

EM CASE OF THE WEEK

BROWARD HEALTH MEDICAL CENTER: DEPARTMENT OF EMERGENCY MEDICINE

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I have nothing left
to live for....



Suicide is a very serious and sad outcome in some patients. It is important to know the various risk factors that contribute to suicide and to differentiate those with a high risk of actually committing suicide vs attention seekers, especially when seen quickly in the ER.

EM CASE OF THE WEEK

EM Case of the Week is a weekly "pop quiz" for ED staff. The goal is to educate all ED personnel by sharing common pearls and pitfalls involving the care of ED patients. We intend on providing better patient care through better education for our nurses and staff.



To Live or Let Die: A Case of Suicide

A 70 year old single white female with a PMH significant for shizophrenia, psychosis and newly diagnosed Parkinson's Disease presents to the ED with SOB and wanting to kill herself. She tried to commit suicide earlier in the day by taking three sips of beer and taking all of her medications. When asked if she still wants to commit suicide, she states, "No, not at the moment. But maybe at nighttime, I will try again". She demands to be sent home but is immediately Baker Acted. Which of the following are risk factors for her most likely re-attempting suicide if she was sent home instead of Baker Acted?

- A. History of a mental disorder
- B. Previous suicide attempt
- C. Sense of isolation
- D. Access to lethal methods
- E. Single status
- F. All of the above



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Take Home Points

- Psychiatric disorders are present in 90% of patients who attempt suicide.
- Physicians should first assess the patient's safety and get a quick history on how they attempted, or plan to attempt, the suicide.
- When in doubt, Baker Act the patient. Better to admit patient than have them pass away soon after d/c.
- Every suicide case is unique. One needs to quickly assess what happened and what management needs to follow.

Suicide

The correct answer is F, all of the above. The fact that this lady is single, has a mental disorder, has had a previous suicide attempt, feels isolated and has access to lethal methods are all risk factors for her to attempt another suicide. It is important to recognize these risk factors so that we can help prevent a tragedy.

Discussion

Suicide is a very sad and serious act. Sadly, it is a common outcome each year in over thirty thousand people in the United States and over one million people worldwide. In the United States, around 650,000 people actually receive emergency treatment for attempting suicide every year. Primary care physicians have the benefit of knowing patients well and being able to spend time with their patients. Therefore, they may detect suicidal ideation in their patients. Emergency room physicians do not have this benefit. It is important to recognize who is at risk for attempting suicide so that the patient lives and also so that the ER physician does all that he or she can to protect themselves from consequences if the patient does go on to commit suicide.

Those aged 15-24 years old are responsible for many suicides in the United States, but those over 65 years of age have a 50% higher suicide rate than the rest of the nation's population. In terms of actual suicide completion, studies show that there are 10-40 nonfatal attempts for each completed suicide. The primary method by which suicide is completed in the United States is through firearm use. The second leading cause is different for men and women. For men, it is by hanging. For women, it is by poisoning.

Risk Factors

There are many important risk factors for an increased risk of suicide. One such factor is a history of a psychiatric disorder.

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and click on the "Conference" link. All are welcome to attend !

Psychiatric disorders, like schizophrenia or anxiety, are present in **over 90 percent** of patients who attempt suicide. Some of the most common disorders associated with suicide include depression, bipolar disorder, alcoholism and substance abuse, schizophrenia and PTSD. Having an anxiety disorder doubles the risk of suicide attempts and depression increases the risk as well.

Hopelessness and impulsivity are also associated with suicide. Some studies show that hopelessness alone is a stronger indicator than depression for committing suicide. A history of previous suicide attempt or threat to commit suicide is the strongest factor predicting successful suicide. Around 50% of patients with a successful suicide made a prior unsuccessful attempt.

Suicide increases with age and successful suicide occurs in males more than females. Being single, widowed, separated or divorced also increases the risk of suicide. Having a serious disease such as cancer, being abused as a child, a family history of suicide, and many other risk factors also increase the chance of suicide. Some protective factors against attempting suicide are having a strong social support system with family or friends and lacking the previous risk factors discussed.

Patient Evaluation

In the emergency department, one has to quickly assess a suicidal patient. The first focus is to evaluate the safety of the patient and how much observation is needed to keep him/her safe. The patient needs a monitor if they have some of the risk factors previously mentioned. One gesture that might be helpful is to call a family member to come see the patient immediately, so that the patient knows that he or she is not alone.

The next step is to assess the risk factors while reducing the most dangerous risks. This involves treating the psychiatric disease if there is one, clearing the room of any objects that

could cause harm, and then going on to ask about the suicide plan and intent. In our case, the patient already tried to commit suicide and admitted to wanting to attempt suicide again. Therefore, we did not need more information to Baker Act the patient to stay in the hospital. In a less clear case, the physician should ask about the suicide plan, means of committing suicide, and whether preparations have been made. The physician must then interpret the patient's level of risk. There are formal assessments of suicide risk like the Nurses' Global Assessment of Suicide Risk, but this has not been proven to be as successful as the basic questions stated above.

Management

Since suicide is not caused by one factor, each case will require a unique intervention. If the risk is credible, the patient should be Baker Acted and psychiatry should be consulted. The patient can benefit from both psychotherapy and medical management. Since many of the cases involve a psychiatric disorder, sometimes just having a working plan and the correct medications can change the patient's perspective and deter him/her from suicide. In other cases, simple things like relaxing the patient and showing that you care are enough to help. It all depends on the factor driving the patient's desire to commit suicide. Each case should be followed up regularly and monitored, especially since the risk of suicide is increased after hospital discharge. This may be due to the patient feeling that he/she has lost the support system that the hospital was providing.

It is very important for the ER physician to recognize a credible suicidal ideation. In the short time that an ER physician spends with a patient, recognizing the common risk factors of suicidal patients and managing them can save a life.



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ABOUT THE AUTHOR:

This month's case was written by Matthew Shachner. Matthew is a 4th year medical student from NSU-COM. He did his emergency medicine rotation at BHMC in October 2015. Matthew plans on pursuing a career in Anesthesiology after graduation.