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Suicide prevention topic 7:
Does asking about suicidal ideation increase
the likelihood of suicide attempts?

A critical appraisal of the literature

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No evidence tables were produced for this question.

Scope of systematic review of suicide prevention

The development of this systematic review involved consultation between the NZHTA and the Suicide Working Group.

LITERATURE SEARCH

Main search terms

Medline subject terms (MeSH terms): suicide, suicide-attempted, self-injurious behavior, self-mutilation, interviews, referral and consultation.

Psychinfo subject terms: suicidal ideation, questioning, interviewing, interviews.

Additional keywords: (suicid* adj2 cluster), (suicid* adj2 contagi*), suicid*, copycat, (suicid* adj2 imitat\$), werther effect, (suicid* adj3 ask*), (suicid* adj3 (question or questioning or questions)).

Principal sources of information

The following databases were searched using the search strategies outlined in **Appendix 1: Search strategies**.

Bibliographic databases

Medline
Embase
Cinahl
Psychinfo
Current Contents
Science/Social Science Citation Index
Index New Zealand

Review databases

Evidence-based medicine reviews
Cochrane Database of Systematic Reviews
DARE
NHS Economic Evaluation Database
Health Technology Assessment Database

The search was restricted to information from 1990 in English.

Note: contacting of authors for unpublished research was not undertaken during the search process. For this topic only, a limited amount of hand-searching of journals was undertaken.

The complete search strategies are given in **Appendix 1: Search strategies**.

INCLUSION AND EXCLUSION CRITERIA

Inclusion and exclusion criteria were firstly applied to the abstracts captured by the literature searches. Those papers considered for inclusion in the literature appraisal were retrieved and this warranted the exclusion of further papers based on the availability of these in full text.

Peer reviewed studies were considered for this review if they used one of the following study designs:

- systematic review or meta-analysis
- randomised controlled trial (RCT)
- controlled clinical trial (CCT)
- cohort study
- case-control study
- quasi-experimental study – e.g., before and after study
- descriptive study.

Note: the ‘grey’ literature was included, where appropriate, for New Zealand specific studies looking at special population groups: Maori, Pacific Island, Asian and the elderly.

STUDY INCLUSION CRITERIA

The following criteria was used to **include** studies for appraisal:

- study population are persons presenting following suicide attempt, expressing suicidal ideation, suicide threat
- study set in emergency department
- study set in tertiary mental health service
- study published in 1990 or later
- study written in English
- outcomes considered include:
 - repeat presentations for suicidality
 - repeat suicide attempts
 - mortality from suicide.

STUDY EXCLUSION CRITERIA

The following criteria was used to **exclude** studies from appraisal:

- study population primarily (50% or more) those with deliberate self-harm in the absence of suicide intent
- study population primarily (50% or more) those involved in assisted suicide
- study population primarily (50% or more) presentations for self-mutilation
- study population primarily (50% or more) children 12 years of age and under
- study focus is on the treatment of people with drug/substance abuse or dependence, that is treatment directed to their addiction rather than any suicide attempt
- study population are criminal offenders
- studies on suicide prevention interventions specifically for people with HIV/AIDS
- studies with small numbers of case presentations (one to five cases)
- studies concerned with suicide in homicidal people
- studies concerned with school-based suicide prevention interventions
- studies concerned with economic analyses
- citations which are letters to the editor, comments, editorials, abstract only
- studies where population is primarily a special population – e.g., underlying personality disorder or affective disorder (and therefore potential confounder of study results and treatments).

STUDY SELECTION

Despite the use of several different search strategies, no literature specifically addressing the topic's question was identified via these formal searches. The search for literature on this topic was exhaustive and time consuming but found no relevant studies. There were several reasons for this. Firstly, there are no subject headings in any of the databases that encompass this topic. Therefore, it was necessary to perform keyword searches. Keyword searching proved problematic as the topic embraced very general concepts and searching using the terms 'question*' or 'suggestion' retrieved hundreds of irrelevant articles. In excess of 2000 abstracts were scanned in an attempt to locate relevant studies. As a further check a second information specialist also conducted searches for literature and again no relevant studies were located.

Anecdotally, some information was obtained via an informal search of the Worldwide Web, utilising the Google© Advanced Search facility (available at http://www.google.com/advanced_search) and using the phrase 'asking about suicide'. This elicited 132 'hits' from which four cross-references were obtained and sourced. All cross-references proved to be based upon expert opinion and not research-based. An overview of the information obtained in the course of these searches is presented in the section **Study Limitations**.

TABLE 1 (EVIDENCE TABLE)

As no relevant literature was identified via the formal search strategies, an evidence table was not produced for this question (see above section and section **Study Limitations** below).

APPRAISAL METHODOLOGY

For this question no articles were formally appraised. For this project as a whole (i.e., all other 12 topics) the following process was used:

Articles were formally appraised using the checklist schedules and hierarchy of evidence coding system developed by the Scottish Intercollegiate Guidelines Network (SIGN). Validated criteria were used to appraise the studies selected for review. Key facets of the selected studies (including limitations) were documented in the text. Conclusions were drawn based on the study design and the specific problems associated with individual studies. The evidence presented in the selected studies were assessed and classified according to the SIGN grades of guideline recommendation by the suicide prevention guideline group.

Study limitations

This topic addresses an intriguing question: whether asking a patient if he or she were considering suicide subsequently increases the risk of that patient either attempting or completing the act. Despite extensive searches of the extant literature, using a variety of search strategies (see above section **Study Selection**), no formalised study examining this question was identified. Not only were several different search strategies employed and searches done by two different information specialists, but an informal search of the Worldwide Web utilising the Google© Advanced Search facility (available at http://www.google.com/advanced_search) and using the phrase ‘asking about suicide’ was also performed in an attempt to find any relevant literature. The following paragraphs present an overview of the information that was obtained that may or may not have some relevancy to this question. Full citations to references in these paragraphs are subsequently presented in **Appendix 2: Cited sources**. It is emphasised, however, that this overview is simply that – an overview – and not the result of a formal, critical appraisal.

Formal searches did identify published literature relating to the phenomenon of ‘suicide contagion’ or the effect on general population suicide rates in response to a well-publicised suicide and/or the suicide of a prominent individual. This topic’s question could be regarded as a highly specific instance of suicide contagion if a positive causation could be established; however, review of the abstracts retrieved under this heading did not reveal any paper which had formally investigated this aspect. Whole text searching was not performed, so it is possible that embedded in this literature is relevant material which did not appear in the abstracts, and hence was not identified.

It appears that the prevailing expert opinion regarding this question is that asking about suicidal intent does not increase the risk of suicide. Several formal statements directed towards health professionals concerning the assessment of suicidal risk were sourced which clearly stated this. In addition, via the informal web-based search, many instances of similar advice directed to non-professionals (e.g., family and friends of a possibly suicidal person) were also obtained. Some examples of the latter can be found at:

- <http://www.couns.uiuc.edu/Brochures/suiprev.htm>
- <http://www2.ucsc.edu/psychiatry/depression.html>
- <http://mirecc.stanford.edu/NatlDeprScreenDay.pdf>
- http://www.uptodate.com/patient_info/topicpages/topics/652303.asp.

Examples (the list is non-exhaustive) of guidelines for health professionals containing this advice are those produced by the Royal New Zealand College of General Practitioners (1999), the New Zealand Guidelines Group (1998), the American Academy of Family Physicians (Gliatto and Rai 1999), the United States Department of Public Health and Human Services (1999), and the World Health Organisation (2000). In total, from these sources, four cross-references were obtained and in most instances, the strongly-worded assertion that asking about suicidal intent did not increase risk of precipitating attempts was not supported by any references.

The four references that were obtained via this method were: Arya (1998), Doyle (1990), Hirschfeld and Russell (1997), and Zimmerman et al. (1995). Of these, the reference in Hirschfeld and Russell was simply another cross-reference to the article by Zimmerman et al. Arya, a New Zealand psychiatrist, again strongly asserted there was no risk (‘such a belief is just a myth’), but this was unsupported by any cross-referencing. Doyle’s article again was largely based on expert opinion although two further cross-references were given (Doyle 1986, Usdin and Lewis 1979). The reference to Usdin and Lewis, a book chapter, again revealed another non-referenced assertion that asking about suicidality did not increase the risk of an attempt. The 1986 paper by Doyle, a monograph produced for the American Academy of Family Physicians, was unavailable within New Zealand and due to time-constraints with this review was not retrieved from overseas.

The paper by Zimmerman et al. (1995) provided some very limited research-based evidence to assert that inquiry about suicidality does not increase risk. In this paper, the authors assessed the prevalence of current suicidal ideation among 601 urban primary care outpatients and compared suicidal and non-suicidal patients for their attitudes towards mental health screening. The results are particularly limited by the low numbers of suicidal patients involved only 20 or 3.3% of the patient sample reported as currently having thoughts of killing themselves. Of these 20 patients, only 10 had ever received psychiatric treatment in the past. The majority of patients (97.6%) agreed that their physicians should inquire about emotional health issues at some time, with the suicidal patients being more likely to recommend inquiry about psychiatric symptoms at every visit (55.0% vs 37.0%, $p < 0.11$). However, those patients who had previously received psychiatric treatment were nearly three times more likely to anticipate that it would be difficult or very difficult to talk to their physicians about psychiatric problems compared to nonsuicidal patients and suicidal patients with no previous history of treatment ($p < 0.04$).

In contrast, among the patients who had no history of mental health treatment, there was no association between suicidal ideation and anticipated discomfort in talking with their physicians about emotional health. However, the small numbers involved in making these distinctions means less reliance can be placed upon them. In addition, there was no prospective arm to Zimmerman's study and no direct measure of whether involvement in this study (and being asked about suicidal ideation) had subsequently changed suicide rates.

In summary, very little literature was identified to either support or refute the assertion that enquiring about suicidal intent does not affect the subsequent rate of attempts. Despite this lack of literature, it is widely and strongly asserted in many professional guidelines concerning the management of suicidal patients that no such risk exists. This review of the literature failed to identify and establish the evidence for this assertion. Either the evidence exists but has not been identified, or the evidence does not exist in the published literature. Either way the evidence base for this assertion remains unknown.

Appendix 1: Search strategies

This search was conducted in two sections because of the lack of results from the initial search. The first search is listed below and failed to retrieve any relevant studies on review of the abstracts.

PSYCHINFO

1. suicidal ideation/ (1500)
2. interviews/ or interviewing/ or questioning/ (5498)
3. interview\$.tw (75155)
4. questioning.tw (2928)
5. 1 and (2 or 3 or 4) (189)
6. limit 5 to (english language and yr=1990-2002) (172)

MEDLINE

1. suicide/ or suicide, attempted/ (23214)
2. self-injurious behavior/ (1195)
3. self mutilation/ (2356)
4. or/1-3 (26227)
5. interviews/ (8465)
6. "referral and consultation"/ (28044)
7. ask\$.tw. (32427)
8. question\$.tw. (186462)
9. suggestion.tw. (12746)
10. or/5-9 (251472)
11. 4 and 10 (1502)
12. limit 11 to (english language and yr=1990-2002) (841)

After consultation with the reviewer it was decided to broaden the search. A second information specialist also conducted searches for this topic in a further attempt to locate relevant literature. This broad search was conducted across CINAHL, Current Contents, EMBASE, PsychInfo, and Medline. This second search also failed to locate any relevant literature on review of the abstracts.

1. (suicid\$ adj2 cluster\$).tw. (212)
2. (suicid\$ adj2 contagi\$).tw. (110)
3. suicid\$.tw. (70888)
4. copycat.tw. (90)
5. 3 and 4 20)
6. (suicid\$ adj2 imitat\$).tw. (107)
7. werther effect.tw. (34)
8. (suicid\$ adj3 ask\$).tw. (196)
9. (suicid\$ adj3 (question or questions or questioning)).tw. (492)
10. 1 or 2 or 5 or 6 or 7 or 8 or 9 (1049)
11. limit 10 to english language (943)
12. limit 11 to yr=1990-2002 (742)
13. remove duplicates from 12 (385)

Appendix 2: Cited sources

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