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Suicide Prevention and Schizophrenia

To the Editor: Suicide is a leading cause of death among people with schizophrenia. The risk is 12 times higher in those with schizophrenia compared with the general population.¹ Between 40% and 50% of patients with schizophrenia experience thoughts about ending their lives.² Their lifetime risk of death by suicide is approximately 5%.³

Prompt identification of patients at risk may prevent suicide attempts. Increased probability includes male sex, higher education level, having never married, inadequate social support, poor adherence to treatment, substance abuse, and previous suicide attempts.² Actual prediction of attempts, however, remains inexact.

Prediction. Most suicides by people with schizophrenia occur within 1 decade of diagnoses.⁴ Following pharmacotherapy or hospitalization, some patients gain more self-awareness and can develop a postpsychotic depression with hopelessness; yet, the affective component of illness may not be easily recognized.⁵ Suicide attempts often occur with little verbal warning. Substance abuse increases impulsivity and escalates the chances for a negative outcome. Diminished social support and isolation add to this danger.

Prevention. When treating patients with schizophrenia, clinicians should always assess suicide risk factors. Suicide prevention requires sensitivity, active listening, and close clinical follow-up. Adequate therapy for coexisting depression or substance abuse is important. Antipsychotic drugs that may reduce suicide risk, such as clozapine or lithium, should be selected for high-risk patients.⁶ Psychosocial interventions and psychotherapy are helpful to address personal issues, diminish stress, and provide new coping skills.

Conclusion. Suicide is a public health problem. It is especially difficult to predict suicide in people with schizophrenia. Thus, a thorough evaluation, intense treatment, and close follow-up individualized to each patient are needed to diminish risk and improve prognosis.

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