

Suicidality

Presenting Problem:

An enrolled PCP phoned in a consultation request to WICPCP, stating they were working with a 15-year-old female patient with chronic anxiety and depression. The patient has been in psychotherapy for four years. [Sertraline \(Zoloft\)](#), started 6 months ago and increased to 100mg 2 months ago. Shortly after the dose increase, the patient attempted suicide, leading to a brief psychiatric hospitalization. During that stay, sertraline was stopped, and [escitalopram \(Lexapro\)](#) 20mg/day was started. At a follow-up appointment 2 weeks ago, the patient had reported significant improvement in depression symptoms, and no further suicidal thoughts or behaviors. However, the patient's parent had just called to report that the patient had become terribly upset for unclear reasons this morning and had said "I don't even know why I stay alive!" The parent felt safe bringing the patient to the PCP's office that afternoon for assessment. Requesting advice on assessing the patient's safety as well as whether to switch to a different anti-depressant medication.

Consultant's Response:

Regarding the 15 y/o patient with anxiety, depression, and a history of suicide attempts, here are some recommendations:

- To clarify current symptoms of depression and suicidality, it may be useful to have the patient complete a [PHQ-9](#) and [Columbia Suicide Severity Rating Scale \(C-SSRS\)](#) and review them during the next visit.
- All anti-depressants carry the Black Box warning, linked to an increased risk of suicidal thoughts and behavior in patients under 25 years of age.
 - For some patients, suicide attempts are made *impulsively and reactively* (often in response to a new/increased psychosocial stressor) and are not strictly a function of how well their depression is controlled. For these patients, psychotherapy is highly recommended to understand and counteract suicide/hopelessness 'triggers' and formulate a good safety plan as the main intervention, while trying to maximally treat the other symptoms of depression (i.e., the rest of the symptoms on the [PHQ-9](#)).
 - If the patient/parent feels the depression symptoms are otherwise under good control, do not automatically switch to a different medication to control the suicidality. This may unnecessarily risk relapse of other depression symptoms.
 - If the patient/parent does not feel that the escitalopram/Lexapro is helping depression, and/or the suicidal symptoms appeared or worsened following medication initiation or dose increase, makes sense to switch.
- The general rule of thumb, when the patient has not responded to two full trials of SSRI, is to cautiously try a medication with a different mechanism of action.
 - It is recommended to pick [bupropion \(Wellbutrin\)](#) ('off label') if the patient only has depression, or [venlafaxine/Effexor](#) ('off label') or [duloxetine/Cymbalta](#) ('off label' in pediatric patients except for Generalized Anxiety Disorder) if the patient has both depression and anxiety.
 - Anti-depressant 'switch table' that provides guidance: [Switching Antidepressants](#)
- [Columbia Suicide Severity Rating Scale \(C-SSRS\)](#) includes questions that can guide the level of care needed for the patient's safety.

Teaching Points:

- [Columbia Suicide Severity Rating Scale \(C-SSRS\)](#) - Depression is the most common condition associated with suicidality, with about two-thirds of people who complete suicide experiencing major depression at the time of their deaths. It is important, however, to understand that suicidality can be present in persons who do not meet the criteria for depression.
 - [What leads to suicide?](#)
- Anti-depressant medication has been linked to an increased risk of suicidal behavior at the antidepressant onset in patients under 25 years of age. Factors that may increase this risk:
 - the severity of depression
 - first few weeks of treatment
 - drug abuse
 - poor response to antidepressants
 - physical pain
 - previous history of suicidal behavior or ideation
 - [Risk of Suicidal Behaviors and Antidepressant Exposure Among Children and Adolescents: A Meta-Analysis of Observational Studies](#)

Resources:

- Tips for teens struggling with suicidality:
 - [International Association for Suicide Prevention: Suicidal Crisis Support](#)
- Tips for parents concerned about suicidality:
 - [12 Things Parents Can Do to Help Prevent Suicide](#)
 - [Teen suicide: What parents need to know](#)