

Suicide Prevention, Assessment, and Management Strategies for Pharmacy Professionals

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Disclosure

Dr. Waters has no actual or potential conflict of interest associated with this presentation.

Learning Objectives

1. Recall the importance of assessing for suicide risk across all patient population
2. Differentiate between commonly used terms to describe self-directed violence and suicidality
3. Determine appropriate next steps and potential escalation in level of care by utilizing standardized suicide risk assessment tools
4. Apply knowledge of suicide risk assessment to practice patient cases

Acknowledgments

Some slides were adapted with permission from the College of Psychiatric and Neurologic Pharmacists (CPNP) 2019 Suicide Prevention Workshop materials.

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Self-Reflection

How comfortable are you with assessing a patient's risk for suicide?

- A. Very comfortable
- B. Somewhat comfortable
- C. Not comfortable at all

Assessment Question 1

Suicide is the ___ leading cause of death for Americans 10-34 years of age.

- A. 10th
- B. 8th
- C. 4th
- D. 2nd

Assessment Question 1

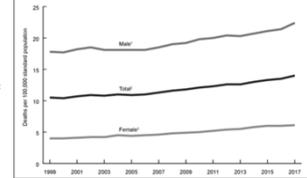
Suicide is the ____ leading cause of death for Americans 10-34 years of age.

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Morbidity and Mortality: Suicide

- Lifetime risk of suicide in untreated MDD: ~20%
- Suicide rate in U.S. increasing
 - 10th leading cause of death → **2nd leading cause of death for Americans 10-34 years of age**
 - Suicide completion rate increasing in almost every state
 - >47,000 deaths by suicide annually

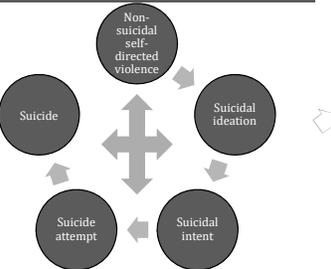
Figure 1. Age-adjusted suicide rates, by sex, United States, 1999-2017



Suicide mortality in the United States, 1999-2017, CDC, 2018

Suicidality and Self-Directed Violence

- Suicidality exists on a spectrum:
 - Thoughts about death
 - Passive wish to not wake up in the morning
 - Belief that others would be better off
 - Transient but recurrent thoughts of suicide
 - Specific suicide plan



Pharmacy Professional Role

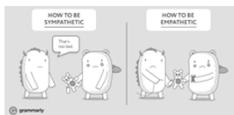
- Pharmacists, pharmacy residents, and pharmacy students are in a position to help
- **Patients may express suicidal thoughts or display behaviors at any time to any health care worker!**
- Listen, show empathy, and assist in getting help/treatment

Empathy vs. Sympathy

	Empathy	Sympathy
Definition	Feeling that you understand and share another person's experiences and emotions. "Walk a mile in their shoes."	Acknowledging another person's emotional hardships.
Comparison	Fuels connection	May fuel disconnection
Components	Take perspective of another person (no judgment) Recognizing emotion in another person and then communicating that	Understanding why a person is feeling a certain emotion such as grief

**Helpful video by Brené Brown:
<https://www.youtube.com/watch?v=1Evwgu369Jw>

Image available from: grammarly.com



Suicide Myths Vs. Facts

Facts

- Suicide is preventable.
- Healthcare professionals (including pharmacists) can be affected by stories about suicide.
- Suicide is complex, with multiple causes.

Myths

- If you talk to someone about suicide, they may start to get "ideas" or be encouraged to attempt suicide.
- Only people with psychiatric disorders are suicidal.
- Most suicides occur without warning signs.
- A person who uses non-lethal means for a suicide attempt is not really suicidal.
- A person who is suicidal is determined to die.

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Language Around Suicide

- Avoid language that sensationalizes or normalizes suicide
 - For example, use "increasing suicide rates" rather than "suicide epidemic"
- Use "died by suicide" or "death by suicide"
 - Rather than saying "committed suicide" or "successful suicide"
- Use "non-suicidal self-directed violence"
 - Rather than saying "unsuccessful or failed attempt"



Descriptive Terminology

Term	Definition
Self-directed violence (SDV)	Behavior that is self-directed and deliberately results in injury or potential injury to oneself
Suicidal intent	Past or present evidence (implicit or explicit) that an individual wishes to die , means to kill himself, understands probably consequences of actions or potential actions. May be in absence of suicidal behavior
Interrupted by self or other	Person takes steps to injure self but is stopped by self/another person prior to fatal injury. Interruption may occur at any point.
Suicide attempt	A non-fatal self-inflicted potentially injurious behavior with any intent to die as a result of the behavior
Suicide	Death caused by self-inflicted injurious behavior with any intent to die as a result of the behavior

Descriptive Terminology

Type	Sub-Type	Definition	Modifiers
Thoughts	Non-suicidal SDV ideation	Self-reported thoughts regarding desire to engage in self-inflicted potentially injurious behavior, no SI	N/A
	Suicidal ideation	Thoughts of engaging in suicide-related behavior	With/without suicidal intent
Behaviors	Preparatory	Acts or preparation towards engaging in self-directed violence but before potential for injury has begun (buying gun, hoarding medication)	With/without suicidal intent
	Non-suicidal SDV	Behavior is self-directed and deliberately results in injury or potential injury with no suicidal intent (behavior is to attain another goal such as seeking help, punishing others)	With, without, fatal injury
	Undetermined SDV	Same as above but suicidal intent is unclear (person in unconscious, intoxicated, psychotic, disoriented, dead) or will not admit positively to intent to die	Interrupted by self or other
	Suicidal SDV	Same as above but with implicit or explicit suicidal intent	

Self-Directed Violence Assessment Tools

- Several tools exist to help identify self-directed violence risk:
 - Columbia-Suicide Severity Rating Scale → can be used at triage points to determine appropriate next steps
 - SAFE-T (for mental health professionals)
 - Understanding acute vs. chronic suicide risk
 - Decision trees to guide treatment recommendations (i.e. psychiatry evaluation, psychiatric hospitalization, routine mental health care referral)

Suicide Risk Assessment

- Risk Factors: IS PATH WARM
 - Ideation
 - Substance use
 - Purposelessness
 - Anxiety
 - Trapped
 - Hopelessness
 - Withdrawal
 - Anger
 - Recklessness
 - Mood change (dramatic)
- Formal assessment scales may be used in practice and/or clinical trials
 - Ex: Columbia-Suicide Severity Rating Scale (C-SSRS)

Columbia-Suicide Severity Rating Scale (C-SSRS)

Ask questions that are in bold and underlined	Past month	
Ask Questions 1 and 2	Yes	No
<u>1. Have you wished you were dead or wished you could go to sleep and not wake up?</u>	Yes	No
<u>2. Have you had any actual thoughts of killing yourself?</u>	Yes	No
<i>If YES to 2, ask questions 3, 4, 5 and 6. If NO to 2, go directly to question 6.</i>		
<u>3. Have you been thinking about how you might do this?</u> <i>i.e. "I thought about taking an overdose but I never made a specific plan as to when, where or how...and I would never go through with it."</i>	Yes	No
<u>4. Have you had these thoughts and had some intention of acting on them?</u> <i>vs. "I have these thoughts but I definitely will not do anything about them."</i>	Yes	No
<u>5. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>	Yes	No
<u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u>	Lifetime	
<i>Ex: collected pills, obtained gun, gave away possession, wrote a will/suicide note, went to roof but didn't jump, actually took pills, tried to shoot self, cut yourself, tried to hang yourself</i>	Past 3 Months	
If YES, ask: Was this within the past 3 months?	Yes	No

Response Protocol to C-SSRS Screening

Rating	Response
	Behavioral health referral
	Same day behavioral health evaluation, consider suicide precautions
	Immediate suicide precautions

SAFE-T

SAFE-T
Suicide Assessment Five-step
Evaluation and Triage
for Mental Health Professionals

- Created by SAMHSA using the American Psychiatric Association guidelines for the assessment and treatment of patients with suicidal behavior
- Helps to direct assessment of suicidal patients and triage to appropriate level of care:

4. RISK LEVEL/INTERVENTION

- Assessment of risk level is based on clinical judgment, after completing steps 1-3
- Reassess as patient or environmental circumstances change

RISK LEVEL	RISK / PROTECTIVE FACTOR	SUICIDALITY	POSSIBLE INTERVENTIONS
High	Psychiatric disorder with severe symptoms, or acute precipitating event; protective factors not relevant	Potentially lethal suicide attempt or persistent ideation with strong intent or suicide rehearsal	Admission generally indicated unless a significant change reduces risk. Suicide precautions
Moderate	Multiple risk factors, few protective factors	Suicidal ideation with plan, but no intent or behavior	Admission may be necessary depending on risk factors. Develop crisis plan. Give emergency/crisis info.
Low	Suicidal ide factors, strong protective factors	Thoughts of death, no plan, intent or behavior	Outpatient referral, symptom reduction. Give emergency/crisis numbers

(This chart is intended to represent a range of risk levels and interventions, not actual determinations.)

Available from https://www.integration.samhsa.gov/images/res/SAFE_T.pdf

- ### Risk Factors for Completed Suicide
- Prior history of suicide attempt
 - Especially via lethal means such as hanging, jumping from height, shooting
 - Family history of completed suicide
 - Key symptoms:** Hopelessness, impulsivity, anhedonia
 - Access to firearms
 - Psychiatric history (MDD, bipolar disorder, personality disorders)
 - Childhood physical or sexual abuse
 - Social isolation
- Available from https://www.integration.samhsa.gov/images/res/SAFE_T.pdf

- ### Additional Risk Factors for Completed Suicide
- Precipitants/stressors: Triggering events leading to humiliation/shame/despair, family turmoil
 - Not married
 - Sexual orientation minority
 - Live in rural area
 - Medical conditions, chronic pain
 - Local epidemics of suicide
 - Barriers to accessing mental health treatment including stigma
- Available from https://www.integration.samhsa.gov/images/res/SAFE_T.pdf

- ### Protective Factors Against Completed Suicide
- Social support (connectedness)
 - Pregnancy
 - Parenthood or caring for a pet
 - Religion
 - Effective clinical care for mental, physical, and substance use disorders
 - Internal factors:** Ability to cope with stress, frustration tolerance
- Available from https://www.integration.samhsa.gov/images/res/SAFE_T.pdf

Role of Pharmacy Professionals

Role of Pharmacy Professionals

- **Although not mental health professionals, pharmacy professionals may identify patients at risk of suicide.**
- **Escalate concerns** to ensure that patient is safe → may mean outpatient referral vs. more frequent follow-up with mental health vs. immediate hospitalization

Available from https://www.integration.samba.gov/images/res/SAFE_T.pdf

When is it Appropriate to Ask About Suicide?

- Worried about patients
- Notice warning signs or concerning changes of behavior
- Treating psychiatric conditions
- When your instinct tells you something is wrong
- Treating pain conditions
- Working with medication titration

There is never harm in asking about suicide.

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Role of Pharmacy Professionals



"As a pharmacist you are handing out statistically a very dangerous, let's call it a weapon, in prescription medications, no different than a gun salesman. And with that, in my opinion, **comes a certain set of responsibilities** that you need to live up to or at least show interest in living up to."

<https://www.youtube.com/watch?v=1l8qKzrZzLE>

Role of Pharmacy Professionals



I think about right around the time of my attempts there was one guy when I was buying some of the pills and it was over the counter but he was checking out all of the pills and he **gave me a bit of a strange look but didn't say anything** and there were several times where people didn't say anything and I was just thinking if one person had asked me how I was doing I would have broken down in tears and that's a **simple enough thing to do.**

<https://www.youtube.com/watch?v=P51AmwraNQ>

Examples of Pharmacist Observations

- Distress that isn't vocalized
- Tearful, anxious or overly tired
- Seems desperate to get medications
- Appears intoxicated
- Disoriented, accompanied by caregiver
- Switching psychotropic medications or starting a new one
- New serious diagnosis
- Struggles to adhere to medication regimens
- Discharged from inpatient psychiatric setting
- Not refilling psychotropic medications

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Assessment Question 2

Which of the following medications has the most potential to be lethal following an intentional overdose?

- Venlafaxine
- Amitriptyline
- Bupropion
- Buspirone

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- A. Venlafaxine
- B. **Amitriptyline**
- C. Bupropion
- D. Buspirone

Resources



Considerations when Communicating About Suicide

- LISTEN even though topic is difficult
 - Patient may feel shame or be sensitive
- Move from general to specific questions
- Empathy, genuineness, nonjudgmental
- Conversational → build an alliance
- Take advantage of therapeutic relationships

Homan RB, Matazzoli, Wortz RH. Therapeutic Risk Management of the Suicidal Patient: Augmenting Clinical Suicide Risk Assessment with Structured Instruments. *Journal of Psychiatric Practice*. 2013; 19(3): 486-499.
VA/DoD Clinical Practice Guideline for Assessment and Management of Patients at Risk for Suicide. 2013. https://www.healthquality.va.gov/guidelines/MH/ehp/VAh00CP_SuicideRisk_Full.pdf.
Accessed March 10, 2018.

What to Ask

- **Basic inquiry:** *Specific questioning about thoughts, plans, behaviors, intent*
 - **Ideation:** Frequency, intensity, duration
 - **Plan:** Timing, location, lethality, availability, preparatory acts
 - **Behaviors:** Past attempts, aborted attempts, rehearsals (tying noose, loading gun)
 - **Intent:** Extent to which the patient 1. expects to carry out the plan and 2. believes the plan/act to be lethal. Explore ambivalence: reasons to die vs. reasons to live

How to Ask: Ideation

- **Thoughts of engaging in suicide-related behavior**
 - *"With everything that has been going on, have you wished you were dead? Have you wished you could go to sleep and not wake up?"*
 - *"Over the last couple of weeks, when you were the most sad or angry, did you think about suicide?"*
 - *"Sometimes when people are overwhelmed by life, when they can't find solutions to their problems, and their medications don't appear to be working they are thinking about suicide. Are you considering suicide?"*
- **Frequency:**
 - *"How often do you have thoughts?"*
- **Duration:**
 - *"How long do they last, how strong are the thoughts?"*

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How to Ask: Intent

- The **extent** to which the patient wishes to die
 - Determination/expectation to carry out a plan
 - Strength of impulse to act or ability to resist
 - Belief that a plan/act is lethal
- *"Do you intend to try to kill yourself?"*
- *"How close have you come to acting on those thoughts?"*
- *"How likely do you think it is that you will carry out your plans?"*

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How to Ask: Preparatory Behavior/Plan

- Acts or preparation towards engaging in self-directed violence, but before potential injury has begun
- Verbalization or thought, such as assembling a method (gun, collecting pills) or preparing for one's death by suicide (suicide note, giving things away, tying rope into a noose), or rehearsing a plan (mentally walking through the attempt, walking to the bridge, handling the weapon)
 - *"Do you have a plan or have you been planning to kill yourself? If so, how would you do it, where?"*
 - *"When you think about dying, do you picture a particular method?"*
 - *"Do you have the (drugs, gun, rope) that you would use? Where is it now?"*
 - *"Do you have a timeline in mind for killing yourself?"*
 - *"Is there something that would trigger acting on the plan?"*
 - *"What have you done to begin to carry out the plan?"*
 - *"Have you made other preparations?"*



Patient Case: WO

- Patient WO is a 49 year old Caucasian female with a PMH of MDD, PTSD (childhood physical abuse), hypertension and type 2 diabetes. She presents to her outpatient diabetes clinic today for her 4th routine appointment with you to manage her diabetes medications.
- You are not aware of any previous suicide attempts or psychiatric hospitalizations.

Current medications:

- Lisinopril 40 mg po daily
- Metformin 1,000 mg po daily
- Sitagliptin 100 mg po daily
- Gabapentin 300 mg po TID
- Sertraline 150 mg po daily

Patient Case: WO

- You start your appointment with WO the same way that you have in the past and review her current medication list. She appears distracted, tired, and disengaged.
- WO admits that she has been picking up her medications consistently but has not been taking them, which is new for her.
- When asked, WO states that she has not been taking her medications because, "There is no point anymore. No matter what I do, it won't change anything. My husband left me and I can barely afford my rent anymore."

Assessment Question 3

Which of the following is the optimal next step?

- A. Walk out of the room and tell the attending physician that the patient is suicidal
- B. Tell WO that you are sorry to hear that and continue with the diabetes appointment as usual
- C. Listen and explore the possibility that WO is experiencing suicidal thoughts
- D. Tell WO that she should think of her children and to stop being selfish

Assessment Question 3

Which of the following is the optimal next step?

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- B. Tell WO that you are sorry to hear that and continue with the diabetes appointment as usual
- C. **Listen and explore the possibility that WO is experiencing suicidal thoughts**
- D. Tell WO that she should think of her children and to stop being selfish

Patient Case: Role of Pharmacist

- Ask WO directly if she is having thoughts of suicide
 - Ex: "You mentioned that you're feeling like there's no point anymore. Are you thinking of ending your life?"
- When asked, WO becomes tearful and says that last week she gathered all of her medications and thought about taking them all at once. She also mentions drinking one and a half bottles of wine nightly which is new for her.
- **Possible follow up questions:**
 - "What stopped you from acting on these thoughts?" → thought about her kids needing her
 - "What might trigger you to act on these thoughts?" → being evicted from apartment
 - "How often have you had these thoughts?" → daily for the past month

Patient Case: Risk and Protective Factors

- Risk Factors?

- Protective Factors?

Patient Case: Risk and Protective Factors

- Risk Factors:
 - Hopelessness
 - Psychiatric history (MDD, PTSD)
 - Childhood physical abuse
 - Stressor: Recent separation from husband
 - Substance use
 - **Unknown:** Family history of completed suicide, access to firearms
- Protective Factors:
 - Parenthood

Patient Case: Next Steps

- Continue to listen without judgment
- Although WO cites her children as the reason she did not overdose on medications, protective factors may be dynamic
- Ask WO if she is currently in treatment for mental health
- Ask WO if she feels safe and/or if she feels hospital admission would be helpful
- **Escalate your concerns** to another healthcare provider (MD, PA, APRN) who can help to refer the patient to next level of care **regardless of patient preference** (i.e. if patient does not want to be hospitalized, should still communicate suicidality without another health care provider)

Summary

- Suicidality exists on a spectrum ranging from passive thoughts about dying to active suicidal intent with a plan
- As members of the healthcare team with frequent patient contact, pharmacy professionals are in a position to identify people at risk for suicide
- Although it may be uncomfortable, it is never harmful to ask about thoughts of suicide

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