THE PHARMACIST'S ROLE IN SUICIDE PREVENTION

Identifying Opportunities for Improved Medication Safety and Interventions

Rebecca Waite, PharmD, BCPP
D'Youville School of Pharmacy

DISCLOSURES

- The presenter has no conflicts of interest or disclosures to announce

LEARNING OBJECTIVES

Pharmacists

- Define suicide and suicidality, and differentiate from intentional poisoning
- Recognize patients at a higher risk of suicide by currently prescribed medications
- Identify the most common medications and classes of medications used in intentional poisonings and suicides
- Describe the rationale for why the use of antidepressants and other psychiatric medications can increase suicidality in patients

Pharmacy Technicians

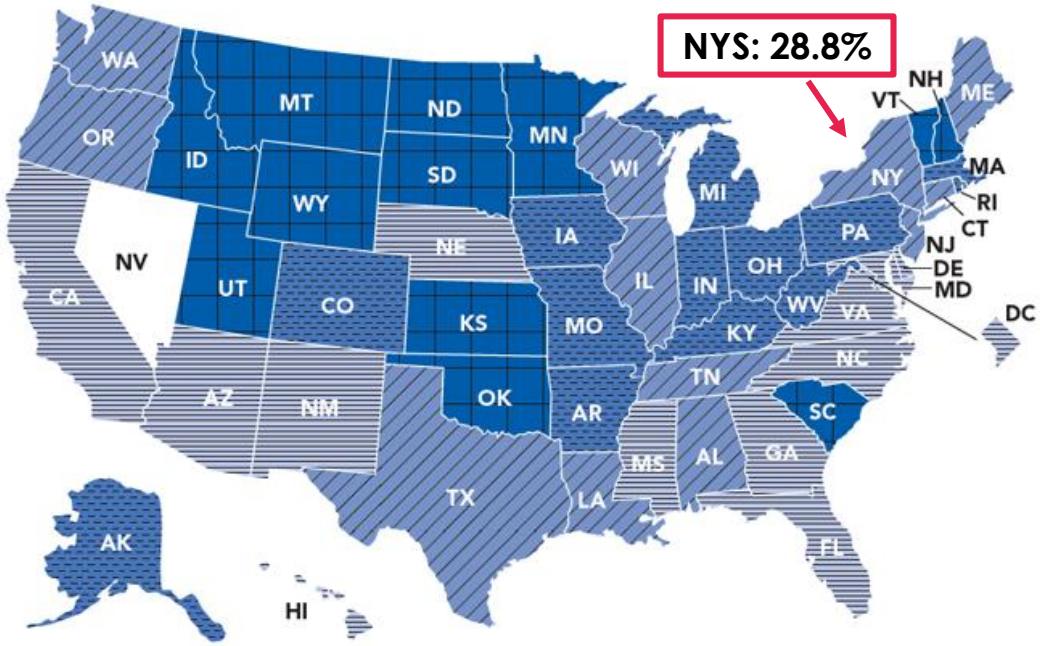
- Define suicide and suicidality, and differentiate from intentional poisoning
- Identify medications that may put patients at higher risk of suicide
- Identify the most common medications and classes of medications used in intentional poisonings and suicides

PUBLIC HEALTH CRISIS: SUICIDE RATES HAVE RISEN IN THE PAST 20 YEARS

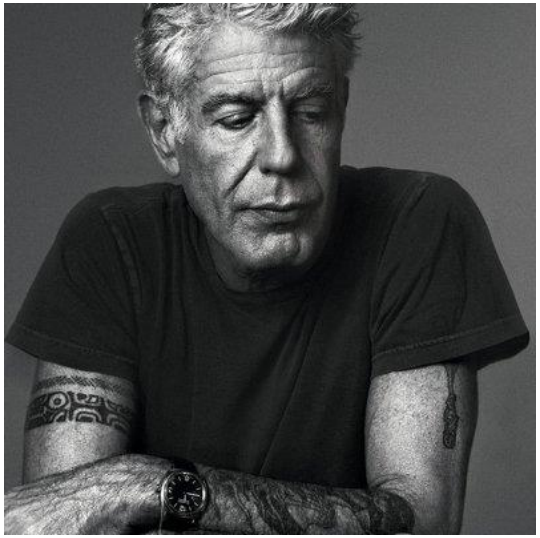
Suicide rates rose across the US from 1999 to 2016.

Increase	38 - 58%
Increase	31 - 37%
Increase	19 - 30%
Increase	6 - 18%
Decrease	1%

SOURCE: *CDC's National Vital Statistics System; CDC Vital Signs, June 2018.*



THE PROBLEM



13 REASONS WHY

- Netflix teen drama
- Season 1 premiered in 2017
- The main character, Hannah, makes recordings prior to her death by suicide that describe her experiences with bullying and rape that led her to decide to take her own life
- The episodes show her friends reacting to each of the recordings – essentially a very long suicide note in her own voice
- Each episode ends with the actors discussing the resources available for those considering suicide

13 REASONS WHY

- Evidence of increase in suicides amongst adolescents since the release of 13 Reasons Why in 2017 (using CDC data)
  - Bridge, et al found 28.9% increase above predictions in the month following the show's release for U.S. youths ages 10-17 years
    - Primarily males
  - Niederkrotenthaler, et al found the rates of suicides in 10- to 19-year-olds exceeded the forecasted rates of suicide in the three months following the show's release
    - Rates were 14.2% higher in males and 27.1% higher in females
    - Cutting was rare, increased rates of death by hanging
  - Cannot determine if rise reflects causation or correlation

Bridge JA, et al. Association between the release of Netflix's *13 Reasons Why* and suicide rates in the United States: an interrupted times series anaylsis. JAACAP, Apr 2019.
Niederkrotenthaler T, et al. Association of increased youth suicides in the United States with the release of 13 Reasons Why. JAMA Psych, May 2019.

13 REASONS WHY

- Netflix announce earlier this month that they have removed the graphic scene depicting the suicide of the lead character in which she cuts her wrists
  - In alignment with keeping suicide notes out of the media
  - Young people are particularly vulnerable to the media
- International collaborative* developed best practices for discussing and portraying suicide in the media, including:
  - Avoid reporting/depicting suicide method
  - Avoid sensationalizing that the individual died by suicide
  - Provide reference to crisis resources and hotline logo

*Am Assoc of Suicidology, Am Found for Suicide Prev, Annenberg Pub Pol Ctr, Assoc Press, Canterbury Suicide Proj, U of Otago, Columbia U, ConnectSafely.org, Emot Tech, Int Assoc for Suicide Prev Task Force on Media and Suicide, Med U of Vienna, NAMI, NIMH, Nat Press Photog Assoc, NYS Psych Inst, SAMHSA, Suicide Awareness Voices of Edu, Suicide Prev Resource Ctr, CDC, UCLA

THE POSITIVE

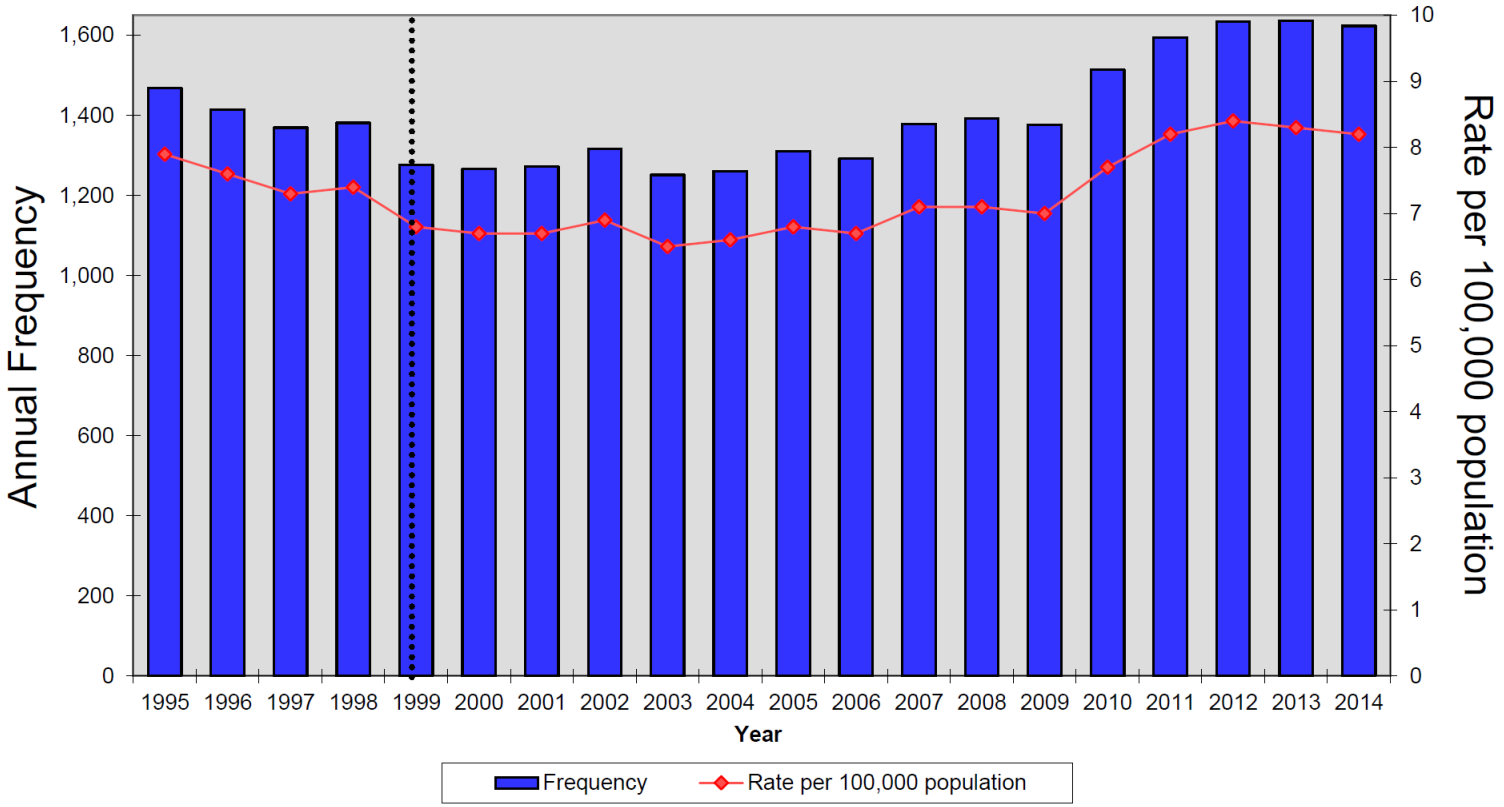
DEFINITIONS

- **Self-directed violence**: behavior that is self-directed and deliberately results in injury or the potential for injury to oneself (includes suicide and suicidal behavior)
- **Suicidal ideation**: thinking about, considering, or planning suicide
- **Suicidal behavior**: acts or preparation towards making a suicide attempt, but before potential for harm has begun
- **Suicide attempt**: a non-fatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior; might not result in injury
- **Suicide**: death caused by self-directed injurious behavior with an intent to die as a result of the behavior
- **Suicidality**: a term encompassing suicidal thoughts/ideation and behavior/actions

Crosby AE, et al. Self-directed violence surveillance: uniform definitions and recommended data elements. CDC National Center for Injury Prevention and Control. Feb 2011

Incidence of Suicide

New York State Residents, 1995-2014



*In 1999 the United States began using the World Health Organization's revised International Classification of Diseases coding book (ICD 10) for mortality data. Differences seen between data coded using the 9th revision (ICD 9) and ICD 10 may be due to coding changes and not actual differences in injury causes.

Source: NYSDOH, Bureau of Occupational Health and Injury Prevention
www.health.ny.gov/prevention/Injury_prevention
Vital Statistics Death File June 2016

COMPARATIVE SUICIDE RATES IN 2014

	Erie County	New York State	United States
Completed suicides per 100,000	11.5	8.2	13.0

NYSDOH, Bureau of Occupational Health and Injury Prevention. Vital Statistics Death File, June 2016
Curtain SC, et al. Increase in suicide in the United States, 1999-2014. NCHS Data Brief No. 241, April 2016.

EPIDEMIOLOGY

- According to CDC, suicide is a leading cause of death across the lifespan
  - Age 10 - 34 years: 2nd leading cause
  - Age 35 – 54 years: 4th leading cause
  - Age 55 – 64 years: 8th leading cause
- Poisoning is the most frequent method for females (34.1% in 2014)
- Many adults think about suicide or attempt suicide
  - In 2016:
    - 9.8 million seriously thought about suicide
    - 2.8 million made a plan for suicide
    - 1.3 million attempted suicide

Centers for Disease Control and Prevention. Web-Based Injury Statistics Query and Reporting System (WISQARS). Atlanta, GA: National Center for Injury Prevention and Control.
Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality, 2017

SIGNIFICANCE TO PHARMACISTS

- Pharmacists do not serve the same roles as psychiatrists, psychologists, or social workers, but there are a lot of ways we can contribute to saving lives and reducing the rates of suicide in our patients
- As of August 2017, the state of Washington requires licensed pharmacists to complete a one-time 3-hour training course on suicide awareness and prevention

POTENTIAL ROLES FOR PHARMACISTS

Identifying	Identifying patients who might be at risk
Managing	Managing intentional overdoses in patients who have attempted suicide
Counseling	Counseling patients about medications that may increase the risk
Monitoring	Monitoring patients for signs of suicidal thoughts
Referring	Referring patients to health care practitioners/settings for necessary care
Monitoring	Monitoring patients for adherence to antidepressant medication

POTENTIAL ROLES FOR PHARMACISTS

Identifying	**Identifying patients who might be at risk**
Managing	Managing intentional overdoses in patients who have attempted suicide
Counseling	Counseling patients about medications that may increase the risk
Monitoring	Monitoring patients for signs of suicidal thoughts
Referring	Referring patients to health care practitioners/settings for necessary care
Monitoring	Monitoring patients for adherence to antidepressant medication

THE CHALLENGE

- Who should we monitor for suicide risk?

THE CHALLENGE

- Who should we monitor for suicide risk?
- Difficult to predict who is at risk based on mental health conditions alone

THE CHALLENGE

- Who should we monitor for suicide risk?
- Difficult to predict who is at risk based on mental health conditions alone

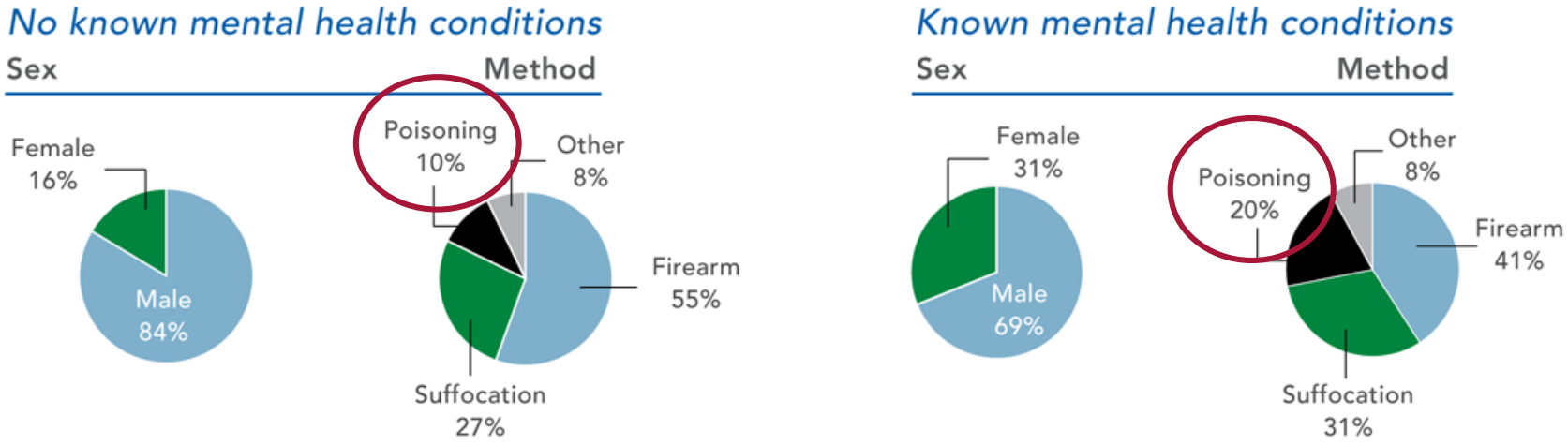
54% of people who die of suicide do not have a known mental health condition

CDC's National Vital Statistics System; CDC Vital Signs, June 2018

SUICIDE: WITH AND WITHOUT MENTAL HEALTH CONDITIONS

Differences exist among those with and without mental health conditions.

People without known mental health conditions were more likely to be male and to die by firearm.



CDC's National Vital Statistics System; CDC Vital Signs, June 2018

RISK FACTORS FOR SUICIDE

- Illness
  - Mental illness
    - Depressive symptoms, impulsivity
  - Physical illness
    - Poor prognosis, chronic pain
  - Substance use disorders
  - Personality disorders
- Medication
  - Persons prescribed ≥1 antidepressant over time
- Poor coping and/or problem-solving skills
  - Problems with relationships, money, employment, legal system, housing, grief

CDC's National Vital Statistics System; CDC Vital Signs, June 2018
Stone D, et al. Preventing Suicide: a technical package of policy, programs, and practices. CDC, 2017
Goldsmith L, Moncrieff J. The psychoactive effects of antidepressants and their association with suicidality. Curr Drug Saf. 2011 Apr;6(2):115-121.

RISK FACTORS FOR SUICIDE (CONT'D)

- Those who have a history of self-directed violence
  - History of previous suicide behavior/attempts
  - History of non-suicidal self-injury
- Those who have lost a friend or loved one to suicide
- Veterans and other military personnel
- Sexual-minority youth (LGBTQ)
- Race/ethnicity, esp non-Hispanic American Indians & Alaska Natives and non-Hispanic White
- Any combination of these factors

CDC's National Vital Statistics System; CDC Vital Signs, June 2018
Stone D, et al. Preventing Suicide: a technical package of policy, programs, and practices. CDC, 2017
Goldsmith L, Moncrieff J. The psychoactive effects of antidepressants and their association with suicidality. Curr Drug Saf. 2011 Apr;6(2):115-121.

PROTECTIVE FACTORS AGAINST SUICIDE

- Easy access to health care
- Connectedness

Stone D, et al. Preventing Suicide: a technical package of policy, programs, and practices. CDC, 2017

AUDIENCE RESPONSE QUESTION #1

POTENTIAL ROLES FOR PHARMACISTS

Identifying	Identifying patients who might be at risk
Managing	**Managing intentional overdoses in patients who have attempted suicide**
Counseling	Counseling patients about medications that may increase the risk
Monitoring	Monitoring patients for signs of suicidal thoughts
Referring	Referring patients to health care practitioners/settings for necessary care
Monitoring	Monitoring patients for adherence to antidepressant medication

DATA FROM POISON CONTROL CENTERS' ANNUAL REPORT

Definitions

- **Poisoning**: any toxin-related injury (*no standard definition*)
- **Exposure:** contact with a substance in some manner
- **Intentional overdose**: purposely, self-inflicted, toxic dose of a medication
  - Includes suspected suicide, misuse, abuse, unknown

- Exposures (intentional and unintentional) are collected by poison control centers and reported in the Annual Report of the American Association of Poison Control Centers' National Poison Data System
  - Data can be extracted to detect trends
    - Exposures
    - Exposures by age
    - Fatalities caused by pharmaceuticals
    - Medications used in completed suicides

2016 Annual Report of the American Association of Poison Control Centers' National Poison Data System (NPDS): 34th Annual Report. Clin Toxicol (Phila). 2017

TOP 10 EXPOSURE SUBSTANCE CATEGORIES – ALL AGES (2016)

Substance Category	% of All Case Mentions N=2,576,766
Analgesics	**11%**
Household cleaning substances	8%
Cosmetics & personal care products	7%
Sedatives, hypnotics, & antipsychotics	**6%**
Antidepressants	**5%**
Antihistamines	**4%**
Cardiovascular drugs	**4%**
Foreign bodies & toys	4%
Pesticides	3%
Topical preparations	**3%**

2016 Annual Report of the American Association of Poison Control Centers' National Poison Data System (NPDS): 34th Annual Report. Clin Toxicol (Phila). 2017

TOP 10 EXPOSURE SUBSTANCE CATEGORIES BY AGE (2016)

Substance Category	TEENS (13-19y) % of single exposures
Analgesics	20%
Antidepressants	10%
Sedatives,hypnotics, antipsychotics	6%
Antihistamines	6%
Household cleaning	6%
Stimulants, street drugs	5%
Cosmetics, personal care	4%
Cough/cold preps	4%
Bites, venom	3%
Anticonvulsants	2%

Substance Category	ADULTS (>19y) % of single exposures
Analgesics	10%
Household cleaning	7%
Sedatives,hypnotics, antipsychotics	6%
Pesticides	5%
Bites, venom	5%
Antidepressants	5%
Cardiovascular drugs	4%
Cosmetics, personal care	4%
Hormones, hormone antagonists	3%
Fumes, gases, vapors	3%

2016 Annual Report of the American Association of Poison Control Centers' National Poison Data System (NPDS): 34th Annual Report. Clin Toxicol (Phila). 2017

INTENTIONAL EXPOSURES AND SUSPECTED SUICIDE

- Total exposures in 2016
  - Exposures were deemed "intentional" in 27% of those involving teens (13-19 yr) and 69% of those involving adults (>19 yr)
  - 12.2% of all exposures were reported as "intentional – suspected suicide"
    - Only a small portion of these were fatal
- Fatalities in 2016
  - Fatal exposures were suspected to be suicides in 62% of those involving teens and 55% of those involving adults
  - Pharmaceuticals were responsible for 80% of all fatalities
    1. Analgesics
    2. Cardiovascular drugs
    3. Stimulants and street drugs
    4. Antidepressants
    5. Sedative/hypnotics/antipsychotics

2016 Annual Report of the American Association of Poison Control Centers' National Poison Data System (NPDS): 34th Annual Report. Clin Toxicol (Phila). 2017

PRIMARY PHARMACEUTICAL IMPLICATED IN SUSPECTED SUICIDES (2016)

Youths (≤ 19 years)

- Of 26 reported suicides by pharmaceuticals

Category	N	%
Analgesics	7	27%
Antidepressants	7	27%
Antihistamines	3	11.5%
Cardiovascular drugs	3	11.5%
Other (anticonvulsants, sedative/hypnotic/antipsychotic, cough/cold prep, unknown)	6	4 - 8%

Adults (>19 years)

- Of 626 reported suicides by pharmaceuticals

Category	N	%
Analgesics	209	33%
Cardiovascular drugs	161	26%
Antidepressants	101	16%
Sedative/hypnotic/ antipsychotic	46	7%
Hormone & hormone antagonists	25	4%
Other (anticonvulsants, unknown, antihistamine, muscle relaxants, stimulants & street drugs)	6	4 - 8%

2016 Annual Report of the American Association of Poison Control Centers' National Poison Data System (NPDS): 34th Annual Report. Clin Toxicol (Phila). 2017

PRIMARY PHARMACEUTICAL IMPLICATED IN SUSPECTED SUICIDES (2016)

TOP 5 CATEGORIES INVOLVED IN FATALITIES – SUSPECTED SUICIDES	PHARMACEUTICALS IMPLICATED
Analgesics	acetaminophen, APAP/hydrocodone, fentanyl, salicylate, oxycodone, hydrocodone, methadone, APAP/oxycodone, tramadol, APAP/diphenhydramine, morphine
Cardiovascular drugs	amlodipine, diltiazem, metoprolol, verapamil, digoxin, propranolol, carvedilol
Stimulants & street drugs	heroin, cocaine, methamphetamine, amphetamine
Antidepressants	amitriptyline, bupropion, venlafaxine, nortriptyline, doxepin
Sedative/hypnotic/antipsychotic	quetiapine, alprazolam, zolpidem, lorazepam, benzodiazepines

AUDIENCE RESPONSE QUESTION #2

POTENTIAL ROLES FOR PHARMACISTS

Identifying	Identifying patients who might be at risk
Managing	Managing intentional overdoses in patients who have attempted suicide
Counseling	**Counseling patients about medications that may increase the risk**
Monitoring	Monitoring patients for signs of suicidal thoughts
Referring	Referring patients to health care practitioners/settings for necessary care
Monitoring	Monitoring patients for adherence to antidepressant medication

NATIONAL PATIENT SAFETY GOALS 2019

- NPSG 15.01.01 – Reduce the risk for suicide
  - Changes effective July 1, 2019
  - Applicable to all Joint Commission-accredited hospitals and behavioral health care organizations
  - Involves
    - Environmental risk mitigation
    - Screening/ assessing patients for risk
    - Documentation of risk and plans to mitigate risk
    - Policies/procedures for addressing patients at risk
    - **Policies/procedures for discharge counseling (esp. regarding access to lethal means) and post-discharge follow-up**
    - Monitoring of implementation and effectiveness

Black Box Warning: Increased Suicidality	Suicidal Ideation Precautions	
Antidepressants Deutetrabenazine & tetrabenazine Aripiprazole Atomoxetine Brexpiprazole Lurasidone Mefloquine Perampanel Quetiapine Ziconotide	Acamprosate Amantadine Amobarbital **Amphetamine products** Armodafinil **Anticonvulsants** **Antipsychotics** **Benzodiazepines** **Cannabidiol products** Carbidopa/levodopa **Lithium** Melatonin **Methylphenidate products** Modafinil Naltrexone **Opiates** **Sedative-hypnotics** Tramadol	Antiretroviral Products Monoclonal antibodies Acitretin Apremilast Atropine/Hyoscyamine/Phenobarbital /Scopolamine Butalbital products Chloral hydrate Corticosteroids Interferon/peginterferon products Isocarboxazid Isotretinoin Liraglutide Montelukast Roflumilast Sodium Oxybate Terbinafine Testosterone Zafirlukast

INCREASED SUICIDALITY - ANTIDEPRESSANTS

Increased risk in those <25 years old:

- Uncover bipolar disorder or mixed state
  - Risk of mania in adolescents/young adults was treated with AD v. placebo: 10% v. 0.45%

- Developmental differences
  - Lack of maturity in prefrontal myelination
  - Higher densities of $5HT_{1A}$ and $5HT_{2A}$ receptors

- Faster drug metabolism in younger patients
  - Shorter drug $t_{1/2}$
  - Lower drug response
  - Withdrawal symptoms

Coll R, et al. Depressed suicide attempters have smaller hippocampus than depressed patients without suicide attempts. J Psychiatr Res. 2015 Feb;61:13-18.
Cuffe SP. Do Antidepressants Increase the Risk of Suicide in Children and Adolescents? American Academy of Child & Adolescent Psychiatry.
National Institute of Mental Health. Antidepressant Medications for Children and Adolescents: Information for Parents and Caregivers.

INCREASED SUICIDALITY - ANTIDEPRESSANTS

Increased risk in those <25 years old (cont.):

- Older adults – suicidal events have high correlation with depression; younger adults – suicidal events have high correlation with substance (ab)use, impulsivity, and aggression

- AD can worsen sleep
  - Insomnia most potent risk factor for suicidal behavior

Jick H, Kaye JA, Jick SS. Antidepressants and the Risk of Suicidal Behaviors. JAMA. 2004;292(3):338-343.
Noel C. Antidepressants and suicidality: History, the black-box warning, consequences, and current evidence. Mental Health Clinician. September 2015, 5(5): 202-211.
Goldsmith L, Moncrieff J. The psychoactive effects of antidepressants and their association with suicidality. Curr Drug Saf. 2011 Apr;6(2):115-121.

INCREASED SUICIDALITY

All ages:

- Rollback phenomenon
- Paradoxical worsening of depression
- Activation syndrome
- Jitteriness syndrome
- Mania/hypomania (from undiagnosed bipolar disorder)
- Depression vs. environmental/social factors (bullying, physical/emotional abuse, illicit substance use)
- Delay prior to clinical improvement

Coll R, et al. Depressed suicide attempters have smaller hippocampus than depressed patients without suicide attempts. J Psychiatr Res. 2015 Feb;61:13-18.
Goldsmith L, Moncrieff J. The psychoactive effects of antidepressants and their association with suicidality. Curr Drug Saf. 2011 Apr;6(2):115-121.

BLACK BOX WARNING

- March 2004: Public Health Advisory
- October 2004: Black Box Warning

- FDA review:
  - Meta-analysis of 372 RCTs of ADs
    - Bupropion, citalopram, fluoxetine, fluvoxamine, mirtazapine, nefazodone, paroxetine, sertraline, & venlafaxine
  - Approx. 100,000 participants
    - 4% experienced suicidal ideation and/or attempts
      - Increase only significant in <18 y/o
    - *No completed deaths by suicide*

Hamad T. Relationship between psychotropic drugs and pediatric suicidality: review and evaluation of clinical data. Silver Spring, MD: Food and Drug Administration.

Suicidality and Antidepressant Drugs

Antidepressants increased the risk compared to placebo of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults in short-term studies of major depressive disorder (MDD) and other psychiatric disorders. Anyone considering the use of [Insert established name] or any other antidepressant in a child, adolescent, or young adult must balance this risk with the clinical need. Short-term studies did not show an increase in the risk of suicidality with antidepressants compared to placebo in adults beyond age 24; there was a reduction in risk with antidepressants compared to placebo in adults aged 65 and older. Depression and certain other psychiatric disorders are themselves associated with increases in the risk of suicide. Patients of all ages who are started on antidepressant therapy should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior. Families and caregivers should be advised of the need for close observation and communication with the prescriber. [Insert Drug Name] is not approved for use in pediatric patients. [The previous sentence would be replaced with the sentence, below, for the following drugs: Prozac: Prozac is approved for use in pediatric patients with MDD and obsessive compulsive disorder (OCD). Zoloft: Zoloft is not approved for use in pediatric patients except for patients with obsessive compulsive disorder (OCD). Fluvoxamine: Fluvoxamine is not approved for use in pediatric patients except for patients with obsessive compulsive disorder (OCD).] (See Warnings: Clinical Worsening and Suicide Risk, Precautions: Information for Patients, and Precautions: Pediatric Use)

BLACK BOX WARNING

No good deed goes unpunished:

Decrease in AD prescribing for children and adolescents…

- 47% decrease in new AD prescribing in patients 5-21 y/o from 2002-2006
- 14% increase in incidence of suicide

Increase in AD prescribing in adults/elderly

- No negative changes in adults/elderly
  - ADs found to be PROTECTIVE of suicide

Bottom line: net reduction in suicide risk when ADs are prescribed

Gibbons RD, Mann JJ. Antidepressant Initiation and Suicide Risk. Psychiatric Times. 31(12) 31 Dec 2014.
Friedman RA. Antidepressants' Black-Box Warning – 10 Years Later. N Engl J Med. 2014;371:1666-1668.

BLACK BOX WARNING

Debugging the data

- Observational studies:
  - Indication for treatment
  - Medical claims data does not capture depression severity
  - End points based on medical claims
- Meta-analyses in FDA review:
  - RCTs used did not prospectively assess suicidality
  - Suicidal events spontaneously reported – not methodically studied, spontaneous data collection
  - Ascertainment bias
- "Suicidal events" in RCTs

Friedman RA. Antidepressants' Black-Box Warning – 10 Years Later. N Engl J Med. 2014;371:1666-1668.
Gibbons RD, Mann JJ. Antidepressant Initiation and Suicide Risk. Psychiatric Times. 31(12) 31 Dec 2014.
Rosack, J. FDA Issures Controversial Black-Box Warning. Psychiatry Online. Nov 2004. doi: 10.1176/pn.39.21.0039001
Simon GE, Savarino J, Operskalski B, et al. Suicide risk during antidepressant treatment. Am J Psychiatry 2006;163(1):44.

BLACK BOX WARNING

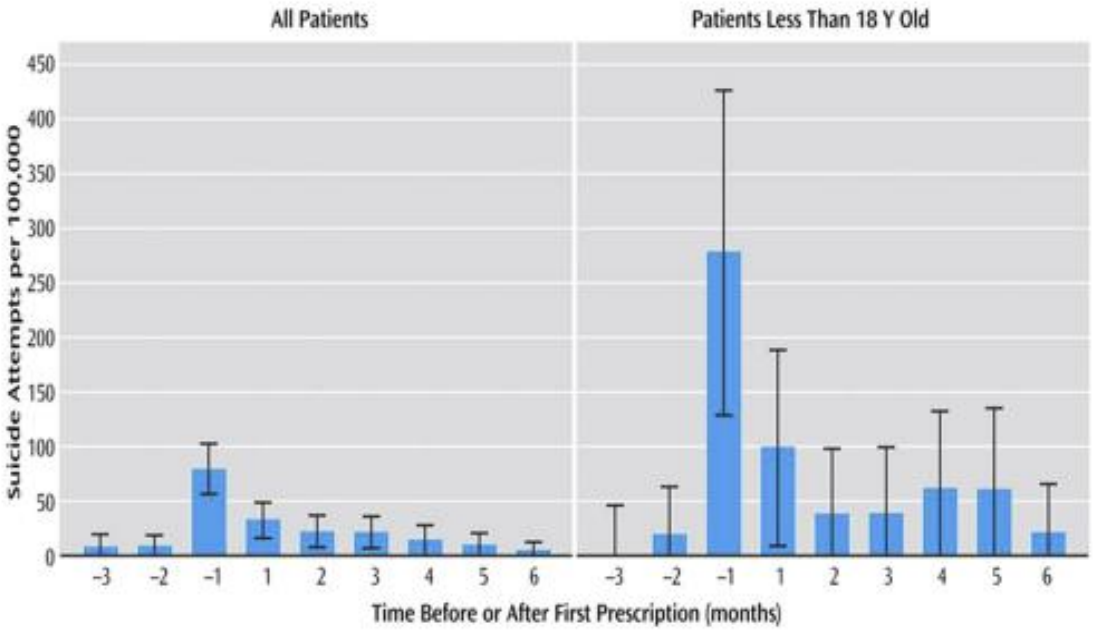
Debugging the data

- Suicide attempt was the most common event PRECEDING initiation of AD
- 24,119 depressed adolescents: NO increased risk for a suicide attempt with longer duration of therapy
  - <9 days – highest risk of suicide
  - >180 days – ADs protective against suicide attempts
- Postmortem adolescent suicides: <10% positive toxicology for prescribed AD

Friedman RA. Antidepressants' Black-Box Warning – 10 Years Later. N Engl J Med. 2014;371:1666-1668.
Gibbons RD, Mann JJ. Antidepressant Initiation and Suicide Risk. Psychiatric Times. 31(12) 31 Dec 2014.
Rosack, J. FDA Issures Controversial Black-Box Warning. Psychiatry Online. Nov 2004. doi: 10.1176/pn.39.21.0039001
Simon GE, Savarino J, Operskalski B, et al. Suicide risk during antidepressant treatment. Am J Psychiatry 2006;163(1):44.

BLACK BOX WARNING

- 65,103 patients – 82,285 episodes of AD treatment
  - 1 Jan 1992 – 30 June 2003
- Risk of suicide higher in month preceding AD therapy
- Suicide attempts decreased continuously after starting medication
- Every 1% increase in AD prescribing → Suicide rate drops 0.23 per 100,000



Simon GE, Savarino J, Operskalski B, et al. Suicide risk during antidepressant treatment. Am J Psychiatry 2006;163(1):44

BLACK BOX WARNING

American Psychiatric Association:

- "…the APA believes antidepressants save lives… We restate our continued deep concern that a 'black-box' warning on antidepressants may have a chilling effect on appropriate prescribing for patients. This would put seriously ill patients at grave risk."

American Academy of Child and Adolescent Psychiatry

- "…The data did NOT justify such a strong warning."

Rosack, J. FDA Issures Controversial Black-Box Warning. Psychiatry Online. Nov 2004. doi: 10.1176/pn.39.21.0039001

COUNSELING PARENTS ON SUICIDALITY RISK WITH ANTIDEPRESSANTS

- Discuss risk versus benefit
  - Risk of suicide associated with antidepressants vs risk of suicide due to depression
- Counsel about onset of action for antidepressants (4-6 weeks)
- Discuss parent's role to watch for signs of worsening depression and/or suicidal thoughts
  - Review warning signs (listed in medication guide)
  - Work together to devise an action plan (e.g., who he/she will contact if concerns arise)
- Counsel parent about relevant side effects (e.g., potential for brief increase in anxiety, risk of withdrawal symptoms if stopped abruptly)

Suicidality and Antidepressant Drugs

Antidepressants increased the risk compared to placebo of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults in short-term studies of major depressive disorder (MDD) and other psychiatric disorders. Anyone considering the use of [Insert established name] or any other antidepressant in a child, adolescent, or young adult must balance this risk with the clinical need. Short-term studies did not show an increase in the risk of suicidality with antidepressants compared to placebo in adults beyond age 24; there was a reduction in risk with antidepressants compared to placebo in adults aged 65 and older. Depression and certain other psychiatric disorders are themselves associated with increases in the risk of suicide. Patients of all ages who are started on antidepressant therapy should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior. Families and caregivers should be advised of the need for close observation and communication with the prescriber. [Insert Drug Name] is not approved for use in pediatric patients. [The previous sentence would be replaced with the sentence, below, for the following drugs: Prozac: Prozac is approved for use in pediatric patients with MDD and obsessive compulsive disorder (OCD). Zoloft: Zoloft is not approved for use in pediatric patients except for patients with obsessive compulsive disorder (OCD). Fluvoxamine: Fluvoxamine is not approved for use in pediatric patients except for patients with obsessive compulsive disorder (OCD).] (See Warnings: Clinical Worsening and Suicide Risk, Precautions: Information for Patients, and Precautions: Pediatric Use)

COUNSELING ADULT PATIENTS ON MEDICATIONS WITH SUICIDALITY WARNING

- Discuss risk vs. benefit
- Ask patient about his/her concerns and any risk factors
- Establish a plan
  - Determine who he/she will contact if suicidal thoughts occur
  - If medication is an antidepressant, recommend not discontinuing the medication before he/she has sought help and is safe
    - Other medications – on a case-by-case basis
- Show him/her you are providing a medication guide
- Antidepressant counseling
  - If he/she has experienced suicidal thoughts, TCAs and possibly bupropion and venlafaxine should be avoided – call prescriber
  - Delayed onset of action (4-6 weeks)
  - Potential transient increase in anxiety
  - Possibility of withdrawal symptoms if stopped abruptly

AUDIENCE RESPONSE QUESTION #3

POTENTIAL ROLES FOR PHARMACISTS

Identifying	Identifying patients who might be at risk
Managing	Managing intentional overdoses in patients who have attempted suicide
Counseling	Counseling patients about medications that may increase the risk
Monitoring	**Monitoring patients for signs of suicidal thoughts**
Referring	**Referring patients to health care practitioners/settings for necessary care**
Monitoring	Monitoring patients for adherence to antidepressant medication

WARNING SIGNS OF SUICIDALITY

- Feeling like a burden
- Being isolated
- Increased anxiety
- Feeling trapped or in unbearable pain
- Increased substance use
- Looking for a way to access lethal means
- Increased anger or rage
- Extreme mood swings
- Expressing hopelessness
- Sleeping too little or too much
- Talking or posting about wanting to die
- Making plans for suicide

Questions a patient may ask the pharmacist:

- What would happen if I took too much of this medication?
- Can you recommend something for sleep?

May make comments about the burden they put on loved ones

May exhibit moodiness, tearfulness, or depressed affect

www.BeThe1To.com
https://store.samhsa.gov/shin/content//SVP11-0126/SVP11-0126.pdf - National Suicide Prevention Lifeline wallet card, Suicide Prevention: Learn the Warning Signs

INTERACTING WITH A PATIENT WHO IS SUICIDAL

- First, determine if patient is in immediate danger and seek help if so
- Remain calm – goal is to try to allow patient to be comfortable talking to you
  - If patient is reaching out to you, that's a good sign they're trying to help themselves
- LISTEN and do not judge – this is their current reality
  - Do not dismiss ("things could be worse", "this will pass", etc)
  - Do not offer advice
- Do NOT promise to keep this a secret – goal is to get the patient help
- Speaking openly and honestly about suicide will NOT increase the likelihood of suicide and will usually HELP
  - "die by suicide" instead of "commit suicide"
  - Do not dwell on methods

https://www.healthyplace.com/suicide/how-to-talk-to-a-suicidal-person
Dazzi T, et al. Does asking about suicide and related behaviours induce suicidal ideation? What is the evidence? Psychol Med, 2014.

HOW TO TALK ABOUT SUICIDE WITH A SUICIDAL PERSON

http://youtu.be/0xeESZhfkOQ

Harry Croft, MD

Medical Director and board-certified psychiatrist
HealthyPlace.com

FIVE STEPS TO HELP SOMEONE AT RISK

1. Ask – many patients who need help won't ask for it
   - Use open-ended questions
2. Keep them safe – reduce access to lethal means
   - Includes safe prescribing, dispensing and storage of medications
     - e.g., keep medications in locked cabinet away from persons who have made prior attempts
3. Be there – listen to what they need
   - "What do you need right now?"
4. Help them connect
   - National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
   - Chat: www.suicidepreventionlifeline.org
   - Crisis text line: text "START" to 741741
5. Follow up – see how they are doing

MENTAL HEALTH FIRST AID

- 8 hour training course that provides basic knowledge and skills to respond to an individual in distress
  - Not specific to healthcare professionals – anyone can be trained
    - Growing movement for training in educational settings
  - Teaches participants to
    - Assess risk for suicide
    - Listen empathetically
    - Provide information and reassurance
    - Advocate for both professional help and self-help
- www.mentalhealthfirstaid.org

SAFE STORAGE OF MEDICATIONS

- Emergency Department Counseling on Access to Lethal Means (ED CALM)
  - Program trains psychiatric emergency clinicians in large children's hospital to provide lethal-means counseling and safe storage boxes to parents of patients under age 18 receiving care for suicidal behavior
- Runyan, et al.
  - Psychiatric emergency clinicians counseled 209 parents of patients < 18 years who were receiving care for suicidality before they were discharged home
    - 10 (9%) parents reported all meds in home were locked prior to ED visit
  - Follow-up interviews were conducted with 114 (55%) of parents counseled (planned 2-3 weeks following, all conducted within 15 weeks)
    - 84 (76%) of parents reported all medications in home were currently locked
    - *Note: safe storage boxes were provided; subsequent suicidal behaviors were not reported*

Runyan CW, et al. Lethal means counseling for parents of youth seeking emergency care for suicidality. West J Emerg Med. 2016;17(1):8-14.

AUDIENCE RESPONSE QUESTION #4

POTENTIAL ROLES FOR PHARMACISTS

Identifying	Identifying patients who might be at risk
Managing	Managing intentional overdoses in patients who have attempted suicide
Counseling	Counseling patients about medications that may increase the risk
Monitoring	Monitoring patients for signs of suicidal thoughts
Referring	Referring patients to health care practitioners/settings for necessary care
Monitoring	**Monitoring patients for adherence to antidepressant medication**

ADHERENCE TO ANTIDEPRESSANT MEDICATION

- Ask if there have been any problems taking the medication
  - Expectations met?
    - Might detect subtherapeutic response
  - Side effects or discomfort?
    - Ask specifically about distressing thoughts
    - Might detect suicidal thoughts or side effects that are causing non-adherence
  - Difficulty acquiring the medication?
    - Might detect non-adherence that can lead to subtherapeutic response
- Use pharmacy computer system and/or EMR
  - Reports of antidepressant dose refusals (inpatient)
  - Alerts of late refills, dispensing reports (outpatient)

RESOURCES AND INITIATIVES FOR PHARMACISTS

- Pharmacists Preventing Suicides, Inc.
  - pharmacistspreventingsuicides.com
  - Focuses on educating, training, researching, lobbying and promoting tools to assist pharmacists and student pharmacists in saving lives
    - Initiative to require pharmacists to complete suicide prevention C.E.
    - Educational seminars and trainings in schools of pharmacy
- Forefront Suicide Prevention Center. Suicide Prevention for Pharmacy Professionals
  - http://www.intheforefront.org/suicide-prevention-for-pharmacy-professionals/
  - Washington State Pharmacy Association https://www.wsparx.org/

RESOURCES AND INITIATIVES FOR PHARMACISTS

- College of Psychiatric and Neurologic Pharmacists
  - cpnp.org
  - Annual conference pre-meeting workshop: Suicide Prevention, Assessment, and Management Strategies for Pharmacy Professionals (April 7, 2019)
- Mental Health First Aid
  - www.mentalhealthfirstaid.org

ADDITIONAL RESOURCES

- American Foundation for Suicide Prevention
  - afsp.org
  - Education programs, support for loss survivors, Out of the Darkness walk, advocacy, public policy
  - Suicide prevention research
- National Suicide Prevention Lifeline - funded by Substance Abuse and Mental Health Services Administration (SAMHSA)
  - www.BeThe1To.com
  - https://suicidepreventionlifeline.org/
- Centers for Disease Control and Prevention
  - www.cdc.gov/vitalsigns/suicide and www.cdc.gov/mmwr

QUESTIONS?