

Medicines and Suicide

A tool to support effective conversation with patients, carers and colleagues

Effective
 antidepressants – aim
for remission

- Use evidence base to inform treatment
- Effective symptom resolution
- Address side-effects
- Stop unnecessary medicines – we are of withdrawal/ dependence

- · Agree realistic expectations with individual
- Effective, regular medication reviews
- Anticipate risks with improved insight in psychosis/mania
- Agree to reduce medicine supply & implement safe storage
- Provide information
- Continually review safety actions & update
- Engage family/carers
- Trained, confident workforce
- Communication with the wider healthcare team
- Integrate medicines safety into broader care

WHICH MEDICINES?

Toxicity in overdose

- Opiates
- Side effects
 - o Reduced inhibition
 - Low mood or suicidality
- Dependence-forming medicines (DFMs)

Suicide risk

HELPFUL

MEDICINE MANAGEMENT

- Restricting supply without agreement (undermines trust)
- "overinvestment" in medication by patient or care team
- Excessive/unwanted medicines stored at home



Questions to ask

- 1. Are the patient's symptoms improving?
- 2. What are the known triggers or risks associated with the individual patient?
- 3. Are medicines causing intolerable problems?
- 4. Is treatment evidence-informed and optimised?
- 5. Is the patient prescribed medicines with significant toxicity in overdose?
- 6. Is the patient and/or carer appropriately involved in decision-making about medicines?
- 7. Is the patient at risk of misusing alcohol, illicit substances, "over-the-counter" medicines or prescribed medicines?
- 8. Does the patient have access to a stockpile of medicines?
- Dose the patient have an agreed safety plan?
- 10. Who else do I need to inform?
- 11. When will the patient be next reviewed?

Ensure use respectful language that suits the individual and avoids labels. Ask open questions and confirm understanding

DHcFT - Suicide Prevention Strategy Group Consensus Document - July 2019, reviewed June 2025.



General Advice to Healthcare Professionals about medicines and suicide or self-harm

Antidepressants	Antidepressant medication is used to treat depression, low mood, anxiety, and pain. "The use of antidepressants has been linked with suicidal thoughts and behaviour; children, young adults, and patients with a history of suicidal behaviour are particularly at risk. Where necessary patients should be monitored for suicidal behaviour, self-harm, or hostility, particularly at the beginning of treatment or if the dose is changed." BNF Taking large doses of antidepressants are particularly known to have serious effects on the heart.
Sedatives/ hypnotics	There is evidence that sedatives/hypnotics produce depressant and/or disinhibitory effects in a small proportion of people and may be best avoided in suicidal patients.
Treating schizophrenia and psychosis	A mood stabiliser is often needed in addition to an antipsychotic in the long-term management of schizoaffective disorder. The long-term effectiveness of lithium in reducing death by suicide and attempted suicide is well established
Clozapine	One study found that treatment with the antipsychotic medicine clozapine is significantly more effective than olanzapine in preventing suicide attempts in patients with schizophrenia and schizoaffective disorder at high risk of suicide. In 2003 the US Food and Drug Administration (FDA) approved clozapine for the reduction of suicide risk on schizophrenia.
Lithium	The long-term effectiveness of lithium in reducing death by suicide and attempted suicide in patients with bipolar disorder and schizoaffective disorder is well established. Withdrawal of lithium treatment may be associated with an increased rate of suicide. Patients who attempt suicide while on lithium may require a change in medication due to its high lethality when taken in overdose
Valproate	Reports on the relative efficacy of valproate-containing medicines in preventing suicide attempts or death by suicide compared with lithium are mixed. Valproate is considered teratogenic and carries concerns around fertility and toxic effects on the testes in males. For guidance on prescribing in women under 55 years and males all ages, see MHRA guidance.
Treating borderline personality disorder	Current guidelines reflect an evidence base suggesting no medicines regimen improves the overall symptoms of borderline personality disorder and the use of medicines is not recommended by NICE. Short-term sedative medication may be appropriate for a crisis which might involve an escalation of self-harm thoughts and acts. Medication may be appropriate for any co-morbid conditions such as depression or anxiety.
Treating ADHD	On large study showed that treatment of ADHD with medication decreased suicidal behaviour. Stimulant medication should be used with caution of there has been any substance misuse in the last year. It is advisable to use longer-acting medicines as these have less potential to be misused. Follow guidance when prescribing stimulant medication and monitoring the physical health of people taking it.
If people might be misusing alcohol, illicit substances or prescribed medicines	Provide people with alcohol/substance/medication dependence or misuse who are experiencing suicidal ideation, or have self-harmed, with immediate attention, and support access to specific treatments for the chemical dependence and/or specific treatments for any comorbid disorders. This may include treatments that target symptoms such as anxiety, agitation, insomnia and panic attacks and/or referral to specialist substance misuse services where these are commissioned. Additional support for safety may include patient-held naloxone where such services exist. Use the "Talk to Frank" website to inform conversations about harms and risks. Consider the PrescQIPP advice on dependence forming medicines (DFMs).



Useful resources

- NICE QS189 2019. Suicide prevention.
- NHS England June 2025. Staying safe from suicide
- <u>DHCFT 2025. Risky alone, toxic together Reducing the risk of overdoses -</u>
 Patient information leaflet
- 256 PrescQuipp Dependence Forming Medicines 2.0
- NICE NG215 2022. Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults.
- MHRA Valproate reproductive risks

June 2025 updates

Links updated and replaced where appropriate

Recommendations checked and in keeping with current guidance- Antidepressant medication section updated to include references

RCGP on DFM's replaced with Prescqipp advice

Schematic checked for appropriateness - Terminology with schematic – updated with terminology used in NHS England suicide prevention 2025

Added useful resources section

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Review June 2028