

It is estimated that there are more than 31,000 suicides every year in the United States—about 11 out of every 100,000 people. This number breaks down to about four suicides per hour, and it is estimated that an attempt is made about once a minute. The true numbers are probably much higher because many suicides are reported as accidents or illnesses. Suicides are usually the result of a complex combination of emotional, social, and biological factors.

WHAT CAUSES SUICIDE?

Most suicides happen in depressed people. Depression is not just a passing blue mood that lifts in a few hours or even a few days. It is a sadness that will not go away and that interferes with everyday life.

Approximately 30% of clinically depressed people attempt suicide.

1. Feelings of despair and hopelessness (signs of depressive episodes) are the most common motives for committing suicide.
2. Most depression-related suicides occur during a patient's first three depressive episodes.
3. Otherwise ordinary events can trigger depressive episodes that could lead to suicide. Such experiences may include illness, humiliation, unrequited love, losing money or a job, a serious domestic quarrel, the collapse of a marriage, or a death in the family.
4. When properly diagnosed, more than 80% of people suffering with depression can be successfully treated.

WHO IS AT RISK FOR DEPRESSION?

Almost everyone. Over the past decade, we have come to understand that the origin of depression is most often biological with genetic and environmental factors potentially intervening to trigger or alter the course or severity of the illness.

Scientists believe that major depression is caused by an imbalance of neurotransmitters—natural chemicals that allow the brain cells to communicate with one another. The two neurotransmitters most strongly implicated in depression are **serotonin** and **norepinephrine**.

WARNING SIGNS OF SUICIDE

- Feelings of helplessness and hopelessness
- Extreme withdrawal from friends, family, and usual activities
- Talking about suicide or “ending it all”
- Self-destructive or risk-taking behavior
- Giving away favorite possessions
- Sudden changes in mood or behavior
- Increased use of alcohol or drugs
- Identification with someone who has committed suicide
- Preoccupation with thoughts of death
- Previous suicide attempt(s)

Other body chemicals called **hormones** may also be altered in depressed individuals. For example, a hormone called cortisol, produced by the adrenal gland in response to stress or fear, has been found to be increased in depressed individuals. Recent studies have found that many people who kill themselves, especially in violent ways, have a reduced level of serotonin.

WHAT TREATMENTS ARE AVAILABLE FOR DEPRESSION?

Medications:

There are many medications that are safe and effective in treating depression. The traditional medications are the tricyclic antidepressants (TCA). Monoamine oxidase inhibitors (MAOI) are another group of medications used in treating depression. There are special diet restrictions when taking MAOIs so they are not used as often as other antidepressants. The newest group of antidepressants is called selective serotonin reuptake inhibitors (SSRI). In general, they have fewer side effects than the tricyclics. Many of these medications need four or more weeks before they take full effect.

Psychotherapy:

Mild forms of depression can be successfully treated with psychotherapy (i.e., talk therapy), however, treatment typically does take longer than with medication. In general, most cases of major depression are treated with psychotherapy to discover the underlying causes of the depression and/or triggers and medications.

Herbs:

St. John's Wort, a herbal plant, has been found to be as effective as medication in mild forms of depression. It takes about two months to see full results when using herbal medicines to treat this illness.

Electroconvulsive Therapy (ECT):

Electroconvulsive therapy (ECT) is very successful in treating major depressive disorder; with about a 90% chance of improvement of symptoms. While some memory loss is frequent after ECT, it is estimated that less than one-half of one percent of ECT patients suffer severe memory loss. Memory problems resulting from ECT usually clear up within seven months of the treatment, although there may be a persistent memory deficit for a period immediately surrounding the ECT treatment. Because patients treated with ECT feel significant benefits within one week, ECT may be a life-saving therapy in a suicidal patient.

CAN ANTIDEPRESSANTS MAKE YOU SUICIDAL?

No. There were reports that Prozac made people suicidal, but scientific studies have proven that this is not true. Suicides often occur as the person is lifting out of a deep depression. Doctors think that some severely depressed people may not have the energy to take their own lives, but as the depression begins to lift and they have more energy, they attempt suicide.

The highest suicide mortality occurs 6 to 8 months after the symptoms begin to improve.

Depression currently affects more than 19 million Americans and impacts the lives of many more. In the course of a lifetime, one in every four women, and one in every ten men can expect to develop clinically significant depression. Yet fewer than one in three of these individuals will seek treatment despite the promise that today's therapies can offer.

CONTRIBUTING FACTORS TO SUICIDE

There are many conditions that may cause people to have suicidal thoughts, such as complications with marriage, occupation, social class, religion and health. Other contributing factors include:

- Alcoholism plays a role in 30% of all completed suicides.
- Firearms are now used in more suicides than homicides.
- People with AIDS have a suicide risk up to 20 times that of the general population.
- Clustered suicides account for 1-5% of all teen suicides in the United States.

TEENAGE SUICIDE

Similar to suicidal adults, suicidal youths are almost always severely depressed. However, the signs of depression are harder to recognize in youngsters and adolescents because their sadness and despair are usually manifested as boredom, apathy, hyperactivity, or physical illness. Since youths do not have the life experiences of adults, they may react intensely to seemingly trivial frustrations.

To better identify the teenagers at risk for suicide, a Columbia University researcher, Dr. David Shaffer, has developed a new method to screen adolescents for depression and suicide risk. The new measurement is based on a profile generated through computer "diagnostic interviews," followed by treatment under psychiatric care. Testing has shown that young people suffering depression and pre-suicidal mood disorders will identify themselves to the computer.

Children and teenagers are also more susceptible to suicide epidemics, which account for between

2% to 5% of all suicides annually. Vulnerable youngsters exposed to stories or lyrics rich with suicide imagery or allusions are more susceptible to suicide.

STATISTICS ON TEENAGE SUICIDE

- 90% of teenagers who commit suicide have a psychiatric diagnosis.
- Suicide is the second leading cause of death among college students, and the third leading cause of death among those 15 - 24 years old.
- The suicide rate for children 10 - 14 years of age has more than doubled over the last ten years.

LATE-LIFE SUICIDE

An increasing suicide rate in older Americans is a major clinical problem. While people over the age of 65 make up only 13% of the population, they account for 25% of all suicides. White males over the age of 85 have the highest suicide rate of all Americans—six times the current overall national rate. Almost all suicides by older Americans involve non-psychotic, non-bipolar depression in people who are not substance abusers. This is the most treatable form of depression.

- Approximately 15-20% of people 65 years of age and older, in the United States, suffer from depression, but less than half are receiving treatment.
- Each year more than 6,300 older adults take their own lives—approximately 17 a day.
- 75% of older suicide victims have been seen by their primary care physician during the month preceding their death.

GENDER AND SUICIDE

Although twice as many women as men attempt suicide, men are more than four times more likely than women to actually kill themselves. There is some evidence that this difference stems from the methods men and women use. Women are more likely to take pills and to slit their wrists, actions that are not immediately fatal and can be thwarted if medical help is received in time. Men, on the other hand, are more likely to shoot themselves or jump from a high building.

HOW TO HELP A SUICIDAL LOVED ONE

Know the warning signs!

Most suicidal people give clues about their feelings. Don't be afraid to ask someone you are worried about if he or she is thinking of taking his or her own life. You cannot make someone suicidal by asking a direct, caring question. Tell your loved one that you are worried and give specific reasons why. Stress that he or she is very important to you and to other people. Encourage that person to get help through a psychiatrist, social worker, clergy member, or other mental health professionals.

HOW TO MANAGE A CRISIS

- **Stay Calm.** Don't overreact.
- **Express Concern.** Take your friend or family member seriously. Explain why you are worried. Be specific.
- **Listen Attentively.** Maintain eye contact.
- **Ask Direct Questions.** It is important to find out if your friend has a specific plan for suicide.
- **Acknowledge Feelings.** Do not be judgmental. Don't take it personally if you can't help your friend "cheer up."
- **Reassure.** Stress that suicide is a permanent solution to temporary problems. Remind your friend that there is always hope, and things can and will get better.
- **Don't Promise Confidentiality.** You may need to consult others, or talk to your friend's doctor.
- **Take Action—Involve Others.** Don't attempt to handle this alone. Consult others who are trained to help.

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