Suicidal Ideation and Later Suicide

To the Editor: In the December 2011 issue of the *Journal*, Posner et al. (1) state that "studies of risk factors predicting suicide consistently suggest that suicidal ideation and a history of suicide attempts are among the most salient risk factors for suicide." We agree that there is strong evidence of a relationship between suicide attempts and subsequent suicide, but the association between expressed ideas of suicide and suicide is less clear.

The authors cite four papers supporting the presence of an association. The first reported mortality among suicide attempters but did not mention suicidal ideation (2). The next two found that high scores on the Scale for Suicide Ideation were associated with later suicide (3, 4). However, some items on this scale describe suicidal behavior rather than suicidal ideation, and it is the behavior items that are strongly associated with suicide (5). The fourth study found an association between suicidal ideation and suicide attempts, but it did not consider completed suicide (6).

In fact, two systematic meta-analyses have found weak associations between suicidal ideation and suicide. The first found that a modest association between suicide and suicidal ideation expressed by psychiatric inpatients might have been because of publication bias (7). Suicidal ideation did not independently predict inpatient suicide when depressed mood and previous suicide attempts were also considered (8). The second study found that suicidal ideas expressed in the hospital were weakly associated with suicide after discharge (9). We agree that there is a need to clarify the definitions of suicidal ideation and behavior. However, the presence of suicidal ideation, in the absence of a suicide attempt, has not been firmly established as a risk factor for suicide.

References

1. Posner K, Brown GK, Stanley B, Brent DA, Yershova KV, Oquendo MA, Currier GW, Melvin GA, Greenhill L, Shen S, Mann JJ: The Columbia–Suicide Severity Rating Scale: initial validity and internal consistency findings from three multisite studies with adolescents and adults. Am J Psychiatry 2011; 168:1266–1277
2. Nordström P, Samuelsson M, Asberg M: Survival analysis of suicide risk after attempted suicide. Acta Psychiatr Scand 1995; 91:336–340
3. Beck AT, Brown GK, Steer RA, Dahlsgaard KK, Grisham JR: Suicide ideation at its worst point: a predictor of eventual suicide in psychiatric outpatients. Suicide Life Threat Behav 1999; 29:1–9
4. Brown GK, Beck AT, Steer RA, Grisham JR: Risk factors for suicide in psychiatric outpatients: a 20-year prospective study. J Consult Clin Psychol 2000; 68:371–377
5. Joiner TE Jr, Steer RA, Brown G, Beck AT, Pettit JW, Rudd MD: Worst-point suicidal plans: a dimension of suicidality predictive of past suicide attempts and eventual death by suicide. Behav Res Ther 2003; 41:1469–1480
6. Kuo WH, Gallo JJ, Tien AY: Incidence of suicide ideation and attempts in adults: the 13-year follow-up of a community sample in Baltimore. Psychol Med 2001; 31:1181–1191
7. Large M, Smith G, Sharma S, Nielssen O, Singh SP: Systematic review and meta-analysis of the clinical factors associated with the suicide of psychiatric in-patients. Acta Psychiatr Scand 2011; 124:18–29
8. Large M, Ryan C, Nielssen O: The validity and utility of risk assessment for inpatient suicide. Australas Psychiatry 2011; 19:507–512
9. Large M, Sharma S, Cannon E, Ryan C, Nielssen O: Risk factors for suicide within a year of discharge from psychiatric hospital: a systematic meta-analysis. Aust NZ J Psychiatry 2011; 45:619–628

MATTHEW M. LARGE, B.Sc.(MED.), M.B.B.S., F.R.A.N.Z.C.P.
OLAV NIELSSEN, M.B.B.S., Ph.D., F.R.A.N.Z.C.P.
Sydney, New South Wales, Australia

Dr. Large and Dr. Nielssen have received speaking fees from AstraZeneca.

This letter (doi: 10.1176/appi.ajp.2012.11111674) was accepted for publication in March 2012.

Initial Validity and Reliability Data on the Columbia–Suicide Severity Rating Scale

To the Editor: We welcome the article by Posner et al. (1) in the December 2011 issue that provides initial psychometric data on the Columbia–Suicide Severity Rating Scale (C-SSRS). Analyses of data on the psychometric properties of the C-SSRS have lagged behind its widespread adoption in clinical trials and other settings. Although retrospective in nature and limited in generalizability, the results presented by Posner et al. support the validity of the C-SSRS and provide evidence for the internal consistency of the ideation intensity subscale. However, published data on interrater reliability of the severity of ideation and behavior subscales of the C-SSRS are limited, inconsistent, and based on different versions of the instrument (2, 3). Additional prospective studies of the interrater reliability of the current instrument are needed.

There is also an urgent need to examine the performance of the C-SSRS in special populations, such as children and patients with dementia. The C-SSRS is widely utilized in clinical trials to assess suicide risk in children as young as 6 years old. Despite significant developmental differences in language and understanding of concepts such as death, an unmodified version of the instrument is often used for children from 6 to 17 years old. Moreover, the pediatric experience of the individuals administering the instrument to young children varies widely, and related operational challenges, such as the inclusion of caregiver input, have not been fully addressed. A pediatric version of the C-SSRS is available but has found only limited use, and no separate validity and reliability data are available on the use of any version of the C-SSRS for children younger than 12.

Similarly, studies of patients with mild cognitive impairment or Alzheimer's disease frequently include assessment with the C-SSRS. Here again, there are no established objective guidelines on using the C-SSRS with patients at different stages of cognitive decline. As in the case of young children, no separate validity and reliability data are available on the use of the C-SSRS in cognitively impaired patients despite its widespread adoption.

The study by Posner et al. is an important first step toward establishing the validity and reliability of an assessment tool that has rapidly found widespread use in academic and industry-sponsored clinical trials spanning multiple indications in diverse patient populations. Extensive data sets based on the C-SSRS have accumulated and will be analyzed for signal detection of suicidal ideation and behavior. The results of these analyses will be valid and reliable only to the extent that the

C-SSRS itself is demonstrated to be valid and reliable in the diverse patient populations to which its use has been extended.

References

1. Posner K, Brown GK, Stanley B, Brent DA, Yershova KV, Oquendo MA, Currier GW, Melvin GA, Greenhill L, Shen S, Mann JJ: The Columbia–Suicide Severity Rating Scale: initial validity and internal consistency findings from three multisite studies with adolescents and adults. Am J Psychiatry 2011; 168:1266–1277
2. Brent DA, Emslie GJ, Clarke GN, Asarnow J, Spirito A, Ritz L, Vitiello B, Iyenger S, Birmaher B, Ryan ND, Zelazny J, Onorato M, Kennard B, Mayes TL, DeBar LL, McCracken JT, Strober M, Suddath R, Leonard H, Porta G, Keller MB: Predictors of spontaneous and systematically assessed suicidal adverse events in the Treatment of SSRI-Resistant Depression in Adolescents (TORDIA) study. Am J Psychiatry 2009; 166:418–426
3. Mundt JC, Greist JH, Gelenberg AJ, Katzelnick DJ, Jefferson JW, Modell JG: Feasibility and validation of a computer-automated Columbia–Suicide Severity Rating Scale using interactive voice response technology. J Psychiatric Research 2010; 44:1224–1228

PHILLIP CHAPPELL, M.D.
DOUGLAS E. FELTNER, M.D.
CLARE MAKUMI, PHARM.D.
MICHELLE STEWART, PH.D.
As members of the International Society for CNS Clinical Trials and Methodology Suicide Ideation and Behavior Working Group

Dr. Chappell and Dr. Stewart are full-time employees of Pfizer. Dr. Feltner has received consulting fees from Astellas, Ironwood, Merck, National Institute of Neurological Disorders and Stroke, Novartis, Ono, Takeda, and Toyama; he is consulting chief medical officer at and holds stock options in Embera Neurotherapeutics; he has equity interest in Eli Lilly and Pfizer; and he is a former employee of Pfizer. Dr. Makumi is a full-time employee of GlaxoSmithKline.

This letter (doi: 10.1176/appi.ajp.2012.12010123) was accepted for publication in March 2012.

Response to Large and Nielssen and Chappell et al. Letters

TO THE EDITOR: Drs. Large and Nielssen dispute a claim in the introduction of our article. We wrote that studies of risk factors predicting suicide consistently suggest that suicidal ideation and a history of suicide attempt are among the most salient risk factors for suicide, and we provide four citations summarizing the relationships of attempts and ideation to suicide. The first citation does not refer to an association between ideation and suicide but between attempts and suicide (1). The fourth shows a relationship between ideation and attempts (2). Our second and third citations refer to studies with the Scale for Suicidal Ideation. As shown by Beck et al. (3), worst point suicidal ideation as indicated by the total score of 19 items predicted subsequent deaths by suicide. Brown et al. (4) reported that current suicidal ideation as measured by the total score on the Scale for Suicide Ideation contributed "unique risk estimates of eventual suicide." Although not all studies agree, many large studies show that suicidal ideation predicts both suicide and suicide attempts (5, 6). Although the association between suicidal ideation and suicidal behavior is modest, we know of no other risk factors that are stronger, with the possible exception of impulsivity/aggression (see Oquendo et al. [7] for a review of the prospective literature), that may be more important at a younger age range. Furthermore, since our paper was published, Gibbons et al. (8) reported that the antisuicidal effect of antidepressants such as fluoxetine and venlafaxine in adults is mediated through amelioration of depression severity. This means that even though suicidal ideation may be a modest predictor of risk in adults, it is important to monitor because it is also a modifiable risk factor.

We appreciate the comments by Dr. Chappell and colleagues and agree that further research is required, as we noted in our paper. We anticipate that the instrument will provide clarity to the field of suicide research by providing comparable data in different populations.

References

1. Nordström P, Asberg M, Aberg-Wistedt A, Nordin C: Attempted suicide predicts suicide risk in mood disorders. Acta Psychiatr Scand 1995; 92:345–350
2. Kuo WH, Gallo JJ, Tien AY: Incidence of suicide ideation and attempts in adults: the 13-year follow-up of a community sample in Baltimore. Psychol Med 2001; 31:1181–1191
3. Beck AT, Brown GK, Steer RA, Dahlsgaard KK, Grisham JR: Suicide ideation at its worst point: a predictor of eventual suicide in psychiatric outpatients. Suicide Life Threat Behav 1999; 29:1–9
4. Brown GK, Beck AT, Steer RA, Grisham JR: Risk factors for suicide in psychiatric outpatients: a 20-year prospective study. J Consult Clin Psychol 2000; 68:371–377
5. Brown GK, Steer RA, Henriques GR, Beck AT: The internal struggle between the wish to die and the wish to live: a risk factor for suicide. Am J Psychiatry 2005; 162:1977–1979
6. Borges G, Nock MK, Haro Abad JM, Hwang I, Sampson NA, Alonso J, Andrade LH, Angermeyer MC, Beautrais A, Bromet E, Bruffaerts R, de Girolamo G, Florescu S, Gureje O, Hu C, Karam EG, Kovess-Masfety V, Lee S, Levinson D, Medina-Mora ME, Ormel J, Posada-Villa J, Sagar R, Tomov T, Uda H, Williams DR, Kessler RC: Twelve-month prevalence of and risk factors for suicide attempts in the World Health Organization World Mental Health Surveys. J Clin Psychiatry 2010; 71:1617–1628
7. Oquendo MA, Currier D, Mann JJ: Prospective studies of suicidal behavior in major depressive and bipolar disorders: what is the evidence for predictive risk factors? Acta Psychiatr Scand 2006; 114:151–158
8. Gibbons RD, Brown CH, Hur K, Davis JM, Mann JJ: Suicidal thoughts and behavior with antidepressant treatment: reanalysis of the randomized placebo-controlled studies of fluoxetine and venlafaxine. Arch Gen Psychiatry (Epub ahead of print, Feb 9, 2012)

KELLY POSNER, PH.D.
New York

The author's disclosures accompany the original article.

This reply (doi: 10.1176/appi.ajp.2012.12010123r) was accepted for publication in March 2012.

Does the Neurotoxicity of Haloperidol Explain the Higher Mortality in Dementia Patients Compared With the Second Generation Agents?

TO THE EDITOR: The study by Kales et al. (1) in the January 2012 issue of the *Journal* provides yet another set of data confirming the relatively higher risk of mortality with the first-generation antipsychotic haloperidol compared with the second-generation antipsychotics olanzapine, quetiapine, and risperidone in elderly persons with dementia.