 men attempting suicide

5-6000 women attempting suicide

Method-specific case-fatality

Method-specific case-fatality

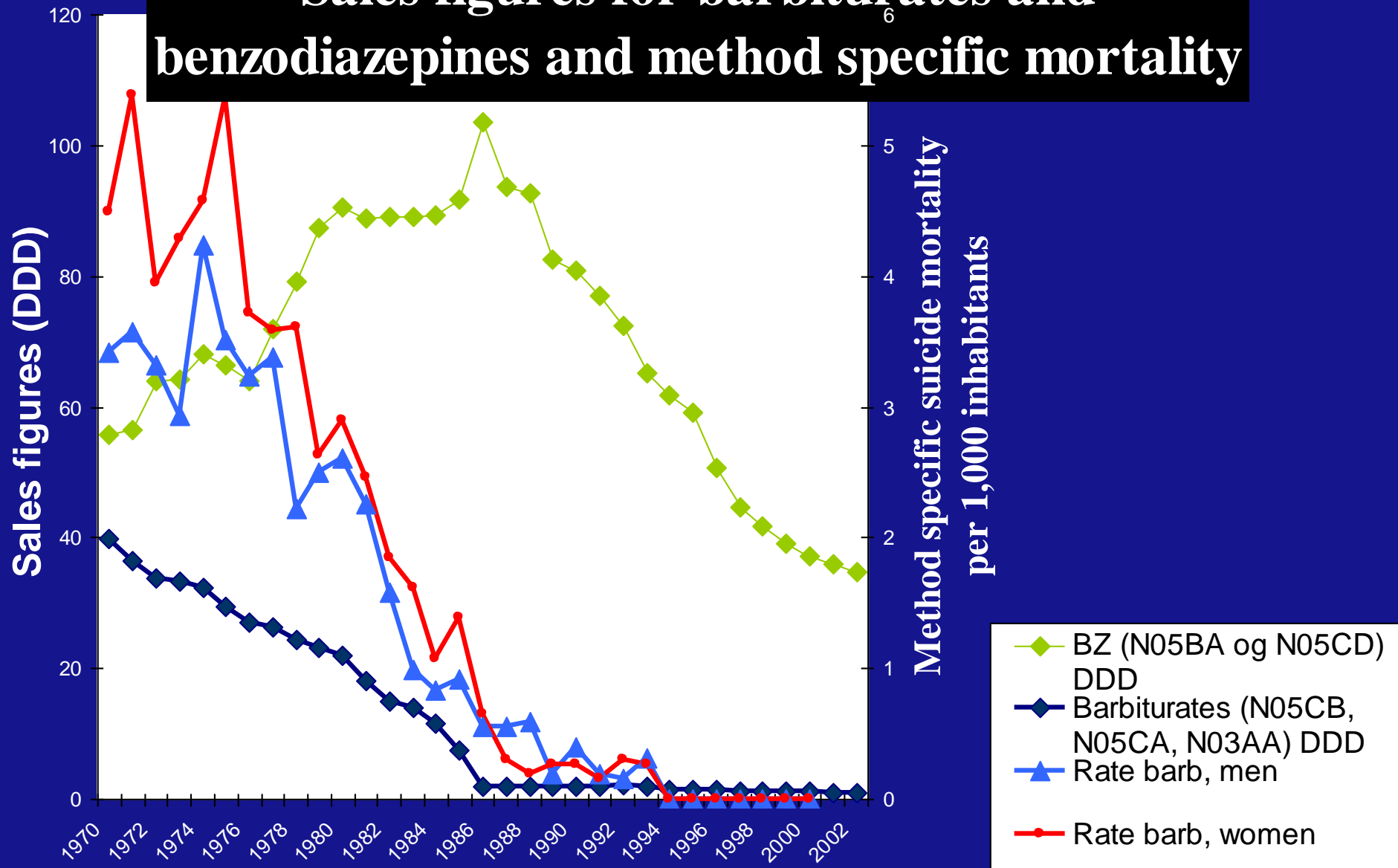
500 men died by suicide

4000 men surviving suicidal act

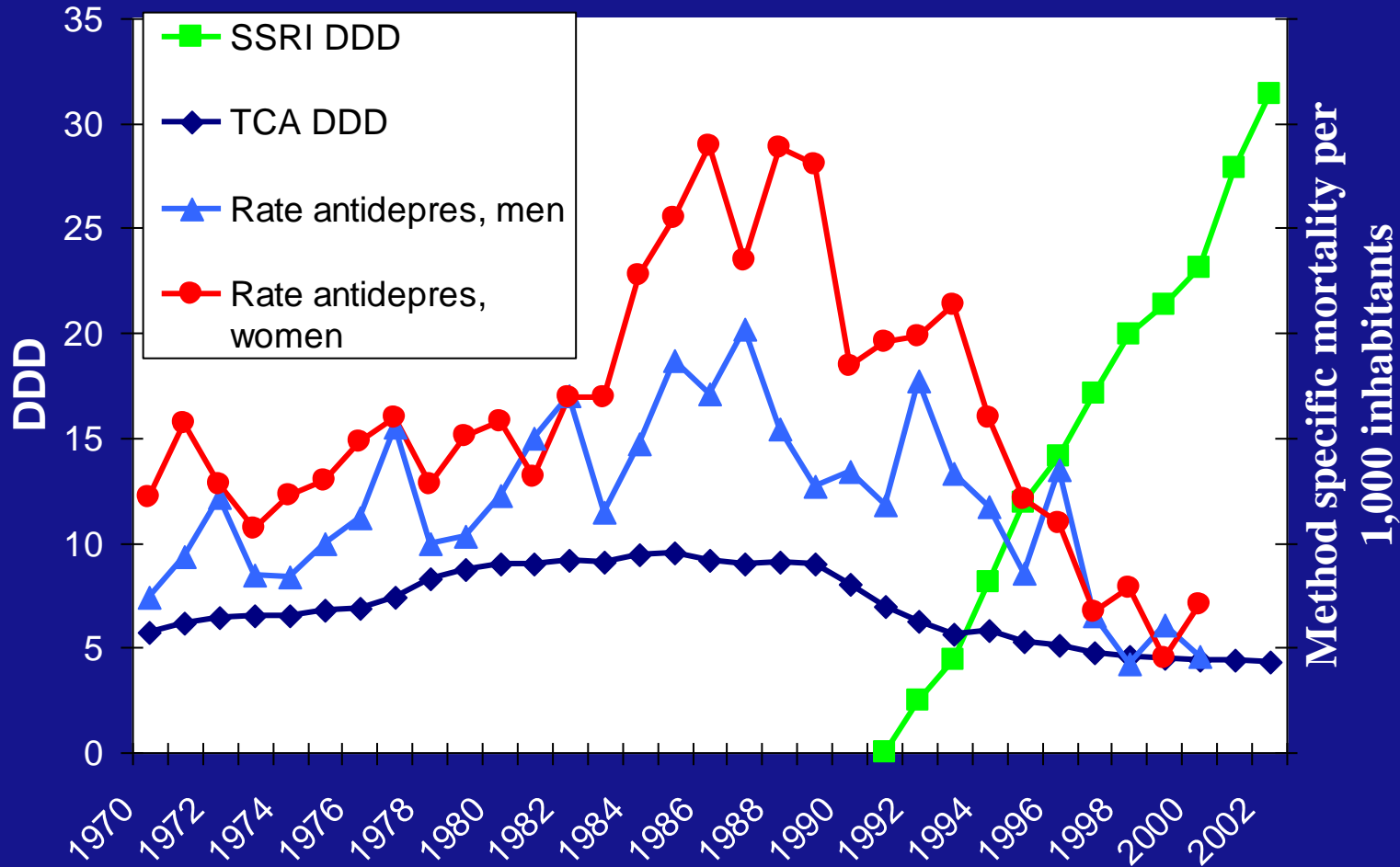
150 women died by suicide

5-6000 women surviving suicide attempt

Sales figures for barbiturates and benzodiazepines and method specific mortality

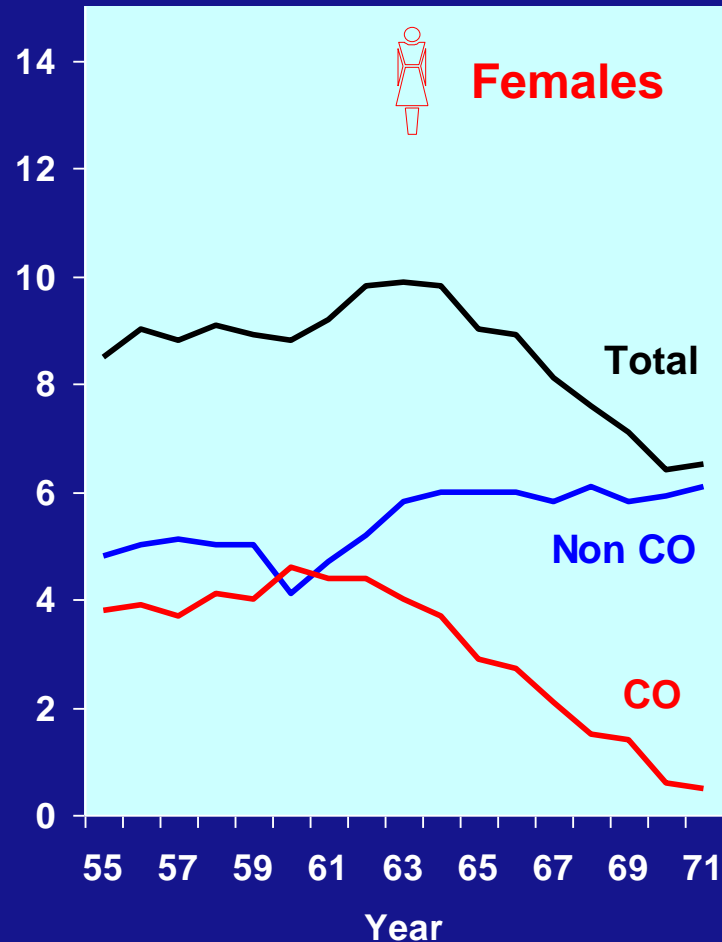
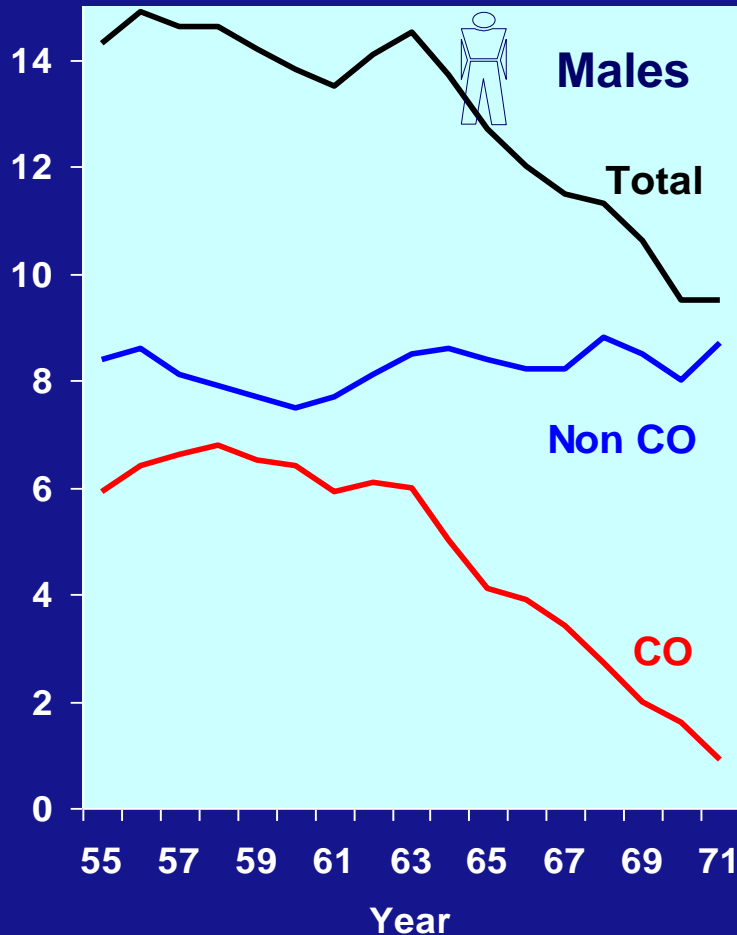


Sales of antidepressants and suicide mortality rates with antidepressants



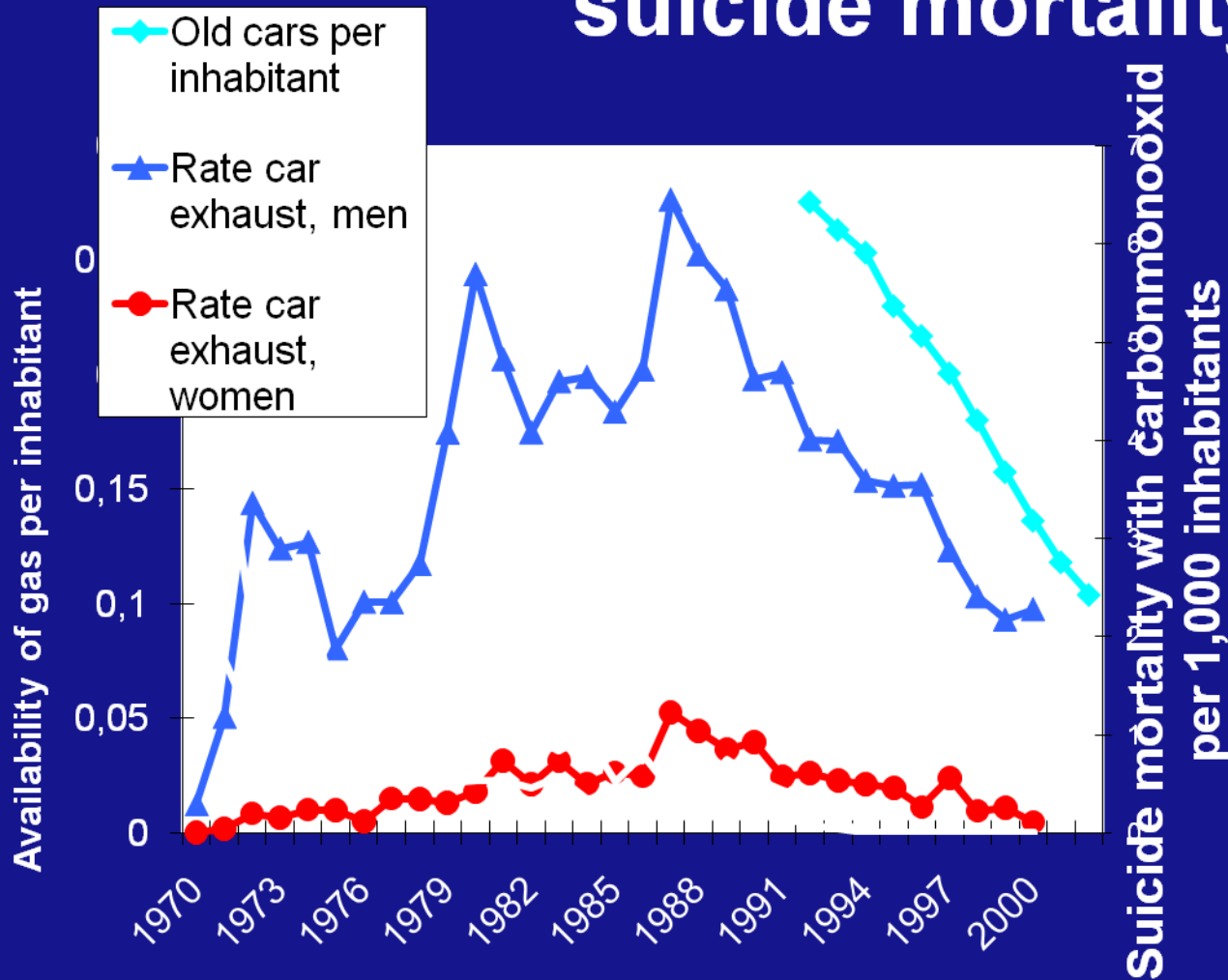
The coal gas story

(Kreitman, 1976)

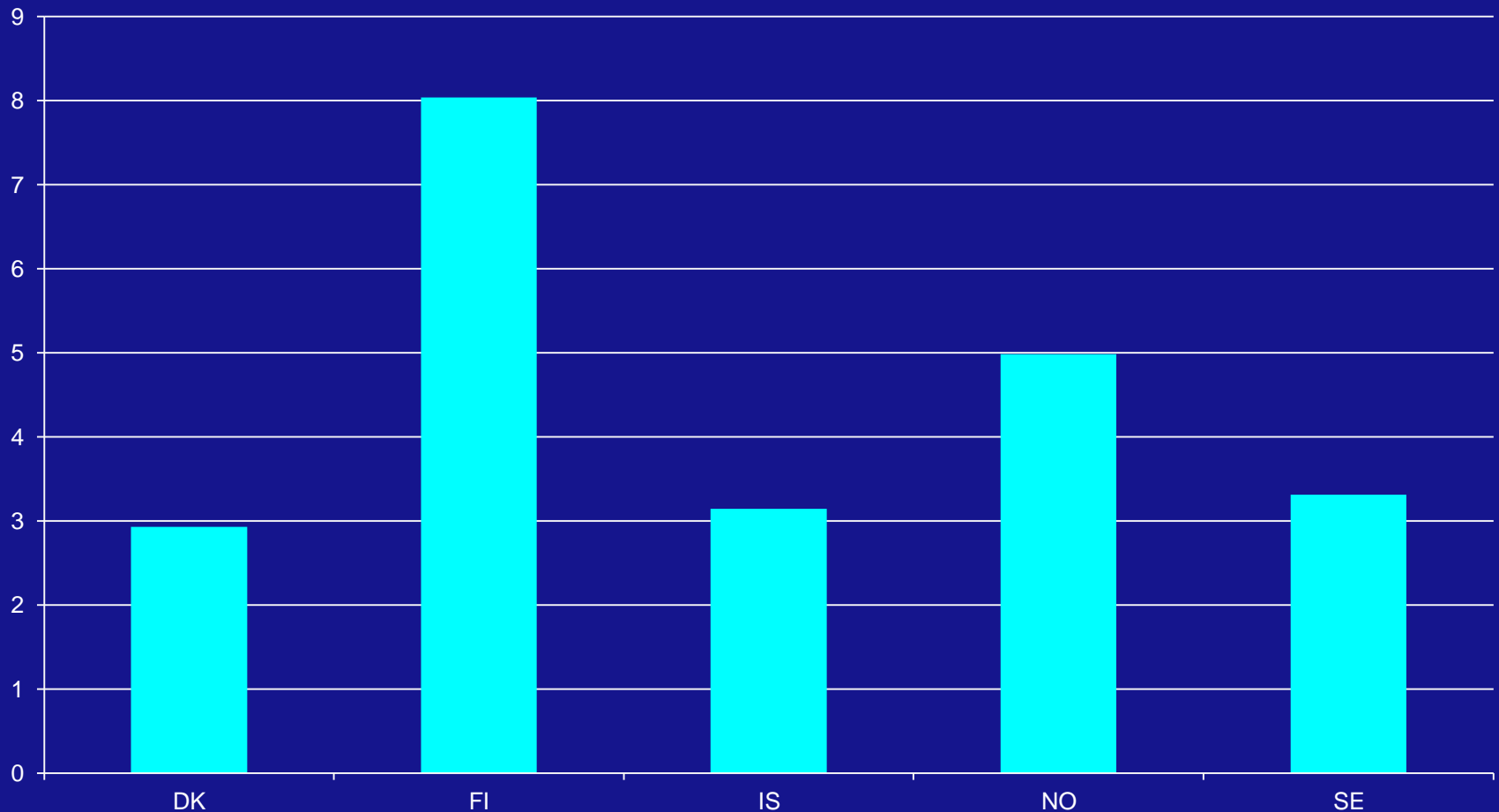


Sex-specific suicide rates by mode of death: England & Wales

Availability of carbonmonoxide car exhaust and method specific suicide mortality



Suicide by firearms per 100,000 males (+15 years) in Denmark, Finland, Iceland, Norway and Sweden



Universal prevention

Consider how to restrict access to suicide with

- Firearms
- Pesticides
- Medication
- Bridges, trains

Risk groups:

People with:

- affective disorders
- schizophrenia
- substance abuse
- personality disorders
- physical illness
- bereavement
- divorce
- loss of job
- criminal record
- homeless

General population

Increased suicide risk

- affective disorders: RR 20
- schizophrenia : RR 20
- substance abuse: RR 15
- personality disorders: RR 20
- suicide attempt: RR 30
- physical illness: RR 2
- bereavement RR 3
- divorce RR 2
- loss of job RR 2
- criminal record RR 3
- homeless RR 7

General population

Most crucial risk factors

Large potential for prevention: PAF:

- Admitted or recently discharged (psych) 25 percent
- Recent suicide attempt 16 percent
- Elderly men 13 percent
- Alcohol abuse 23 percent
- Criminal record 12 percent

- Reduce treatment gap

- Analyze risk of suicide in possible risk groups

- Ensure the best management of difficult conditions

- Educate responsible staff members in risk of suicide

- Monitor evaluation of risk of suicide in risk groups

- Monitor the risk of suicide in risk groups

- Restrict access to dangerous means for suicide in institutions

Risk groups:

People with:

- affective disorders

- schizophrenia

- substance abuse

- personality disorders

- physical illness

- bereavement

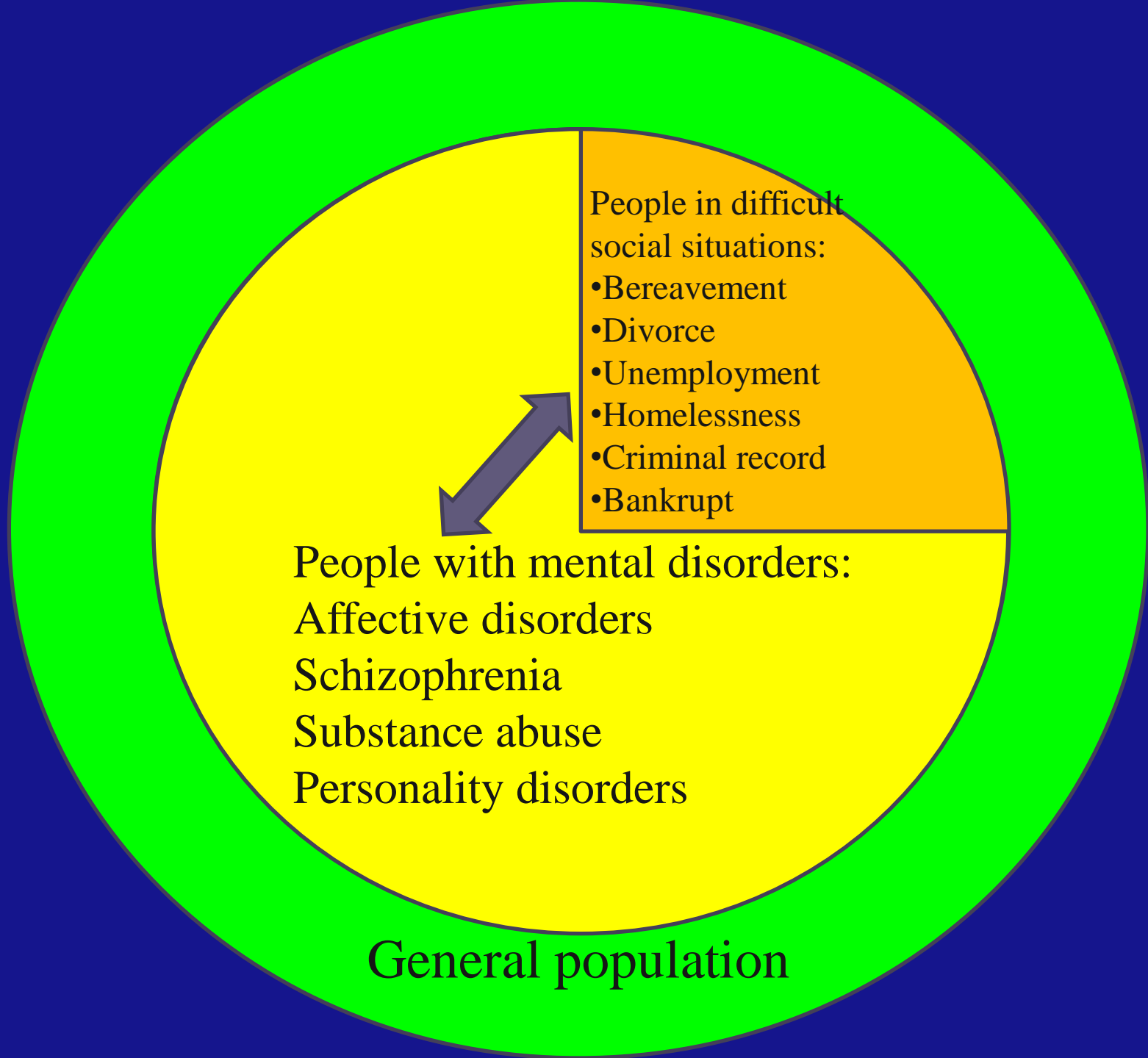
- divorce

- loss of job

- criminal record

- homeless

General population



People in difficult social situations:

- Bereavement
- Divorce
- Unemployment
- Homelessness
- Criminal record
- Bankrupt

People with mental disorders:

Affective disorders

Schizophrenia

Substance abuse

Personality disorders

General population

Cumulative absolute risk of suicide (%) – 36 years follow-up

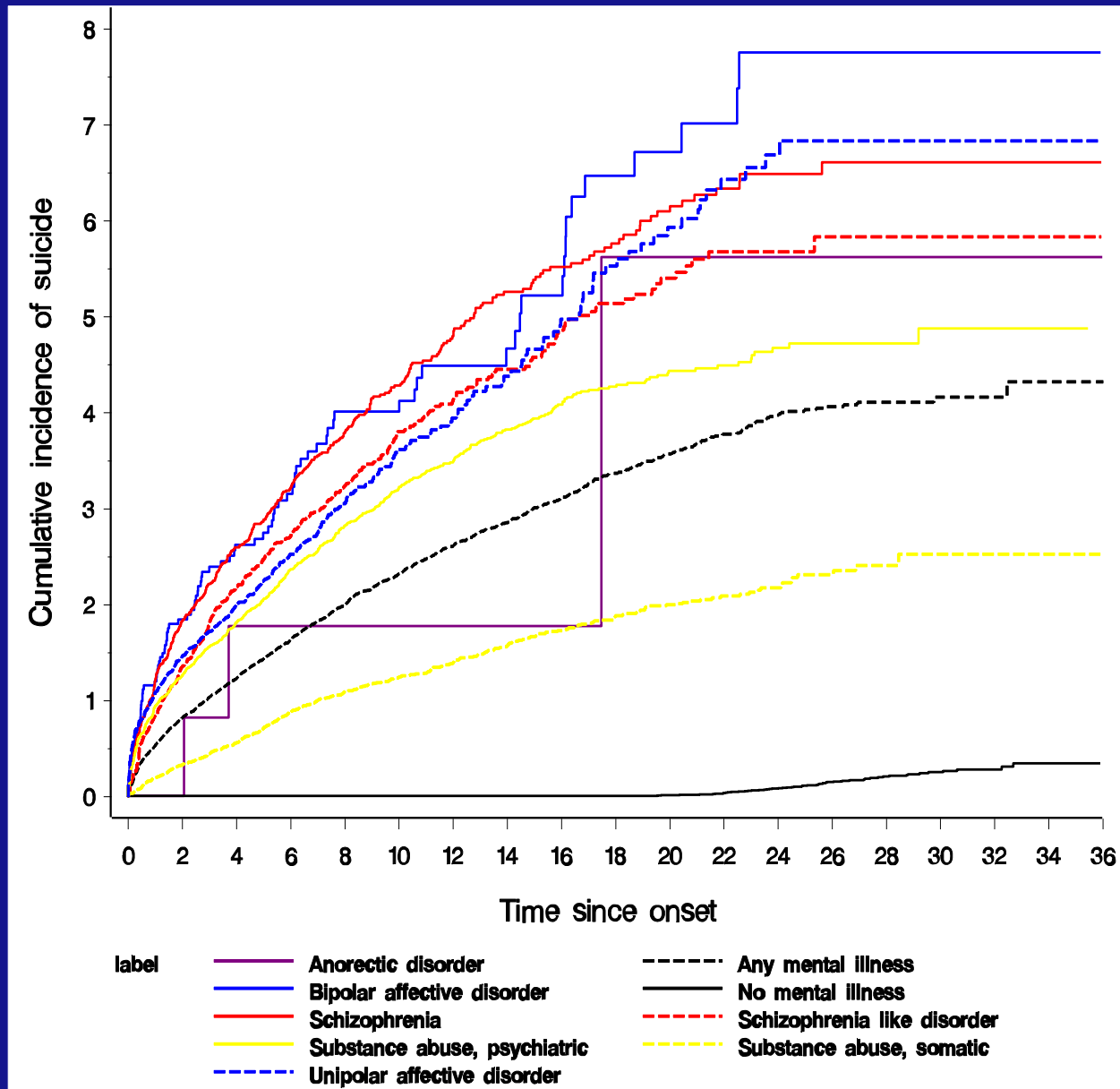
	Men	Women
Disorder	Cumulative incidence	Cumulative incidence
Schizophrenia	6.47	4.87
Schizophrenia like disorders	5.72	3.97
Bipolar affective disorder	7.63	4.74
Other affective disorders	6.54	3.70
Substance abuse, psychiatric	4.68	3.42
Substance abuse , somatic	2.44	1.63
Anorectic disorder	6.42	1.97
Any mental illness	3.63	1.89
No mental illness	0.68	0.20

Cumulative incidence of suicide up to 30 years after first psychiatric contact. (%)

People admitted after deliberate self-harm.

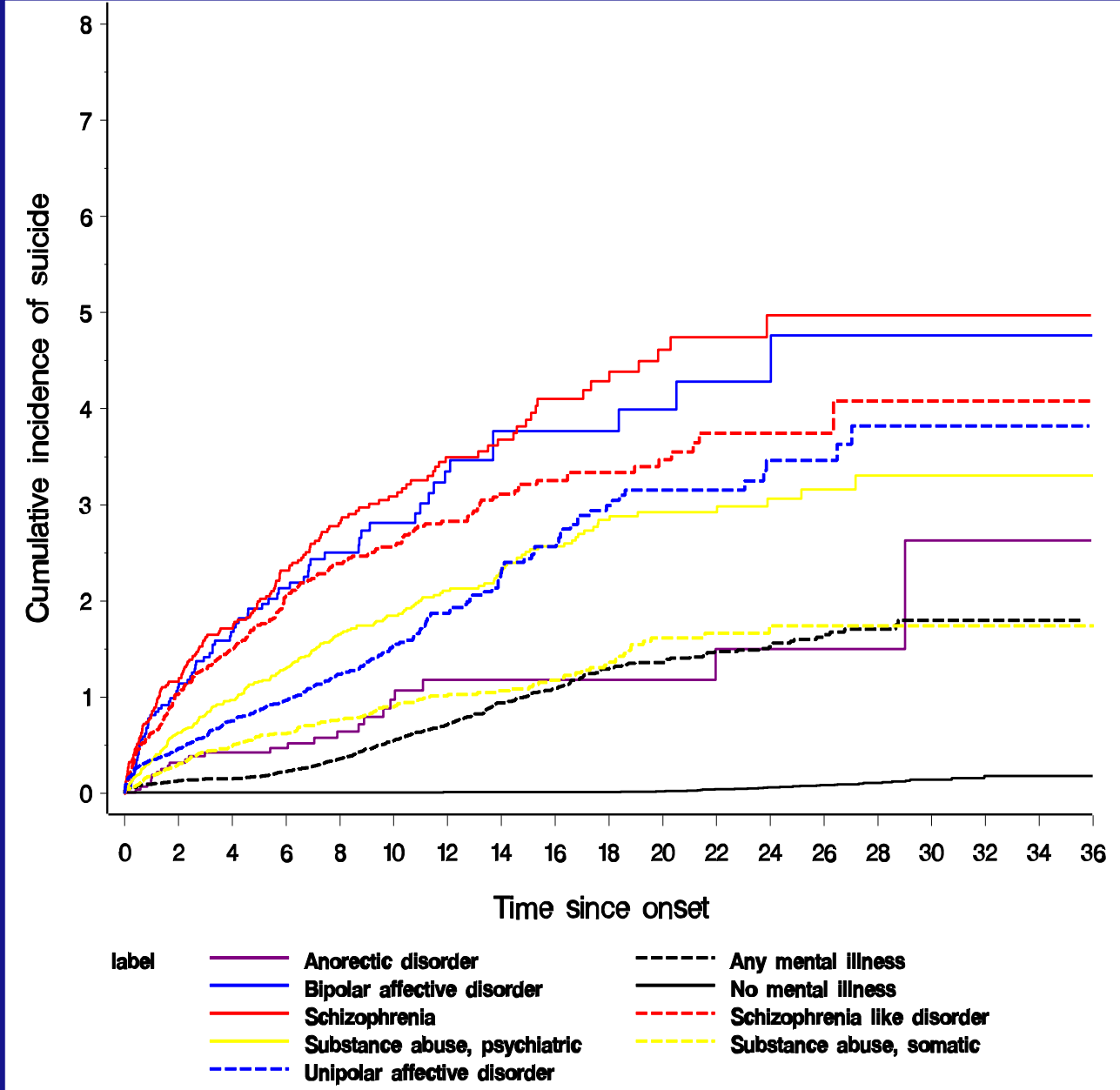
	Males	Females
Disorder	Cumulative incidence	Cumulative incidence
Schizophrenia	10.26	10.85
Schizophrenia-like disorders	9.98	8.00
Bipolar affective disorder	17.08	9.39
Unipolar affective disorders	10.48	6.51
Substance abuse, psychiatric hospital	6.54	5.04
Substance abuse, somatic hospital	5.53	4.03
Anorectic disorder		4.38
Any mental illness	8.10	4.57

Absolut risk of suicide, 36 years follow-up. Men



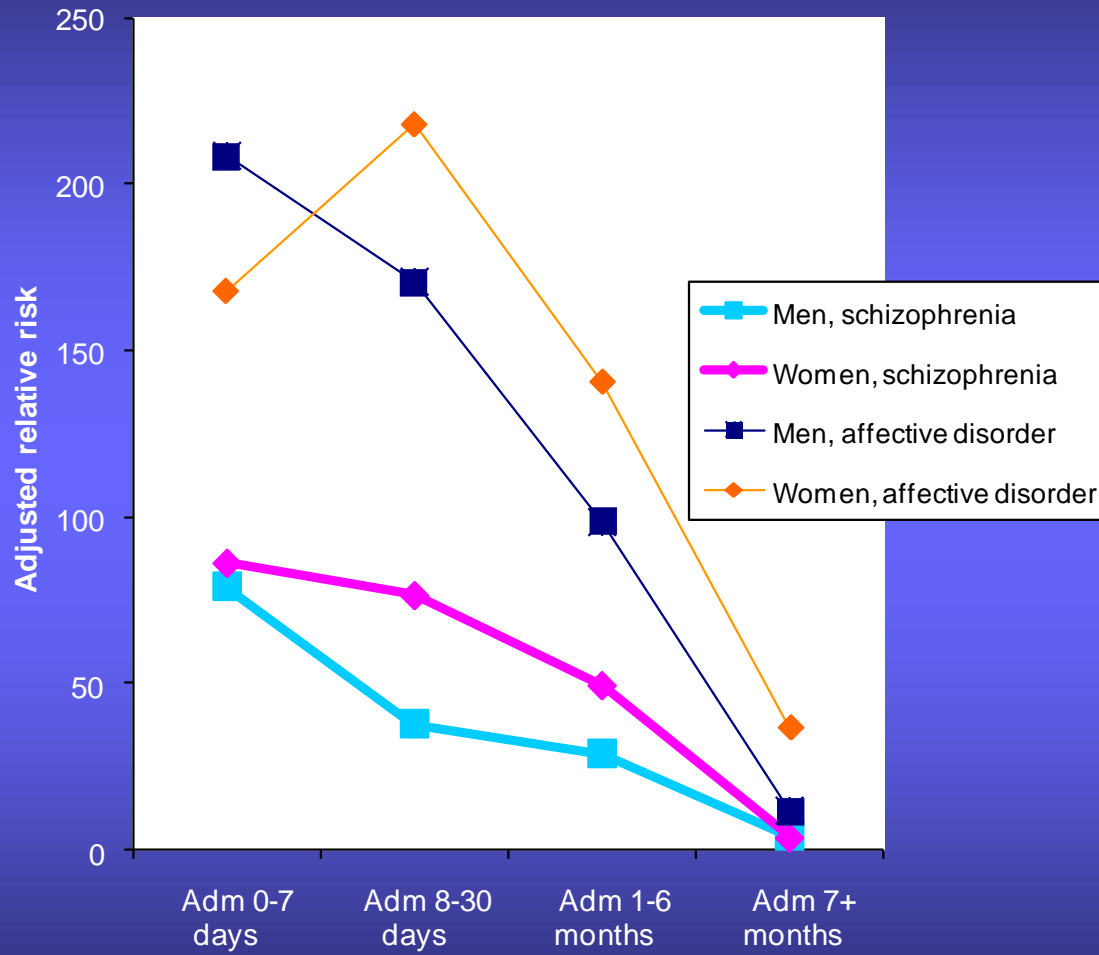
Nordentoft,
Mortensen,
Pedersen,
Arch Gen
Psych, 2011

Absolut risk of suicide 36 years follow-up. Women



Nordentoft,
Mortensen,
Pedersen,
Arch Gen
Psych, 2011

Suicide during admission. Patients with schizophrenia and affective disorder compared to never admitted patients



High number of in-patient suicides

- 860 suicides per 100,000 in-patient years

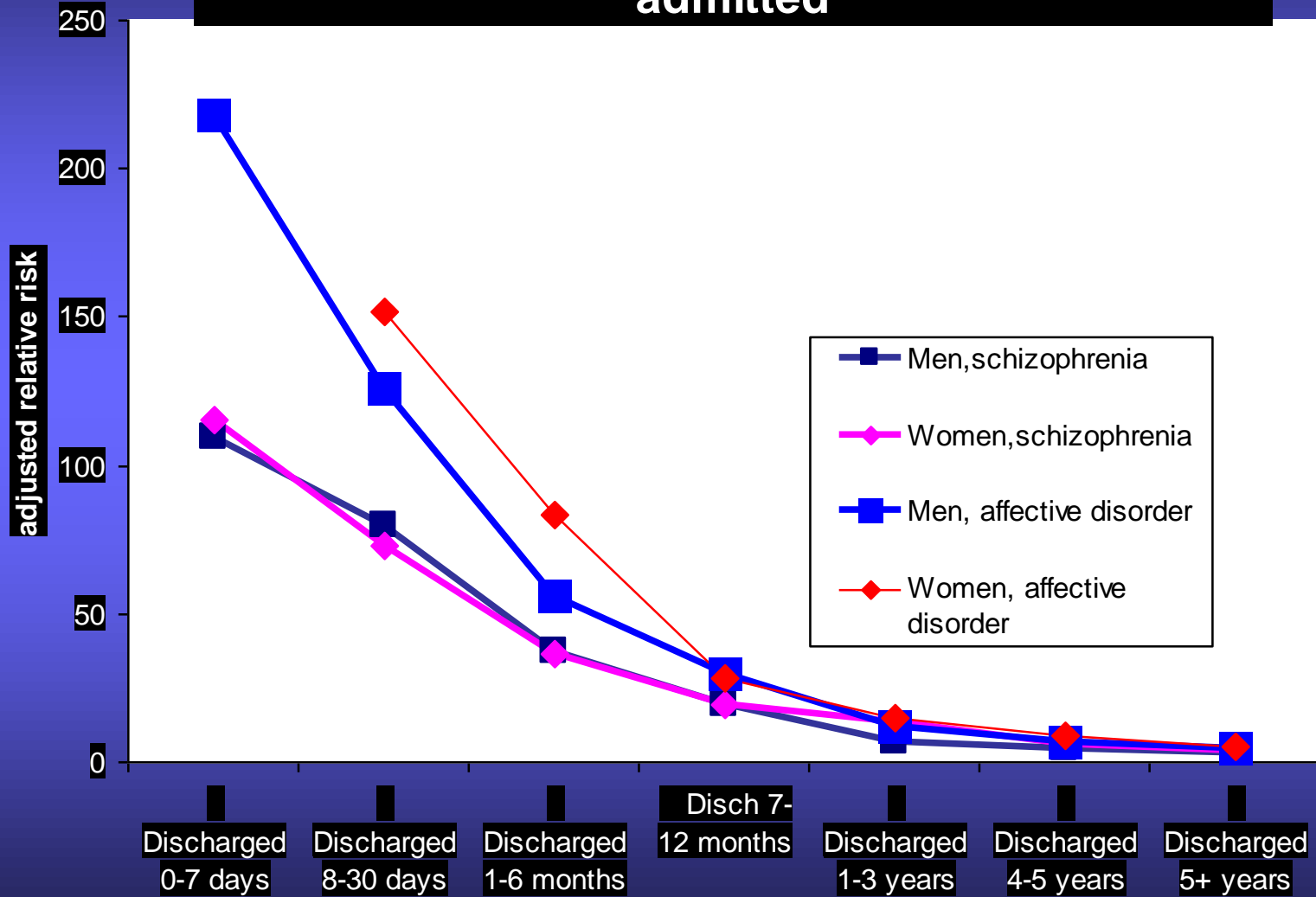
Anti-ligature coat hook



Designed to discourage the attachment of ligatures

- Will only support the weight of an average overcoat
- Adjustable spring weight
- Tamper proof fixings included
- Stainless steel, grade 316 or aluminium

Relative risk of suicide for patients with affective disorder and schizophrenia compared to never admitted



Avoid after-discharge suicides

- Assess risk of suicide before discharge
 - Provide assessment tools for clinicians
- Make sure out-patient treatment is well prepared
- Start out-patient treatment shortly after discharge

Percent Attributable Risk (PAR) for psychiatric hospitalisation was

Women 53 percent

Men 33 percent

Take care of the men

- They might hide their mental health problems
- Or mental health services might reluctant to take care of them

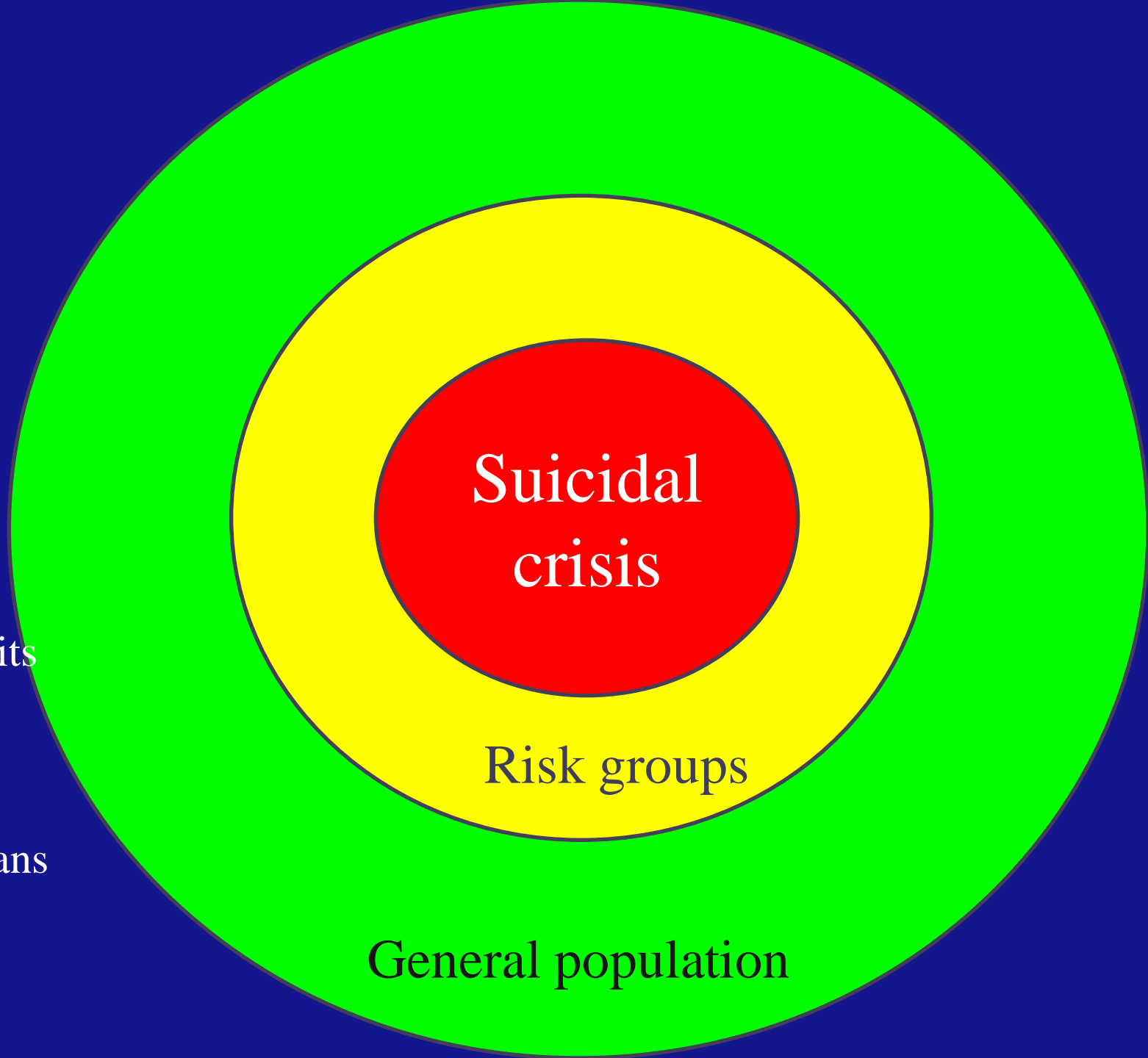
Treating mental illness should
have a high priority in suicide
prevention strategies

Deliberate self-harm

- People who deliberately harmed themselves form a specific high risk group
- Up to 2 percent commit suicide within one year
- Up to 10 percent commit suicide in long term follow-up studies

» Owens, Br J Psych, 2001

Indicated prevention:
•Compulsory admission
•Locked ward
•Psychiatric emergency outreach
•Psychiatric emergency rooms
•Crisis cards
•Antisucide kits
•Help lines
•Restricted access to dangerous means for suicide in psychiatric wards



Crisis plan

- Try to distract myself
- Watch TV, draw, paint, surf internet, messenger
- Think: "I have tried this before – it will end soon"
- Run in the park
- Write my thoughts down in my diary
- Take Truxal 25 mg
- Repeat. "I have promised not to hurt myself"
- Call Lis from OPUS 20607556
- Call my parents 33316274
- Call Lene 28763268
- Call Jacob 25245576
- Call Life line 70201201 (all days 11-23)
- Call psychiatric outreach via doctor on call 70130041
- Take a taxi to psychiatric emergency room,

Bispebjerg Bakke 23, 35312300

We need a map



In order to understand
the magnitude of the
problem

We need a plan

General
population

Risk groups

Acute
suicidal crisis

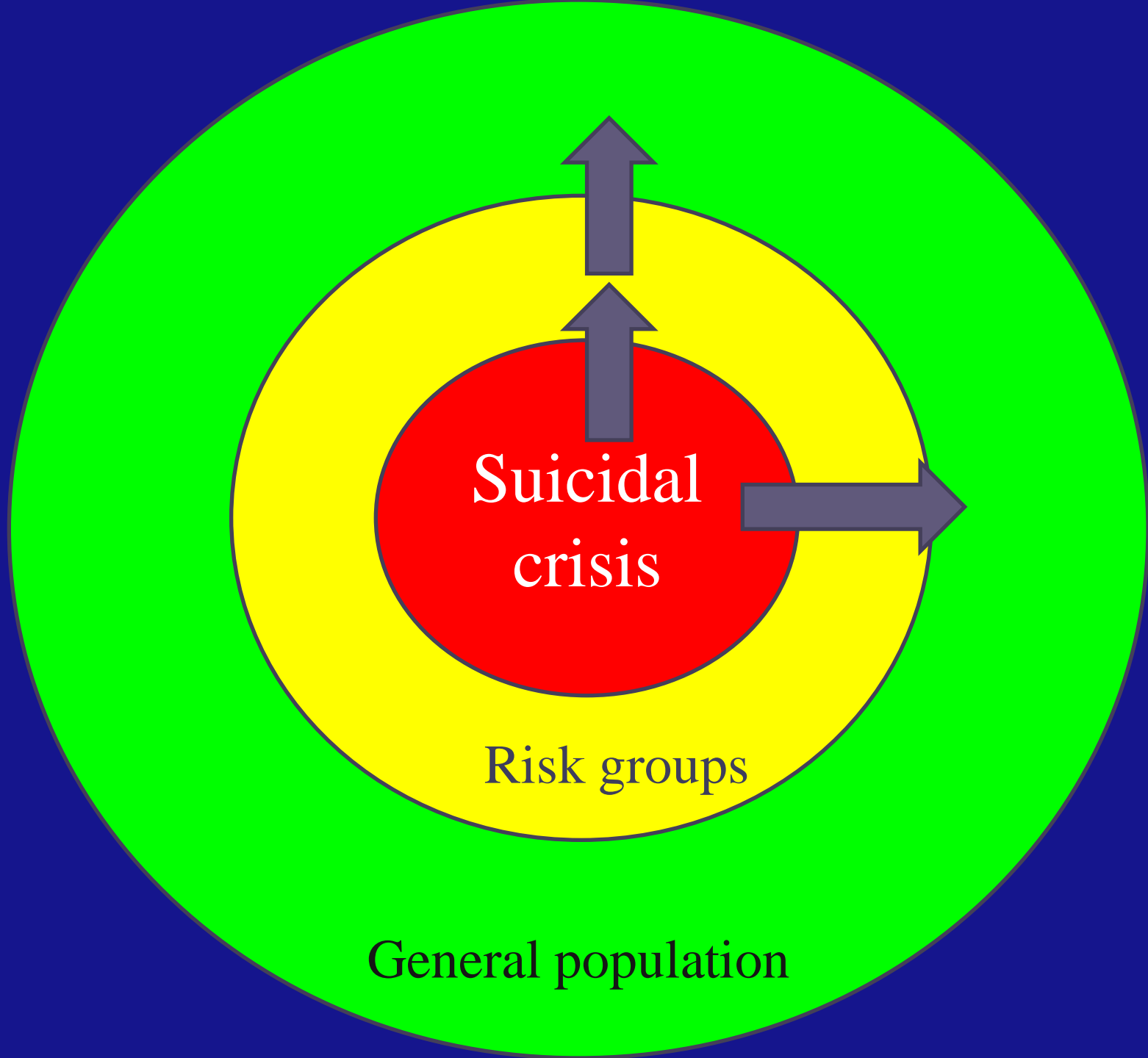
To plan how to deal
with the problem

We need a governing body



Analyse risk of suicide in different groups
Monitor risk of suicide
Make recommendations
Assess quality of care
Initiate interventions and research
Advice stake holders

In order to make sure
something is really
happening



Suicidal
crisis

Risk groups

General population

Thank you for your attention!