Evidence-Based Mnemonic Clarifies Suicide Risk

BY BRUCE JANCIN
Denver Bureau

SEATTLE — An American Association of Suicidology expert consensus panel has developed the first evidence-based list of warning signs for suicide—and fashioned a mnemonic designed to help get out the message.

Here's the mnemonic, which AAS officials hope to disseminate widely as an easy aid to addiction specialists, emergency medicine specialists, primary care physicians, and the general public in identifying individuals at heightened suicide risk: IS PATH WARM?

IS PATH WARM? is an attempt to introduce a semblance of order and coherence into what until now have been the totally chaotic efforts of a multitude of organizations trying to assist the public and non-mental health clinicians to spot those in need of help, M. David Rudd, Ph.D., explained at the annual meeting of the American Association of Suicidology.

To illustrate the current chaos, he described his Internet search on Google using the key words "warning signs" and "suicide," which returned more than 180,000 hits. He and his coinvestigators then selected 200 of the most popular Web sites for closer examination and determined those sites collectively listed 3,266 warning signs for suicide, many of them duplicates.

"Try to put that on a card you can carry in your wallet," quipped Dr. Rudd, the association's immediate past-president and chair of the department of psychology at Texas Tech University, Lubbock.

Next, the investigators scrutinized a random selection of 50 of the 200 Web sites. They counted 138 distinct suicide warning signs listed therein, almost none of them evidence based. For example, among the purported warning signs was phoning one's grandparents, which is hardly specific for suicidality.

"If I asked, what are the warning signs for stroke, heart attack, or diabetes, just about everybody in this room could give me a pretty accurate representative list. I think it's a tragedy that, in this field, we can't offer a coherent, consistent, compact, and empirically supported list of warning signs for suicide," Dr. Rudd continued. "When you can get on the Internet and find 3,200 warning signs, all we're doing is confusing the public. What happens is you get people intervening in entirely inappropriate circumstances. This mnemonic is an effort to try to stop that."

AAS Executive Director Lanny Berman, Ph.D., conceded the sensitivity and specificity of IS PATH WARM? for suicidal behavior "is not great." Indeed, the warning signs referred to in the mnemonic are associated with evidence of increased risk of suicidal activity sometime within the next 12 months.

"We don't have research that says, 'In the next 24 hours, or 48 hours, or 3 months.' We're not at that stage," he said.

But that doesn't unduly bother Dr. Morton M. Silverman, editor of the AAS journal Suicide and Life-Threatening Behavior.

"We teach everyone that when they have a lump in their breast, they need to go see their physician. We teach everyone that when have chest pain, they'd better get medical attention. It doesn't mean that the chest pain is a heart attack or the lump in the breast is necessarily breast cancer. But those are warning signs that something might be amiss," said Dr. Silverman, also the senior adviser to the Suicide Prevention Resource Center and a psychiatrist at University of Chicago.

"Warning signs do not equal suicide," he stressed. "They are prompts that should get an individual to seek help or get a clinician to do a proper suicide risk assessment."

Dr. Berman was disappointed that other mental health organizations, such as the American Academy of Child and Adolescent Psychiatry and American Psychological Association, have yet to adopt IS PATH WARM? ■

IS PATH WARM? Spells Warning

Signs of Suicide:

I	Ideation
S	Substance abuse
P	Purposelessness
A	Anxiety
T	Trapped
H	Hopelessness
W	Withdrawal
A	Anger
R	Recklessness
M	Mood changes

Source: American Association of Suicidology

Screen Select Athletic Patients for Depression And Panic Disorder

MIAMI — Athletic patients with significant musculoskeletal pain should be screened for comorbid depression and panic disorder, according to study findings presented at the annual meeting of the American Medical Society for Sports Medicine.

In a study of 148 consecutively-treated athletic patients who presented to a sports medicine clinic with musculoskeletal complaints, the overall prevalence of a major depressive disorder was 6%; 7% had another form of depression. Dr. William W. Dexter and his associates at the Maine Medical Center sports medicine program in Portland surveyed participants using the Primary Care Evaluation of Mental Disorders (PRIME-MD) patient questionnaire.

Although these overall prevalence rates are similar to those in a general primary care practice, the prevalence of mood disorders was even higher among those patients who presented with pain severity scores of 6 or higher on a scale of 0-10, Dr. Dexter noted in an interview.

Overall, the prevalence of panic disorder was 17%.

Although the association between mood disorders and musculoskeletal pain has been documented in the literature, there are no data on the prevalence of mental health disorders in a primary care sports medicine population. "In our clinic, we felt we were seeing a lot of musculoskeletal complaints in patients who had an undiagnosed or underdiagnosed mood disorder," Dr. Dexter said.

If comorbid depression and/or panic disorder are not addressed, significant improvements in musculoskeletal pain are unlikely, he added.

Moreover, there was a "strong and significant" association between depression and/or panic attacks in patients with a history of pain lasting more than 6 weeks. "Many of the subjects in the study did not have a prior diagnosis of mood disorder," Dr. Dexter said.

—Damian McNamara

Suicide Risk in Young Adults Taking Paroxetine Warrants Close Monitoring

BY SHARON WORCESTER
Southeast Bureau

Paroxetine may increase the risk of suicidal behavior in adults, particularly in young adults, findings from a recent metaanalysis suggest.

"It is therefore important that all patients, especially young adults and those who are improving, receive careful monitoring during paroxetine therapy regardless of the condition being treated," the Food and Drug Administration and GlaxoSmithKline, the drug's maker and the sponsor of the study, stated in a "Dear Healthcare Provider" letter announcing a related update to the warnings section of the drug's label.

The metaanalysis, which included data from 8,958 patients with psychiatric disorders treated with paroxetine and 5,953 treated with placebo, showed that suicidal behavior occurred more often overall in adults aged 18-24 in the paroxetine (Paxil) group, compared with those in that age group in the placebo group (17 of 776, or 2.19% vs. 5 of 542, or 0.92%). The difference was not statistically significant but was observed in patients with depressive and nondepressive conditions, according to the letter.

A similar difference was not seen for adults in older age groups.

However, the metaanalysis found that among all adults in the study with major depressive disorder (MDD), suicidal behavior was significantly more common in the paroxetine group than in the placebo group (11 of 3,455, or 0.32% vs. 1 of 1,978, or 0.05%). This was despite substantial evidence showing that paroxetine was efficacious, compared with placebo for the treatment of MDD.

Of the 11 suicide attempts, none was fatal. Almost all were associated with an identified social stressor, and eight occurred in those aged 18-30 years. But because the absolute numbers are small, the FDA and GlaxoSmithKline warn that the data should be interpreted with caution.

"GSK continues to believe that the overall risk:benefit of paroxetine in the treatment of adult patients with MDD and other nondepressive psychiatric disorders remains positive," the letter states.

Physicians are applauding the release of the metaanalysis results.

"I'm glad to see that the data were released to the public as soon as it was available," Dr. David Fassler, of the department of psychiatry at the University of Vermont, Burlington, said when asked about the added label warnings.

He added that the findings do not prove that paroxetine increases the risk of suicide during treatment but that they underscore the need for closely monitoring patients and maintaining close contact.

Dr. Gregory Simon, a psychiatrist and researcher with Group Health Cooperative, Seattle, said in an interview that the new warnings are justified, despite the small number of suicide attempts in the study. On one hand, the small numbers are encouraging, suggesting that suicidal behavior is rare in these populations. On the other, they suggest that younger adult patients may indeed be at higher risk, he said. Dr. Simon also pointed out that although the findings are important, they do not offer proof of causation.

Prescribing information for paroxetine and all other antidepressants already contains warnings that patients with MDD may be at increased risk for worsening of depression or emergence of suicidal ideation and behavior, regardless of whether they are taking antidepressants, and the FDA has previously warned that paroxetine should not be used for the treatment of depression in children.

GlaxoSmithKline stressed that findings from the current metaanalysis do not indicate a causal relationship. The company also emphasized that the label is being amended voluntarily to emphasize the importance of careful patient monitoring.

GlaxoSmithKline asks that any adverse events associated with paroxetine be reported. Reporting options include calling GlaxoSmithKline at 888-825-5249, and visiting the FDA's MedWatch adverse event reporting program online at www.fda.gov/MedWatch/report.htm. ■