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**Report Ignores Risk Factor
of Tobacco in Assessing Suicidality**

To the Editor: We read with great interest the recent (March) report by Dr Han and coauthors.¹ We agree with the authors that factors that predict the transition from suicidal ideation to attempts are not well understood and warrant further study. Analyses were on more than 200,000 persons using the rich National Survey on Drug Use and Health (NSDUH) dataset that includes numerous measures on mental illness and other substance use in addition

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to sociodemographics. However, we were perplexed to find that tobacco smoking was not mentioned in the methods or analyses even though the NSDUH contains tobacco use measures.

This is surprising given that there is ample evidence that smoking is associated with increased risk for suicide. Numerous studies have found an association with smoking and increased suicidal thoughts or attempts.²⁻⁴ A meta-analysis of 15 prospective studies maintained that cigarette smoking increased the risk of completed suicide (with a relative risk of 1.81 in current vs never smokers), with a significant dose-response relationship in those who smoked more cigarettes per day.⁵

The report includes 10 other subcategories of specific substance types, many of which were not significantly associated with suicide attempts in the multivariate analysis. The implicit message to the reader is that tobacco use is not an addiction on par with other addictions. The continued lack of recognition of tobacco use as an addiction is problematic for the field of psychiatry.

Most of the excess mortality in mental illness is directly attributable to cigarette smoking.⁶ There are also financial, social, and behavioral health consequences of being a tobacco user that negatively impact recovery.^{7,8} Mental health professionals rarely assess and treat tobacco use despite the existence of safe and effective treatments.⁹ Inclusion of tobacco measures into ongoing research efforts in psychiatry is an important and often cost-neutral way to increase recognition and importance of addressing tobacco use in mental health care. That these authors represent influential federal agencies (SAMHSA [Substance Abuse and Mental Health Services Administration] and NIH [National Institutes of Health]) makes it only more critical to acknowledge tobacco use in all areas of psychiatry research and treatment. Inclusion of tobacco measures is essential if we are to make progress in this area.

REFERENCES

- Han B, Compton WM, Gfroerer J, et al. Prevalence and correlates of past 12-month suicide attempt among adults with past-year suicidal ideation in the United States. *J Clin Psychiatry*. 2015;76(3):295–302.
- Breslau N, Schultz LR, Johnson EO, et al. Smoking and the risk of suicidal behavior: a prospective study of a community sample. *Arch Gen Psychiatry*. 2005;62(3):328–334.
- Oquendo MA, Bongiovi-Garcia ME, Galfalvy H, et al. Sex differences in clinical predictors of suicidal acts after major depression: a prospective study. *Am J Psychiatry*. 2007;164(1):134–141.
- Hughes JR. Smoking and suicide: a brief overview. *Drug Alcohol Depend*. 2008;98(3):169–178.
- Li D, Yang X, Ge Z, et al. Cigarette smoking and risk of completed suicide: a meta-analysis of prospective cohort studies. *J Psychiatr Res*. 2012;46(10):1257–1266.
- Callaghan RC, Veldhuizen S, Jeysingh T, et al. Patterns of tobacco-related mortality among individuals diagnosed with schizophrenia, bipolar disorder, or depression. *J Psychiatr Res*. 2014;48(1):102–110.
- Steinberg ML, Williams JM, Ziedonis DM. Financial implications of cigarette smoking among individuals with schizophrenia. *Tob Control*. 2004;13(2):206.
- Taylor G, McNeill A, Girling A, et al. Change in mental health after smoking cessation: systematic review and meta-analysis. *BMJ*. 2014;348:g1151.
- National Mental Health Services Survey (N-MHSS) Data Spotlight Report, November 25, 2014. Substance Abuse and Mental Health Services Administration (SAMHSA), 2010. http://www.samhsa.gov/data/sites/default/files/Spot148_NMHSS_Smoking_Cessation/NMHSS-Spot148-QuitSmoking-2014.pdf. Accessed July 30, 2015.

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Drs Han and Compton Reply

To the Editor: We welcome the critique of our study by Drs Williams and Steinberg and agree about the importance of addressing tobacco use in suicide-related research. Smoking is associated with increased risk of suicide behavior and death by suicide.¹⁻⁵ Although some studies have reported that smoking or nicotine may worsen mood and increase impulsivity and aggression that lead to suicide,²⁻⁴ the mechanisms explaining this relationship are unclear.¹ To better understand the etiology of suicidal behavior, reveal the relationship between smoking and suicide behavior, and improve suicide prevention efforts, it is important to understand whether smoking is associated with suicide attempt among adult suicidal ideators based on nationally representative data.

Our study⁶ included analysis of whether smoking might trigger further progression from suicidal ideation to plan and attempt or from ideation directly to attempt at the bivariate and multivariate levels. After controlling for covariates, our results showed that tobacco use status (current, past, or never), nicotine dependence (yes or no), and the number of days smoked in the past month were not associated with suicide attempt in the past 12 months among adults with past-year suicidal ideation regardless of their suicide plan status. We did not mention these specific analyses in the manuscript because of the nonsignificant results and the limited number of words allowed in the article.

Nevertheless, based on the comments raised by Drs Williams and Steinberg and previous studies showing a dose-response association between the number of cigarettes smoked per day (CSPD) and death by suicide,^{3,6} we now have extended our work to examine the association between the number of CSPD and suicide attempt among adult suicidal ideators. This ongoing research indicates that after adjusting for covariates, the average number of CSPD is associated with suicide attempt only among suicidal ideators without a suicide plan. As a smoking intensity measure, the impact of the number of CSPD on suicide attempt among adult suicidal ideators is independent from sociodemographic characteristics, alcohol use and use disorders, illicit drug use and use disorders, and the number of times arrested or booked in the past year. Intensive smoking may trigger further progression from suicidal ideation directly to attempt. This result is critical for the suicide prevention efforts because without the process of developing a suicide plan, the time window for the prevention efforts might be limited. We expect to continue these analyses and encourage future research to better understand the complex relationships among suicidal ideation, suicide behavior, death by suicide, and smoking using various tobacco use measures and nationally representative data with sufficient sample size.

REFERENCES

- Hughes JR. Smoking and suicide: a brief overview. *Drug Alcohol Depend*. 2008;98(3):169–178.
- Breslau N, Schultz LR, Johnson EO, et al. Smoking and the risk of suicidal behavior: a prospective study of a community sample. *Arch*

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- Gen Psychiatry*. 2005;62(3):328–334.
3. Li D, Yang X, Ge Z, et al. Cigarette smoking and risk of completed suicide: a meta-analysis of prospective cohort studies. *J Psychiatr Res*. 2012;46(10):1257–1266.
 4. Parrott AC. Cigarette-derived nicotine is not a medicine. *World J Biol Psychiatry*. 2003;4(2):49–55.
 5. Lucas M, O'Reilly EJ, Mirzaei F, et al. Cigarette smoking and completed suicide: results from 3 prospective cohorts of American adults. *J Affect Disord*. 2013;151(3):1053–1058.
 6. Han B, Compton WM, Gfroerer J, et al. Prevalence and correlates of past 12-month suicide attempt among adults with past-year suicidal ideation in the United States. *J Clin Psychiatry*. 2015;76(3):295–302.

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