

SUICIDE PREVENTION: FOCUS ON MS

Christine Moutier, M.D.
Chief Medical Officer

#StopSuicide



Disclosures

Disclosures/conflicts

- None (but AFSP funds 25% of all suicide studies)

Acknowledgments

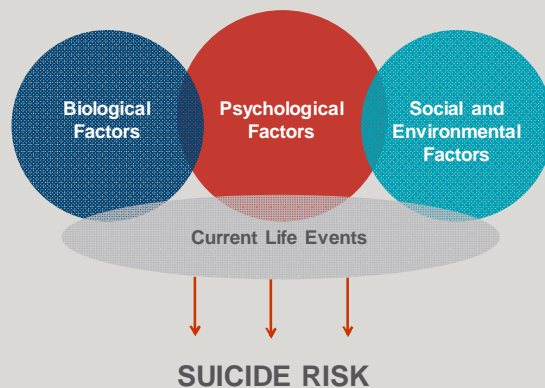
- Yeates Conwell
- David Jobes
- Matthew Nock
- Greg Brown

Game Plan

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

**MODEL FOR
UNDERSTANDING
SUICIDE**

Interacting Risk and Protective Factors



Nock M, et al, *Psychiatry* 2013; Beghi M, Rosenbaum J, et al, *Neuropsychiatr Dis Tr* 2013; Krysincka K, Martin G, *Suic Life Threat Beh* 2009; Nordentoft M, *Danish Med Bull* 2007

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

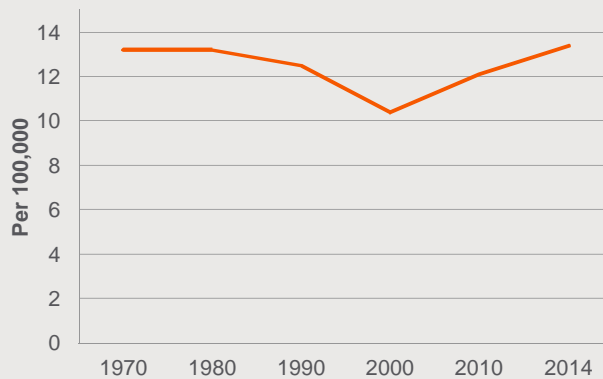
Stress/Trigger Variables

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

Van Heeringen K, Mann JJ, *Lancet Psych* 2014

SUICIDE RATES & TRENDS

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

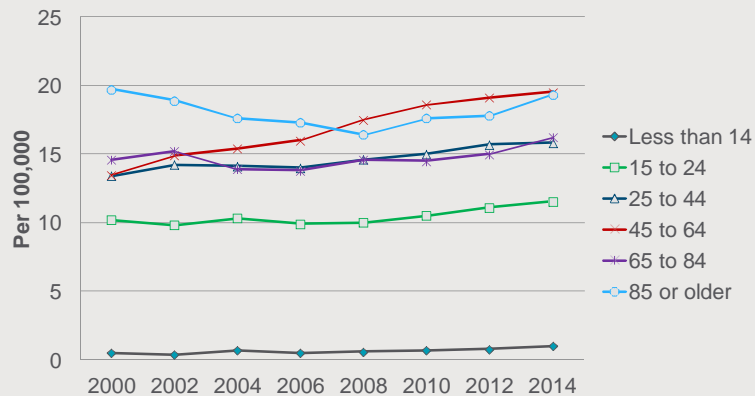


Suicide Facts

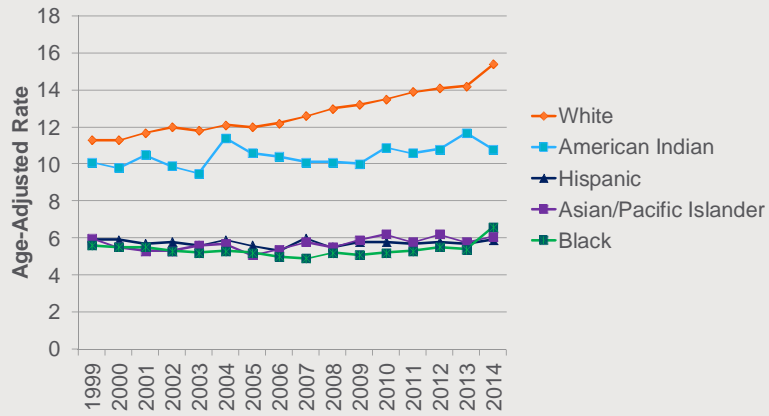
2014 U.S. CDC

- 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 JAMAPsy1999)
- Lifetime suicide rate estimated <0.1%

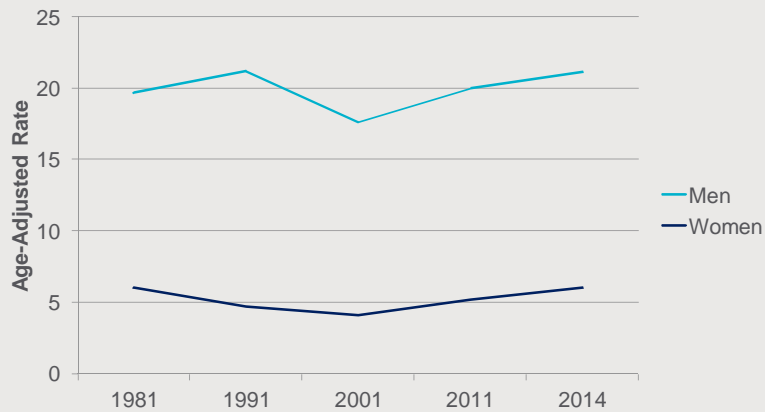
U.S. Suicide Rates by Age



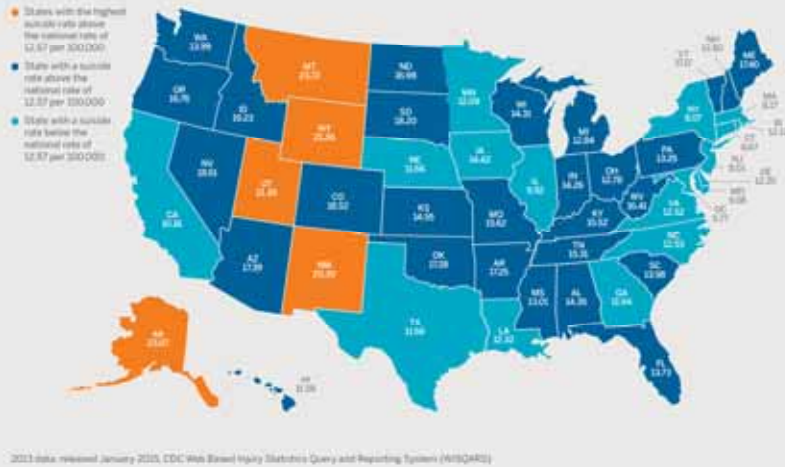
Suicide Rates by Race/Ethnicity 1999-2014



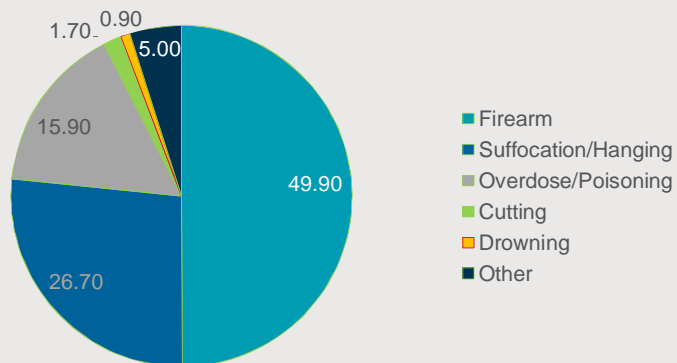
Suicide Rates by Sex 1981-2014 (CDC)



Suicide Death Rates



Methods of Suicide Death in U.S.



CDC 2014

Means Matter: Lethality

	Fatal	Nonfatal	Total	% Fatal
Firearm	16,869	2,980	19,849	85%
Suffocation	6,198	2,761	8,959	69%
Poisoning/overdose	5,191	215,814	221,005	2%
Fall	651	1,434	2,085	31%
Cut/pierce	458	62,817	63,275	1%
Other	1,109	35,089	36,198	3%
Unspecified	146	2,097	2,243	7%
Total	30,622	322,991	353,613	9%

<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

Cerel J, McIntosh JL, Marshall D. The continuum of "survivorship". *Suic Life Threat Beh* 2014; 44:592-600.

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



AMERICAN FOUNDATION FOR
Suicide Prevention

AMERICAN FOUNDATION FOR
Suicide Prevention

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 support funds for survivors who find meaning in supporting their peers.

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

Healing Programs
International Network of Friends (IN-FID)
Survivors Day is the only day a national gathering of suicide loss survivors gather around the world. All local events in their country and get understanding as they share stories of being and hope.

Women's Circle
The Women's Circle Program offers suicide loss survivors a space to connect, share their loss, and receive support from other women who understand their pain.

Support Resources
Support Group Guidelines
AFSP provides ratings for hundreds of suicide loss support groups in the U.S. and Canada.

Online Support Program
Survivors' Circle, who are themselves survivors of suicide loss, make it easier for you to connect with others who

understand what you're going through. You can find support through a global number of AFSP chapters.

After a Suicide
Created in partnership with the Suicide Prevention Resource Center, the Toolkit offers critical guidance for education professionals and school communities that have experienced a suicide.

Trainings
Support Group Facilitator Training
Experienced leaders are pre-qualified through intensive education and training to prepare participants for their effective suicide loss support groups for adults or children and teens.

Online Support Program
This workshop provides a focused overview of suicide's impact on those left behind and addresses the support that suicide loss survivors need to begin their healing process.

AMERICAN FOUNDATION FOR
Suicide Prevention

afsp.org

AMERICAN FOUNDATION FOR
Suicide Prevention



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

Wilcox HC et al, *Drug Alc Dep* 2008; Vrinotis M, Barber C, et al. *Suic Life Threat Beh* 2015



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

Nisbet PA, et al, *J Nerv Ment Dis* 2000; Nock M, et al, *Psychiatry* 2013; Beghi M, Rosenbaum J, et al, *Neuropsychiatr Dis Tr* 2013

Research Shows: Feeling Connected Matters

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

Kaslow NJ, et al, *J Cons Clin Psych* 2002;70:311– 319.

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

Gunnell D, Eddleston M, *International Journal of Epidemiology* 2003;32:902-909. Gunnell D, et al, *Int J Epidemiol* 2007;36:1235-42. Kreitman N. *Br J Prev Soc Med* 1976;30:86-93. Hawton K. *Suic Life Threat Beh* 2002;32:223-229

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

Brown GK, Beck AT, *JAMA* 2005; 294:563-570; Stanley B, Brown GK, *Cog Beh Pract* 2011;19:256-264. Runyan C, et al, *West J Emerg Med* 2016;17:8-14.

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

Feinstein A. An examination of suicidal intent in patients with MS. *Neurology* 2002; 59:674-678; Goldman Consensus Group. The Goldman Consensus statement on depression in MS. *Multiple Sclerosis* 2005;11:328-337.

OPPORTUNITIES FOR COLLABORATION

Research
Education
Clinical Training
Advocacy

**Translating evidence
into practice
saves lives
and improves many
more.**

HOPE INTO ACTION

Contact:

Christine Moutier, M.D.

cmoutier@afsp.org



AMERICAN FOUNDATION FOR
Suicide Prevention

afsp.org

#StopSuicide

