

THE EUROPEAN PSYCHIATRIC ASSOCIATION (EPA) GUIDANCE ON SUICIDE TREATMENT AND PREVENTION

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Suicide is a major public health problem in the WHO European Region accounting for over 150,000 deaths per year. Suicidal crisis: Acute intervention should start immediately in order to keep the patient alive.

An underlying psychiatric disorder is present in up to 90% of people who completed suicide. Comorbidity with depression, anxiety, substance abuse and personality disorders is high. In order to achieve successful prevention of suicidality, adequate diagnostic procedures and appropriate treatment for the underlying disorder are essential.

Existing evidence supports the efficacy of pharmacological treatment and cognitive behavioural therapy (CBT) in preventing suicidal behaviour. Studies show that antidepressant treatment decreases the risk for suicidality among depressed patients. Short-term supplementary medication with anxiolytics and hypnotics in the case of anxiety and insomnia is recommended. Long-term treatment with lithium has shown to be effective in preventing both suicide and attempted suicide in patients with unipolar and bipolar depression. Treatment team: Multidisciplinary treatment team including psychiatrist and other health professionals are always preferable. Family: The suicidal person independently of age should always be motivated to involve family in the treatment. Social support: Psychosocial treatment is recommended, as the majority of suicidal patients have problems with relationships, work, school and lack social networks.

Training of Personnel: Training of general practitioners (GPs) is effective in the prevention of suicide. It improves treatment of depression and anxiety, quality of the provided care and attitudes towards suicide. Continuous training including discussions about ethical and legal issues is necessary for psychiatrists and other health professionals.