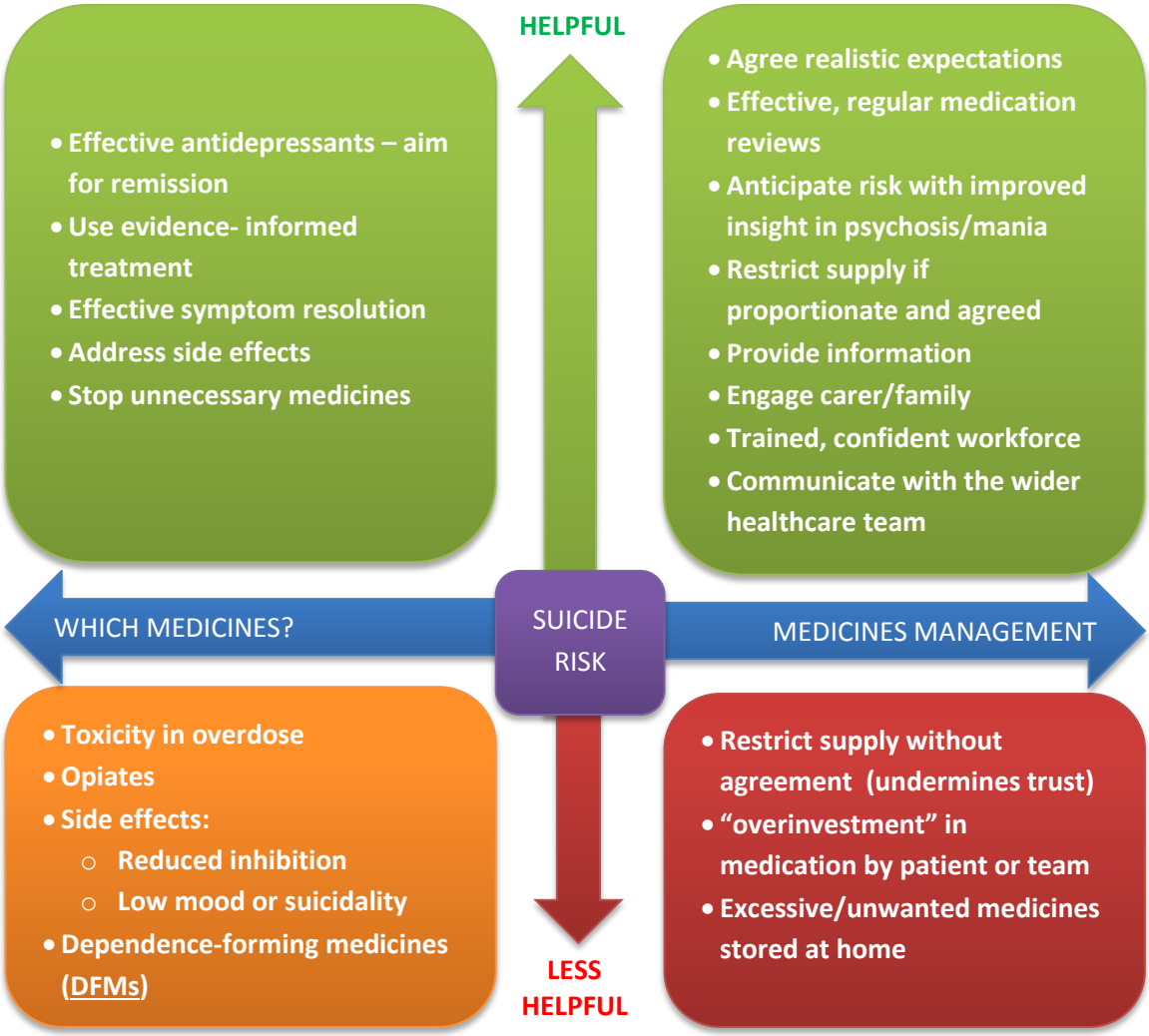
Derbyshire Healthcare
NHS Foundation Trust

Medicines and Suicide

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



Questions to ask

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

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

Antidepressants	Antidepressant medication for major depressive disorder is associated with a substantial decrease in suicide risk. A reduction in prescription of SSRI antidepressants to treat depression in youths in the US, Canada and the Netherlands was associated with an increased suicide rate. There remains controversy about the proportional impact of, and potential for, suicide-promoting effects of antidepressants in children, adolescents and young adults under the age of 25 years. Analyses suggest a small number of young patients may develop new suicidal ideation or self-harm with SSRI treatment, overall SSRI treatment of major depression substantially decreases suicide rates and suicide attempts. When present, the risk appears to relate to the initial (up to 6) weeks of treatment supporting antidepressant guideline recommendations for close monitoring for worsening of depressive symptoms and emergence of suicidal thought during the initial phase of treatment.
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. These medicines should not be used in women of child-bearing potential unless they are the only option and highly effective contraception is being used.
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 RCGP advice on dependence forming medicines (DFMs)

For further information refer to BMJ Best Practice guidance on suicide
https://bestpractice.bmj.com/topics/en-gb/1016