Suicidalita

Vyšetření, prevence a terapie

Suicidalita

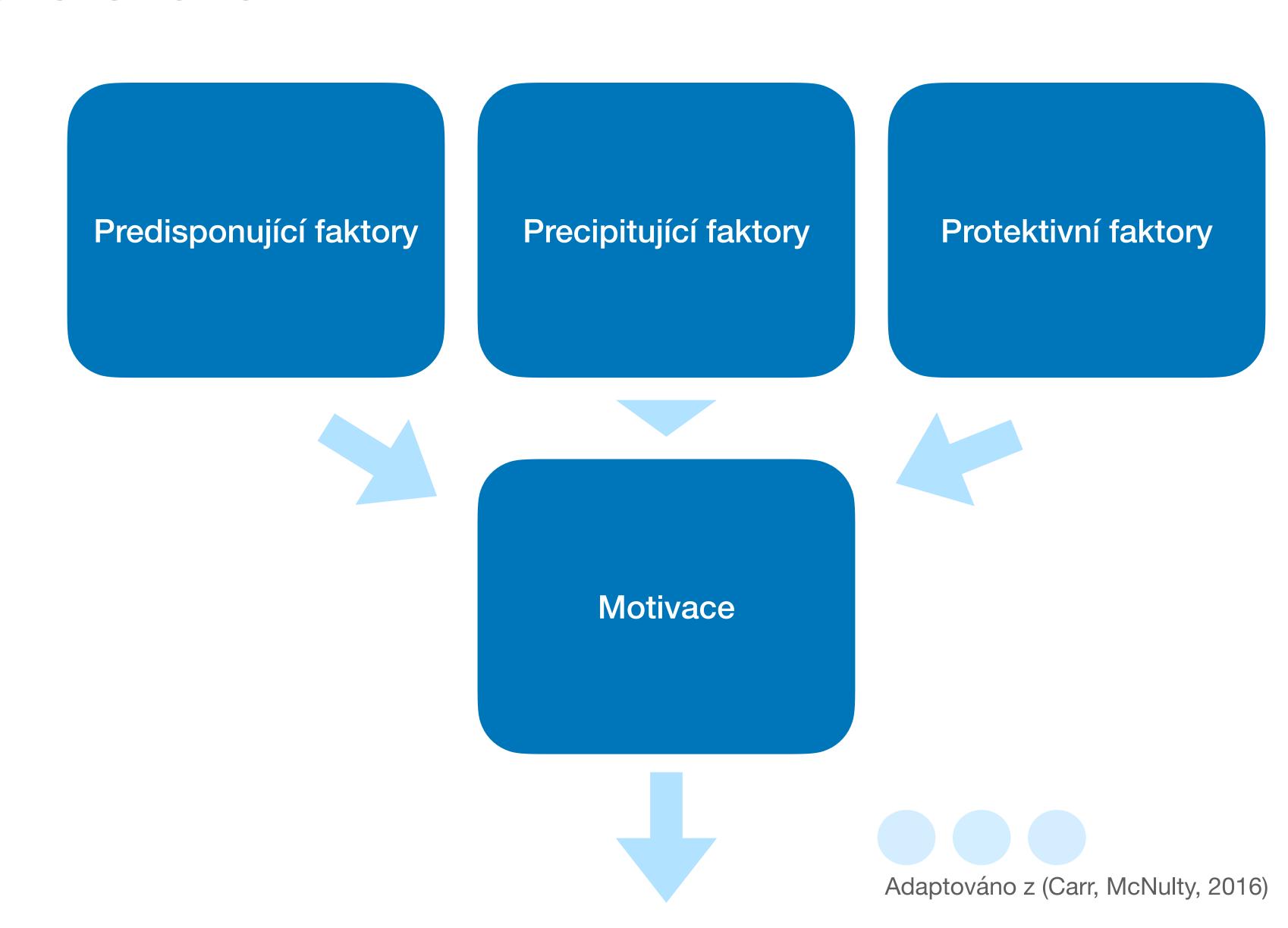
Prevalence a incidence

- Více lidí se o sebevraždu pokusí než ji spáchá
- Dokonané sebevraždy 11,4 na 100 000 obyvatel ročně. Sucidálních pokusů (TS) 4 na 1000 obyvatel.
- Dokonané sebevraždy vyšší u mužů, více TS u žen.
- Nejvyšší počet TS u mladých dospělých. Nejčastějšími způsoby zpáchání sebevraždy jsou oběšení, zastřelení, požití pesticidů.
- Suicidální ideace celoživotní prevalence u 15 % US populace.
- 30-60% lidí, kteří se pokusí o sebevraždu mají v již v minulosti jiné TS.

Závažnost suicidálního jednání a měření budoucího rizika

Měření rizika siucidia

- Formulace případu:
- Predisponující faktory
- Precipitující faktory
- Osobnostní faktory
- Psychopatologie
- Suicidální ideace
- Suicidální intence
- Motivace



Bez úmyslu zemřít

Suicidální tendence

Plánování Final Act Nevyhledávání pomoci Volba smrtelnější metody

?

Kontinuum suicidální tendence/ ideace

Suicidální ideace

Příjmutí antisui. Kontraktu Přijmutí monitorovacího kontraktu

Více závažné

Střelné zranění Oběšení Skok Bodnutí

?

Kontinuum použití smrtelných prostředků

Méně závažné

Povrchové řezy Overdosing Popálení

Sebevražda

Sebepoškozování

Riziko sebevraždy u psychiatrické populace

- Psychotická porucha
- Bipolární porucha
- Závislost na návykových látkách
- Depresivní porucha!
- Nespecifická porucha nálady
- Organické poškození mozku
- Poruchy spánku
- Úzkostné poruchy
- Hraniční porucha osobnosti

Měření rizika

- Rozhovor pro měření rizika sebevraždy
- Standardizované testy a dotazníky
- Specifické predisponující faktory
- Běžné nástroje nemapují sui. kognice
- Ideální kombinace: SCS+ BDI-II, ASQ/ CSSRS- lepší identifikace pacientů s potenciálním rizikem sebevraždy (Bryan et al., 2021)

NIMH TOOLKIT: ADULT OUTPATIENT



What to do when an adult patient screens positive for suicide risk:

- Use after a patient (18+ years) screens positive for suicide risk on the asQ
- Assessment guide for mental health clinicians, MDs, NPs, or PAs
- Prompts help determine disposition

Praise patient for discussing their thoughts

"I'm here to follow up on your responses to the suicide risk screening questions. These can be hard things to talk about. Thank you for telling us. I need to ask you a few more questions."

Assess the patient Review patient's responses from the asQ Interview the patient alone; ask any visitors to leave the room

Frequency of suicidal thoughts

Determine if and how often the patient is having suicidal

Ask the patient: "In the past few weeks, have you been thinking about killing yourself?" If yes, ask: "How often?" (once or twice a day, several times a day, a couple times a week, etc.) "When was the last time you had these thoughts?"

"Are you having thoughts of killing yourself right now?" (If "yes," patient is at imminent risk and requires an urgent/STAT mental health evaluation and cannot be left alone. Notify patient's medical team.)

Suicide plan

Assess if the patient has a suicide plan, regardless of how they responded to any other questions (ask about method and access to means).

Ask the patient: "Do you have a plan to kill yourself?" If yes, ask: "What is your plan?" If no plan, ask: "If you were going to kill yourself, how would you

Note: If the patient has a very detailed plan, this

is more concerning than if they haven't thought it through in great detail. If the plan is feasible (e.g., if they are planning to use pills and have access to pills) this is a reason for greater concern and removing or securing dangerous items (medications, guns, ropes,

Past behavior

Evaluate past self-injury and history of suicide attempts (method, estimated date, intent).

Ask the patient: "Have you ever tried to hurt yourself?" "Have you ever tried to kill yourself?"

If yes, ask: "How? When? Why?" and assess intent: "Did you think [method] would kill you?" "Did you want to die?" (Intent is as important as lethality of method) Ask: "Did you receive medical/psychiatric treatment?"

Note: Past suicidal behavior is the strongest risk factor for future attempts.

Symptoms Ask the patient about:

Depression: "In the past few weeks, have you felt so sad or depressed that it makes it hard to do the things you would like to do?"

Anxiety: "In the past few weeks, have you felt so worried that it makes it hard to do the things you would like to do or that you feel constantly agitated/on-edge?'

Impulsivity/Recklessness: "Do you often act without thinking?"

Hopelessness: "In the past few weeks, have you felt hopeless, like things would never get better?"

Anhedonia: "In the past few weeks, have you felt like you couldn't enjoy the things that usually make you happy?'

Isolation: "Have you been keeping to yourself more than usual?"

Irritability: "In the past few weeks, have you been feeling more irritable or grouchier than usual?"

Substance and alcohol use: "In the past few weeks, have you used drugs or alcohol excessively or more than usual?" **If yes, ask:** "What? How much? Has this caused any legal problems or problems with more people in your life?"

Sleep pattern: "In the past few weeks, have you had trouble falling asleep or found yourself waking up in the middle of the night or earlier than usual in the morning?"

Appetite: "In the past few weeks, have you noticed changes in your appetite? Have you been less hungry or more hungry than usual?"

Other concerns: "Recently, have there been any concerning changes in how you are thinking or feeling?"

Social Support & Stressors

(For all questions below, if patient answers yes, ask them to describe.)

Support network: "Is there a trusted person you can talk to? Who? Have you ever seen a therapist/counselor?" If yes, ask: "When and for what

Family situation: "Are there any conflicts at home that are so difficult to manage that they are causing you a lot of distress?"

Employment: "Do you currently have a job?" If yes, ask: "Do you ever feel so much pressure at work that you can't take it anymore?"

Domestic violence: "Are you worried that anyone in your life is trying to hurt you?"

Suicide contagion: "Do you know anyone who has killed themselves or tried to kill themselves?"

Reasons for living: "What are some of the reasons you would NOT kill yourself?" (e.g. belief system/faith/family/other)

asQ Suicide Risk Screening Toolkit NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH) (NIH) 7/1/2020





Nástroje pro měření

- CSSR-S
- BDI-II
- Beck scale for suicuide ideation
- Hopelessness scale
- SCS- suicuide cognition scale
- Etc.
- ROR- SCON 7-8

SUICIDAL IDEATION			
Ask questions 1 and 2. If both are negative, proceed to "Suicidal Behavior" section. If the answer to question 2 is "yes", ask questions 3, 4 and 5. If the answer to question 1 and/or 2 is "yes", complete "Intensity of Ideation" section below.		Since Last Visit	
1. Wish to be Dead Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. Have you thought about being dead or what it would be like to be dead? Have you wished you were dead or wished you could go to sleep and never wake up? Do you wish you weren't alive anymore?	Yes	No	
If yes, describe:			
2. Non-Specific Active Suicidal Thoughts General, non-specific thoughts of wanting to end one's life/commit suicide (e.g., "I've thought about killing myself") without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period. Have you thought about doing something to make yourself not alive anymore? Have you had any thoughts about killing yourself?	Yes	No	
If yes, describe:			
3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would say, "I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do itand I would never go through with it." Have you thought about how you would do that or how you would make yourself not alive anymore (kill yourself)? What did you think about?	Yes	No	
If yes, describe:			
4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan Active suicidal thoughts of killing oneself and subject reports having some intent to act on such thoughts, as opposed to "I have the thoughts but I definitely will not do anything about them." When you thought about making yourself not alive anymore (or killing yourself), did you think that this was something you might actually do? This is different from (as opposed to) having the thoughts but knowing you wouldn't do anything about it.	Yes	No	
If yes, describe:			
5. Active Suicidal Ideation with Specific Plan and Intent Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out. Have you decided how or when you would make yourself not alive anymore/kill yourself? Have you planned out (worked out the details of) how you would do it? What was your plan? When you made this plan (or worked out these details), was any part of you thinking about actually doing it?	Yes	No	
If yes, describe:			
INTENSITY OF IDEATION			
The following feature should be rated with respect to the most severe type of ideation (i.e., 1-5 from above, with 1 being the least severe and 5 being the most severe). Most Severe Ideation:	Mo Sev	ost ere	
Type # (1-5) Description of Ideation			
Frequency How many times have you had these thoughts? Write response (1) Only one time (2) A few times (3) A lot (4) All the time (0) Don't know/Not applicable	_		

SUICIDAL BEHAVIOR	Since Last Visit
Check all that apply, so long as these are separate events; must ask about all types)	VISIT
Actual Attempt: A potentially self-injurious act committed with at least some wish to die, as a result of act. Behavior was in part thought of as method to kill oneself. Intent loes not have to be 100%. If there is any intent/desire to die associated with the act, then it can be considered an actual suicide attempt. There does not	Yes No
have to be any injury or harm, just the potential for injury or harm. If person pulls trigger while gun is in mouth but gun is broken so no injury results, his is considered an attempt.	
inferring Intent: Even if an individual denies intent/wish to die, it may be inferred clinically from the behavior or circumstances. For example, a highly lethal act that is clearly not an accident so no other intent but suicide can be inferred (e.g., gunshot to head, jumping from window of a high floor/story). Also, if someone denies intent to die, but they thought that what they did could be lethal, intent may be inferred.	
Did you <u>do anything</u> to try to kill yourself or make yourself not alive anymore? What did you do?	
Did you hurt yourself on purpose? Why did you do that?	Total # of
Did you as a way to end your life?	Attempts
Did you want to die (even a little) when you?	
Were you trying to make yourself not alive anymore when you?	
Or did you think it was possible you could have died from?	
Or did you do it purely for other reasons, not at all to end your life or kill yourself (like to make yourself feel better, or get	
something else to happen)? (Self-Injurious Behavior without suicidal intent)	
f yes, describe:	
	Yes No
Has subject engaged in Non-Suicidal Self-Injurious Behavior?	
	Yes No
Has subject engaged in Self-Injurious Behavior, intent unknown?	
Interrupted Attempt:	Yes No
When the person is interrupted (by an outside circumstance) from starting the potentially self-injurious act (if not for that, actual attempt would have	
Overdose: Person has pills in hand but is stopped from ingesting. Once they ingest any pills, this becomes an attempt rather than an interrupted attempt. Shooting: Person has gun pointed toward self, gun is taken away by someone else, or is somehow prevented from pulling trigger. Once they pull the trigger, even if the gun fails to fire, it is an attempt. Jumping: Person is poised to jump, is grabbed and taken down from ledge. Hanging: Person has noose around neck but has not yet started to hang - is stopped from doing so.	Total # of
Has there been a time when you started to do something to make yourself not alive anymore (end your life or kill yourself) but someone or something stopped you before you actually did anything? What did you do? If yes, describe:	interrupted
Aborted Attempt or Self-Interrupted Attempt:	
When person begins to take steps toward making a suicide attempt, but stops themselves before they actually have engaged in any self-destructive behavior.	Yes No
Examples are similar to interrupted attempts, except that the individual stops him/herself, instead of being stopped by something else.	
Has there been a time when you started to do something to make yourself not alive anymore (end your life or kill yourself) but you	Total # of
changed your mind (stopped yourself) before you actually did anything? What did you do?	aborted
f yes, describe:	or self-
	interrupted
Preparatory Acts or Behavior:	Yes No
Acts or preparation towards imminently making a suicide attempt. This can include anything beyond a verbalization or thought, such as assembling a specific nethod (e.g., buying pills, purchasing a gun) or preparing for one's death by suicide (e.g., giving things away, writing a suicide note).	
Have you done anything to get ready to make yourself not alive anymore (to end your life or kill yourself)- like giving things away,	
writing a goodbye note, getting things you need to kill yourself?	Total # of
f yes, describe:	preparatory acts
1 , 00, 00001100.	acto
Suicide:	Yes No
Death by suicide occurred since last assessment.	

INSTRUCTIONS:

Please read each of the statements below and then tick a box to show how strongly you agree or disagree with each of the statements

		Strongly Disagree	Disagree	Agree	Strongly Agree
01	The world would be better off without me				
02	Suicide is the only way to solve my problems				
03	I can't stand this pain anymore				
04	I've never been successful at anything				
05	I can't tolerate being this upset any longer				
06	I can never be forgiven for the mistakes I've made				
07	No one can help me solve my problems				
80	It is unbearable when I get this upset				
09	I am completely unworthy of love				
10	Nothing can help solve my problems				
11	It is impossible to describe how badly I feel				
12	I can't cope with my problems any longer				

		Strongly Disagree	Disagree	Agree	Strongly Agree
13	I can't imagine anyone being able to withstand this kind of pain				
14	There is nothing redeeming about me				
15	Suicide is the only way to end this pain				
16	I don't deserve to live another moment				
17	I would rather die now than feel this unbearable pain				
18	No one is as loathsome as me				

Krátkodobý plán zvládání

Krizová intervence

Antisuicidální kontrakt

Monitorovací kontrakt + odhodlání volat krizovou linku

Dobrovolná krátkodobá stabilizační hospitalizace

Nedobrovolná hospitalizace

Zásady práce se suicidálním pacientem

Tips and tricks

Krizová intervence

Krátkodobý plán zvládání

- !! Nemoralizovat, nebagatelizovat, neapelovat na víru, na logiku a morálku, slova typu "musíte".
- ANO:
- Aktivně naslouchat a emočně se angažovat
- Dát prostor emocím- pláč, hněv
- Pojmenovat "sebevražda", ptát se na konkrétní čas, místo, a způsob
- Pracovat s odložením sebevraždy
- Nabídnout sebe a věřit, že můžu pomoci
- Antisuicidální kontrakt
- Možno volat záchranku (pokud klient souhlasí)
- Samotný kontakt pacienta je volání o pomoc i když verbalizuje opak.
- Kontakt a konzultaci bereme jako vůli k životu (pacient je obeznámen v IS).

- Co očekává od sebevraždy?
- Co si myslíte, že bude pak? Po smrti...
- Všechno skončí... není to tak jisté, tolik a tolik sebevražedných pokusů skončí s
 trvalými následky.
- Já to risknu- máte na to právo, ale je to to nejposlednější řešení, pak už nic nezměníte.
 Chcete se zabít, protože trpíte a protože se trápíte. Pojďme společně najít řešení.
- Jaká jsou další řešení?
- Plán jak zůstat v bezpečí*
- Hrajeme o čas
- Nebát se prozkoumat představy o smrti a co od toho očekává.
- Mýtus: mluvení o sebevraždě ho utvrdí, opak je pravdou. Pozor na vyhýbavé chování.

Antisuicidální plán + monitorovací plán

Krátkodobý plán zvládání

Box II.I No-harm and monitoring contracts
No-Harm Contract
I promise that I will not harm myself between now and the next time we meet. I promise that if I feel an urge to harm myself I will let my next of kin or significant other know immediately and will contact the clinic immediately at this number:
Signed (Client)
Witnessed (Psychologist)
Witnessed (Next of kin or significant other)
Date
Monitoring Contract
I promise that I will arrange for to be under
24-hour observation at my home on the following dates:
I promise that if there is any sign that he or she has an urge to harm himself or herself I will contact the clinic immediately at this number:
Signed (Next of kin on significant other)
Signed(Next of kin or significant other) Witnessed(Client)
Witnessed(Psychologist)
Date

- Antisuicidální kontrakt
- Monitorovací kontrakt
- Ambulance. Dokumentace!!
- Nabízí se jako součást terapeutického plánu.

Dobrovolná/ nedobrovolná hospitalizace

Dobrovolná:

- Kontaktovat psychiatra
- Vyšetření před přijetím, breefing
- Léčba psychického onemocnění
- Problem solving
- Bezpečí

Nedobrovolná

- Pacient odmítne krátkodobou hospitalizaci a antisui kontrakt
- Nebezpečný sobě

• Faktory ovlivňující rozhodování

Dlouhodobý plán zvládání

Dlouhodobý plán zvládání

- Psychoterapie
- Farmakoterapie
- Kombinace

Práce s rodinou

- Snížení viny u rodiny a přátel
- Provádění procesem truchlení

Kazuistika

Pacient 1

- Petr (45 let) byl přivezen na urgentní příjem lokální nemocnice poté, co požil potenciálně smrtelné množství antidepresiv, paracetamolu a alkoholu. Pacient velmi pečlivě pokus plánoval a odkládal dávky léků, ujišťoval se, že dávka bude dostatečná. Požítí smrtelné dávky naplánoval na den, kdy jeho žena měla být mimo město. Napsal dopis na rozloučenou, kde popisuje své utrpení při léčbě deprese a finanční problémy, se kterými se potýká. Manželka ho shodou okolností našla doma v bezvědomí. U pacienta bylo v nemocnici provedeno psychiatrické a psychologické vyšetření.
- V průběhu let se u Petra objevovaly rekurentní depresivní fáze, které zpomalovaly kariérní postup. Toto zpomalení bral jako osobní neúspěch. 6 měíců před suicidálním pokusem byl propuštěn z práce, což precipitovalo aktuální epizodu těžké deprese. V posledních měsících se Petr snažil urovnat všechny své finanční záležitosti a připravoval sebevraždu.
- BDI-II, hopelessness scale a sui. scale v kritických hodnotách. Známky těžké depresivní epizody. Výrazné suicidální tendence.

Pacientka 2

- Simona (22 let) přivedena na urgentní příjem jejím přítelem poté, co se předávkovala život neohrožující dávkou benzodiazepinů a alkoholu. Po příjmu bylo zřejmé, že si také pořezala zápěstí. Rány byly povrchové- život neohrožující. U pacientky bylo v nemocnici provedeno psychiatrické a psychologické vyšetření.
- V době pokusu byla Simona ve stresu, ale život si vzít nechtěla. Byla ráda, že se jí to nepodařilo a že se o ni přítel zajímal a pomohl jí. V pozdějším rozhovoru je zjištěno, že Simona chtěla potrestat přítele za něvěru. Zamknula se v koupelně, snědla pilulky a ve vaně se pořezala. To, že přítel vyrazil dveře a odvezl ji do nemocnice, brala jako důkaz, že mu na ní stále záleží.
- BDI-II skóry středně závažné. Hopelessness scale nízko. Sui. questionare suicidální ideace <u>bez záměru.</u> A diagnostic interview podvrdil, že Simona splňovala kritéria pro BPO.

Závěrečná diskuse

Použitá literatura

Song, Y., Rhee, S. J., Lee, H., Kim, M. J., Shin, D., & Ahn, Y. M. (2020). Comparison of Suicide Risk by Mental Illness: a Retrospective Review of 14-Year Electronic Medical Records. *Journal of Korean medical science*, *35*(47), e402. https://doi.org/10.3346/ ikms.2020.35.e402

Bryan CJ, Allen MH, Thomsen CJ, May AM, Baker JC, Bryan AO, Harris JA, Cunningham CA, Taylor KB, Wine MD, Young J, Williams S, White K, Smith L, Lawson WC, Hope T, Russell W, Hinkson KD, Cheney T, Arne K. Improving Suicide Risk Screening to Identify the Highest Risk Patients: Results From the PRImary Care Screening Methods (PRISM) Study. Ann Fam Med. 2021 Nov-Dec;19(6):492-498. doi: 10.1370/afm.2729. PMID: 34750123; PMCID: PMC8575515.

Carr, A., & McNulty, M. (Eds.). (2016). The handbook of adult clinical psychology: an evidence based practice approach. Routledge.