

# Suicide History Can Reveal Bipolar Disorder

BY LEANNE SULLIVAN

Patients who make a serious suicide attempt and have a family history of bipolar disorder are more likely to have bipolar disorder, compared with suicide attempters without those two characteristics, according to a small retrospective study.

Because bipolar disorder is often overlooked or misdiagnosed, Dr. Sébastien

Guillaume, of the department of psychological medicine and psychiatry at Montpellier University Hospital, France, and his colleagues sought to identify “factors that could alert a clinician to the possibility of BPD during an assessment of a depressed patient with a history of suicidal behavior.” They found that “a serious [suicide attempt], a familial history of completed suicide in first-degree relatives, and a higher level of affective in-

tensity are strongly associated with a diagnosis of BPD.”

Better clinical detection of BPD, therefore, “would increase the possibility of patients receiving adequate treatment and, as such, is likely to be successful in preventing recurrence and completed suicides” (J. Affect. Disord. 2009 July 15; doi:10.1016/j.jad.2009.06.006).

The study included 211 patients who were hospitalized at Montpellier Uni-

versity Hospital after a suicide attempt. The patients were aged 18-75 years and had recurrent major depressive disorder (RMDD) or bipolar disorder (BPD). In 135 RMDD patients, 29% had made a serious suicide attempt, as determined by scores on the Risk Rescue Rating Scale and Suicidal Intent Scale, compared with 45% of 76 BPD patients (odds ratio 1.99).

Family history of completed suicide in first-degree relatives was present in 12% of the RMDD patients and in 29% of the BPD patients (OR 3.03).

In addition, suicide attempters with both a history of serious attempts and a family suicide history had a higher risk of being diagnosed with BPD, compared with patients with either of the characteristics alone, Dr. Guillaume and his colleagues said.

Patients were assessed using the Mini International Neuropsychiatric Interview

**Better detection of bipolar disorder would increase the possibility of patients receiving adequate treatment and would likely help prevent recurrence and completed suicides.**

administered by trained psychiatrists, medical records, information from relatives, and self-administered questionnaires—including the Barratt Impulsivity Scale, the Buss-Durkee Hostility Inventory, the Beck Hopelessness Scale, the Tridimensional Personality Questionnaire, and the Affect Intensity Measure Assessments—were done when patients were in remission from the depressive state. Univariate and multivariate analyses were performed to determine the clinical characteristics most closely linked with a diagnosis of BPD in suicide attempters.

The BPD and RMDD groups had similar education levels, age range, and age of onset of their mood disorder; however, more BPD patients were male (37% vs. 20%).

In addition to more serious suicide attempts and greater likelihood of family suicide history, the BPD patients were more likely to have a high score on the Affect Intensity Measure (43% vs. 27%; OR 2.25) and have a high novelty-seeking score (36% vs. 26%; OR 2.28). “The potential link between emotional reactivity and... increased suicide risk” warrants further study, the authors said.

Suicide attempters with BPD had more comorbid substance use (37% vs. 21%; OR 2.13), but fewer eating disorders (14% vs. 28%; OR 0.43), compared with those with RMDD, the investigators said.

The study’s limitations include the small number of BPD patients and its retrospective design. The research was supported by Montpellier University Hospital and the Agence Nationale de la Recherche, but neither institution had a role in the design, analysis, interpretation, writing, or publication of the data. The authors had no conflicts of interest. ■

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