SUICIDE PREVENTION:

FOCUS ON MS

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#StopSuicide

Disclosures

Disclosures/conflicts
• None (but AFSP funds 25% of all suicide studies)

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• Yeates Conwell
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• Matthew Nock
• Greg Brown
Game Plan

- Model for understanding suicide
- Suicide epidemiology, in MS
- Impact on families and communities
- Prevention strategies
Interacting Risk and Protective Factors

Stress-Diathesis Model

**Diathesis/Threshold Variables**
- Mental illness
- Aggression/Impulsivity
- Poor Adaptability/Problem Solving
- Family History of Suicide or Mental Disorder
- Childhood Abuse
- Early Loss
- Head Injury
- Genetics
- Low Serotonergic Function
  **Chronic Illness**
  - Chronic Substance Abuse
  - Chronic Pain
  **Cognitive factors – Decision making**

**Stress/Trigger Variables**
- Acute Psychiatric Episode (e.g., **Depression**, Psychosis)
- **Acute Medical Illness**
- **Stressful Life Event**
- Acute Substance Use
- **Psychological Pain**
  - Panic Attacks


SUICIDE RATES & TRENDS

U.S. Suicide Rate
1970-2014 (CDC)
Suicide Facts

2014 U.S. CDC
- 42,773 suicides in 2014
- 117/day, every 12.3 min in U.S.
- 10th leading cause of death in U.S.
  - 2nd for 15-34 yr, 4th for adults 24-64 yr
- Cultural, regional & demographic differences
- For every death ~25 suicide attempts
  - Over 1M attempts annually
- In the gen pop, 13.5% SI, 4.6% SA (Kessler JAMA Psych 1999)
- Lifetime suicide rate estimated <0.1%

U.S. Suicide Rates by Age
Means Matter: Lethality

<table>
<thead>
<tr>
<th></th>
<th>Fatal</th>
<th>Nonfatal</th>
<th>Total</th>
<th>% Fatal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firearm</td>
<td>16,869</td>
<td>2,980</td>
<td>19,849</td>
<td>85%</td>
</tr>
<tr>
<td>Suffocation</td>
<td>6,198</td>
<td>2,761</td>
<td>8,959</td>
<td>69%</td>
</tr>
<tr>
<td>Poisoning/overdose</td>
<td>5,191</td>
<td>215,814</td>
<td>221,005</td>
<td>2%</td>
</tr>
<tr>
<td>Fall</td>
<td>651</td>
<td>1434</td>
<td>2,085</td>
<td>31%</td>
</tr>
<tr>
<td>Cut/pierce</td>
<td>458</td>
<td>62,817</td>
<td>63,275</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>1,109</td>
<td>35,089</td>
<td>36,198</td>
<td>3%</td>
</tr>
<tr>
<td>Unspecified</td>
<td>146</td>
<td>2097</td>
<td>2,243</td>
<td>7%</td>
</tr>
<tr>
<td>Total</td>
<td>30,622</td>
<td>322,991</td>
<td>353,613</td>
<td>9%</td>
</tr>
</tbody>
</table>

http://www.hsph.harvard.edu/means-matter/means-matter/case-fatality

Suicide Risk in People with MS

- Risk is significantly (7-10X) elevated ~3-4% (1.9-15.1%)
  - Suicidal ideation common (85%)
- Higher rates early in course of illness (first 5 years)
- Average age is mid 40’s-50’s, male>female (consistent with general population)
- Degree of disability does not correlate with suicide risk.
- RF: depression, burden, isolation, SES
- Cognitive limitations in decision making are associated with suicide but this has not been studied in MS.

Feinstein A, Neurology 2002; Goldman Consensus, Multiple Sclerosis 2005; Pompili M et al, J Psychosom Res 2012
IMPACT ON FAMILIES

Suicide Loss Survivors

- Each suicide death leaves ~42 suffering traumatic loss, often complicated grief
- 20% of Americans with familial suicide loss
- 60% will know someone personally who died by suicide
- Traumatic kind of loss

Confusion, why, guilt, shame, anger, stigma
Sorrow, grief, post-traumatic growth, passion

Families with Suicide Loss or Lived Experience

- Importance of knowledge and support
- Connecting with other loss survivors can be a game changer
- Suicide prevention advocacy, support of others
- Lived Experience voices advocating
- Families of those with Lived Experience
AFTER A SUICIDE

Support for Survivors of Suicide Loss

The Loss & Healing Team provides support at every stage of the grief journey by offering programs and resources for healing, as well as volunteer opportunities for survivors who find healing in supporting their peers.

With every suicide death, scores of people are left behind to make sense of their loss.

Healing Programs

Support for healing

Support Resources

Nutrition & meal planning

Training forירושיא תיירוב

Volunteer opportunities

With every suicide death, scores of people are left behind to make sense of their loss.
SUICIDE PREVENTION:
STRATEGIES
Public Health Approach

Expand community interventions
• All citizens, e.g., Mental Health First Aid
• Reduce stigma support seeking
• Schools Suicide Prevention Plans
• Upstream, e.g., Good Behavior Game

Improve clinical interventions
• Screen for Depression in Primary Care & treat
• Develop treatments – address suicide risk
• Training and accessibility

Reform Policy
• Increase access to health care
• Limit access to lethal means

Research Shows: Prevention Works

- Identify and address risk factors
- Enhance protective factors
- Environmental and cultural factors
- Suicide prevention programs can reduce rates

Risk Factors for Suicide

- Mental illness
- Previous suicide attempt
- Serious physical illness/chronic pain
- Specific symptoms
- Family history of mental illness and suicide
- H/O childhood trauma
- Shame/despair
- Aggression/impulsivity
- Triggering event
- Access to lethal means
- Suicide exposure
- Inflexible thinking
- Genes - stress and mood
Prevention Works: Enhance Protective Factors

- Social support
- Sense of connectedness
- Access to healthcare
- Restoring hope
- Accessing mental health care
- Positive attitude toward MH treatment
- Strong therapeutic alliance
- Coping skills
- Problem solving skills
- Cultural beliefs
- Religious beliefs
- Biological/psychological resilience


Research Shows: Feeling Connected Matters

- Sense of connection to people
- Sense of connection to providers
- Sense of purpose
- Reduce burdensome feeling

Research Shows: Healthcare Matters

• When person trusts provider
• Effective care for suffering, depression, anxiety
• Suicide risk-reducing treatments are growing – in number and evidence
• Suicide risk assessment (versus over-reliance on SI)

Research Shows: Means Matter

• Restricting access to lethal means saves lives and drives down rates for entire regions

Innovation in Suicide Prevention

- Suicide-specific treatments (CBT-SP, DBT, CAMS)
- Brief interventions (e.g., Safety Planning)
- The increasing role of technology (Apps, web resources: e.g., nowmattersnow.org)
- Lethal Means Counseling
- Healthcare System Change, e.g., Zero Suicide


Clinical Pearls

- Take a full MH history at time of diagnosis
- Be attune to depression, anxiety, substance use changes especially early on
- Continuously monitor MH and suicide risk
- Monitor impact of meds on mood, cognition
- Consider neurocognitive assessment
- Consider suicide specific therapy referral
- Support and opportunities to process are key

OPPORTUNITIES FOR COLLABORATION

Research
Education
Clinical Training
Advocacy

Translating evidence into practice saves lives and improves many more.

HOPE INTO ACTION