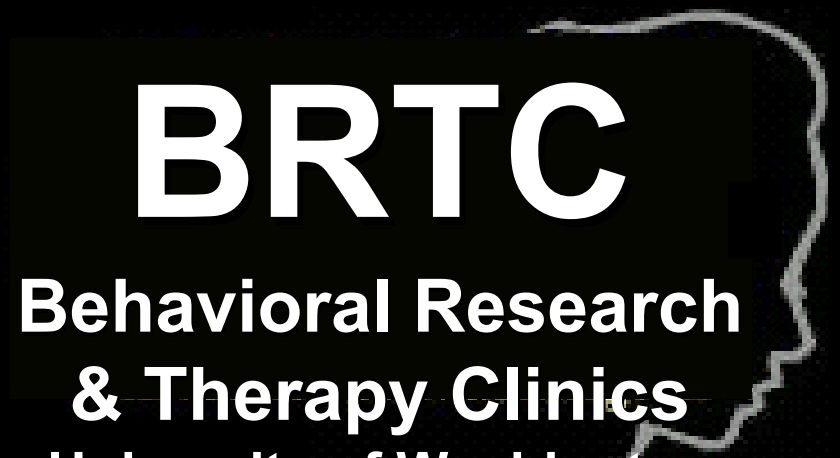
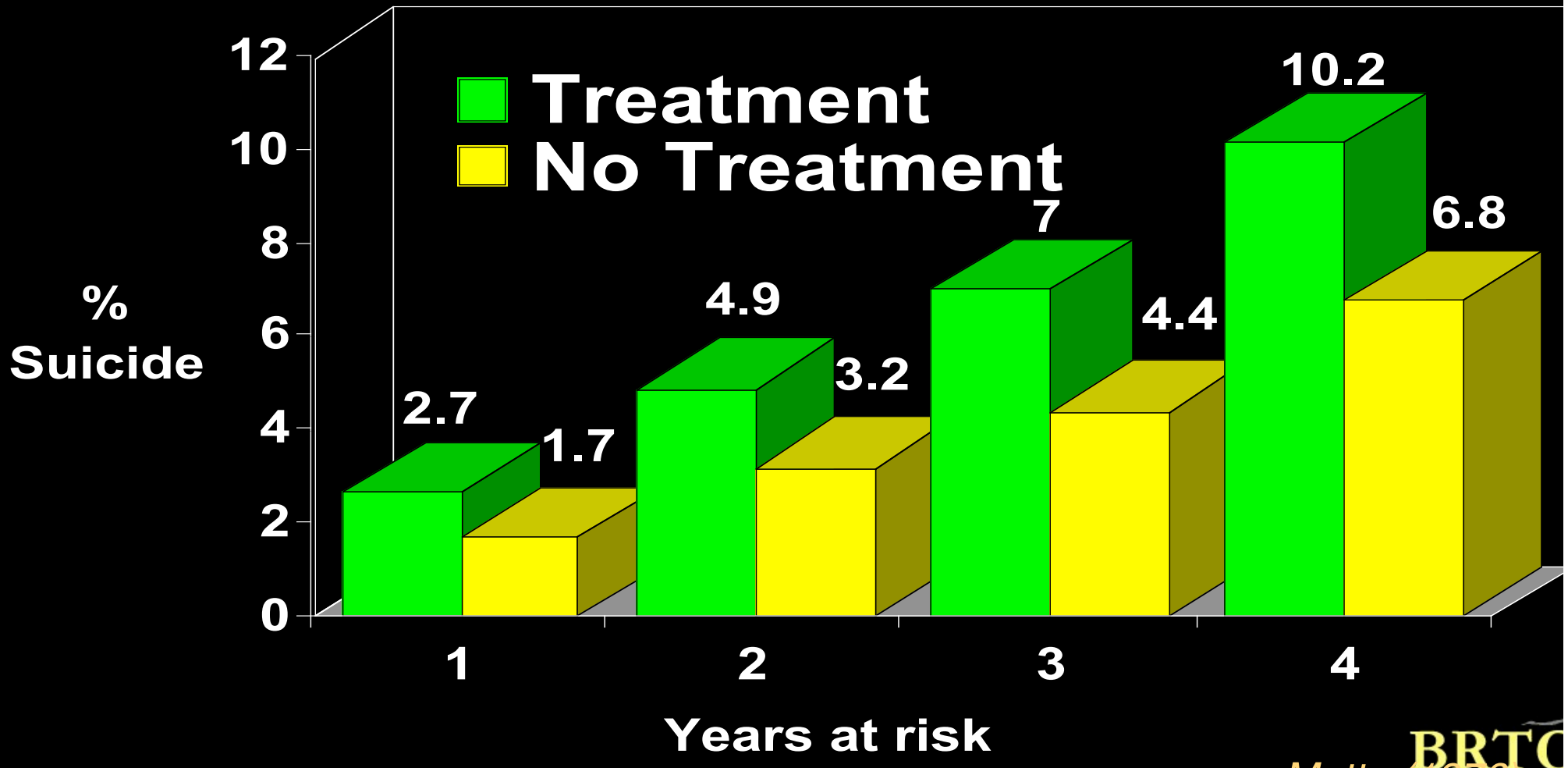
Where do we go from here



DBT Rescue Medication Protocol: Use Psychotropic Medication for Following

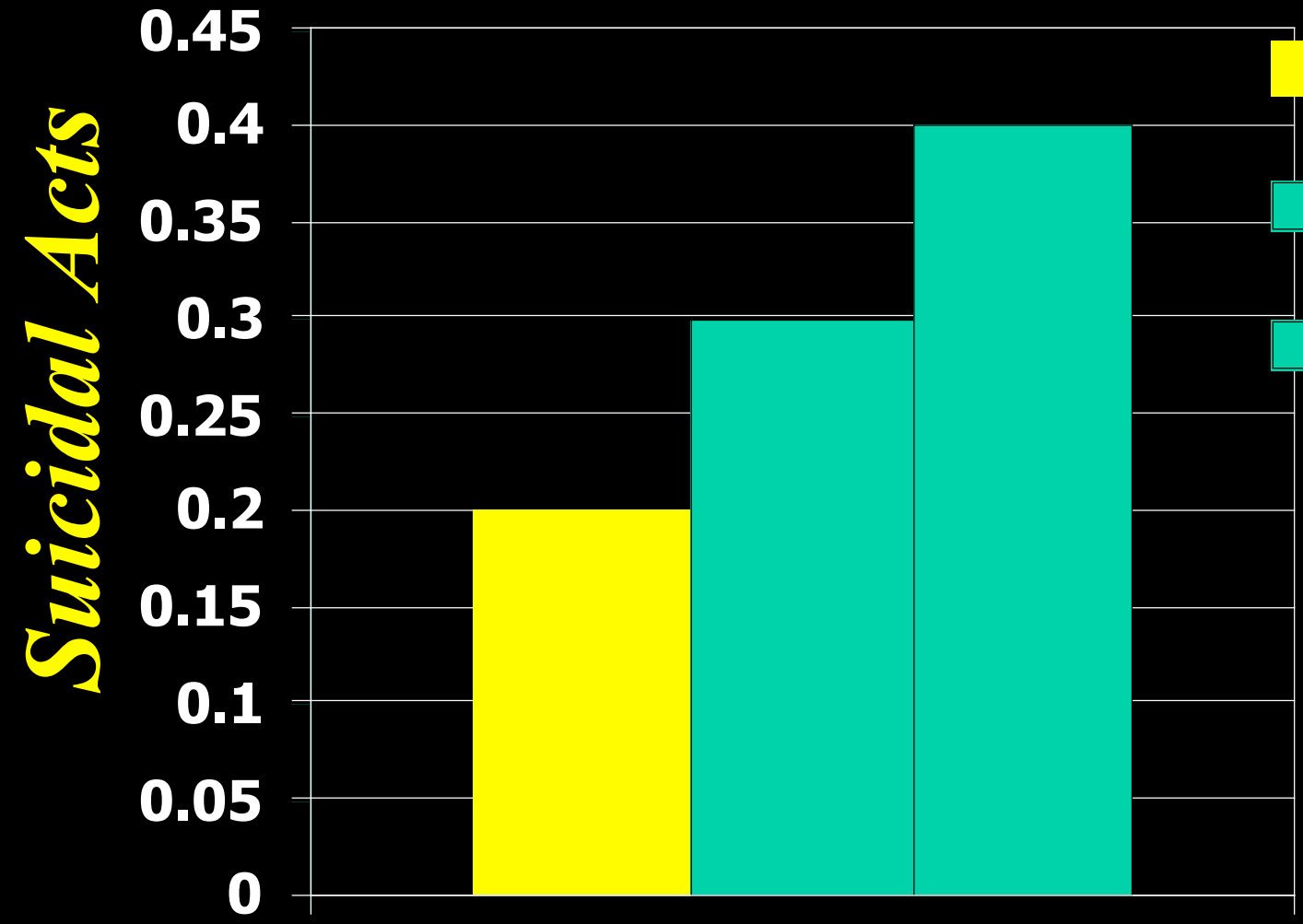
1. Psychosis and bi-polar disorders
2. Addiction (e.g., antabuse, methadone, suboxone)
3. Chronic insomnia : if non-responsive to behavioral insomnia intervention
4. Severe insomnia combined with escalating agitation or suicide ideation: treat immediately
5. Psychotic episode: brief trial (3 weeks) of anti-psychotic medication; continue if psychosis resumes when tapering off medication

Percent Eventual Suicide of Persons at High Risk for Suicide Who Obtain Treatment vs. Refuse Treatment



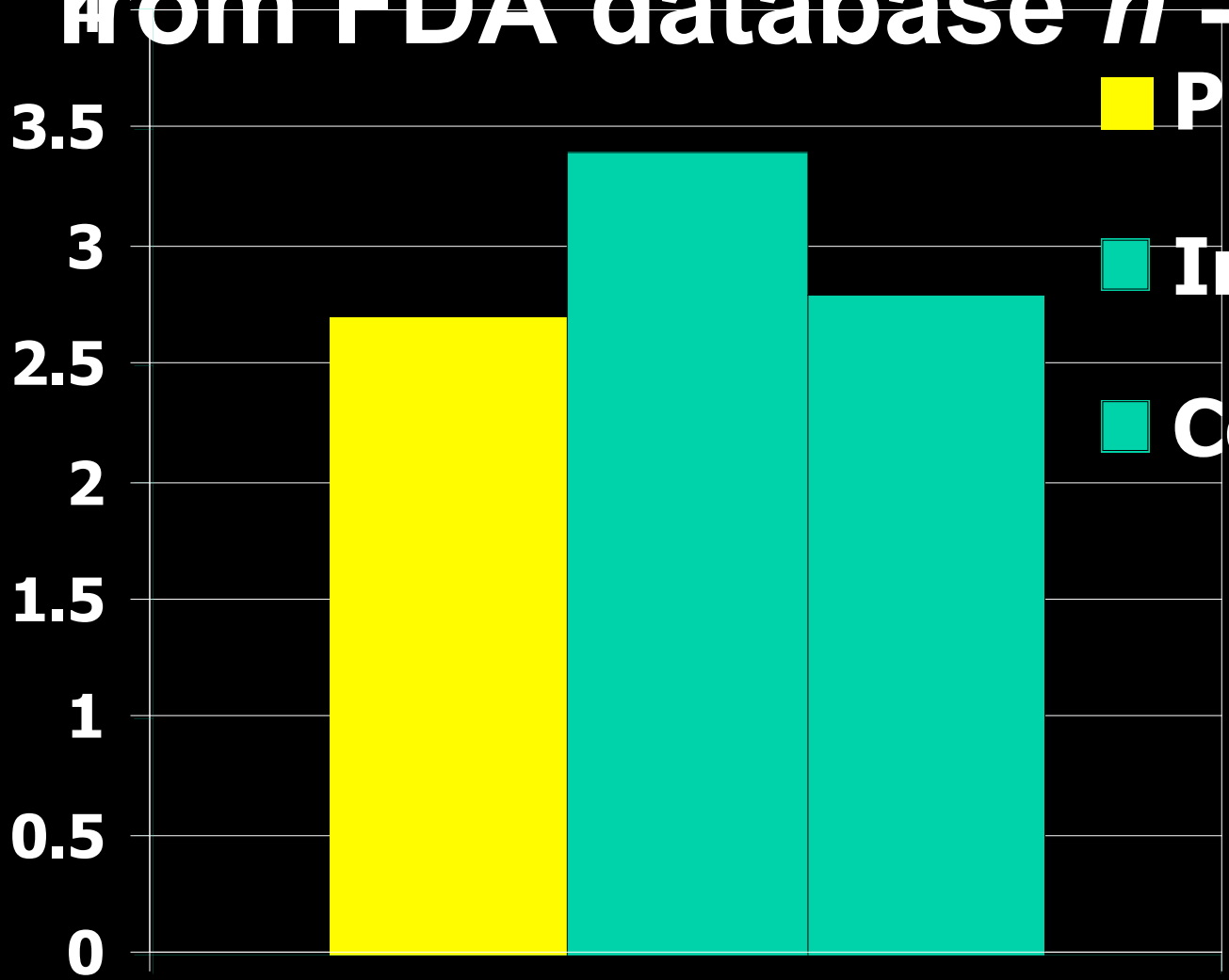
Motto (1976)

Pooled Incidence of Suicidal Acts Over 17 Anti-depressant RCTs: *n* = 3,065



Beasley, et al., 1991

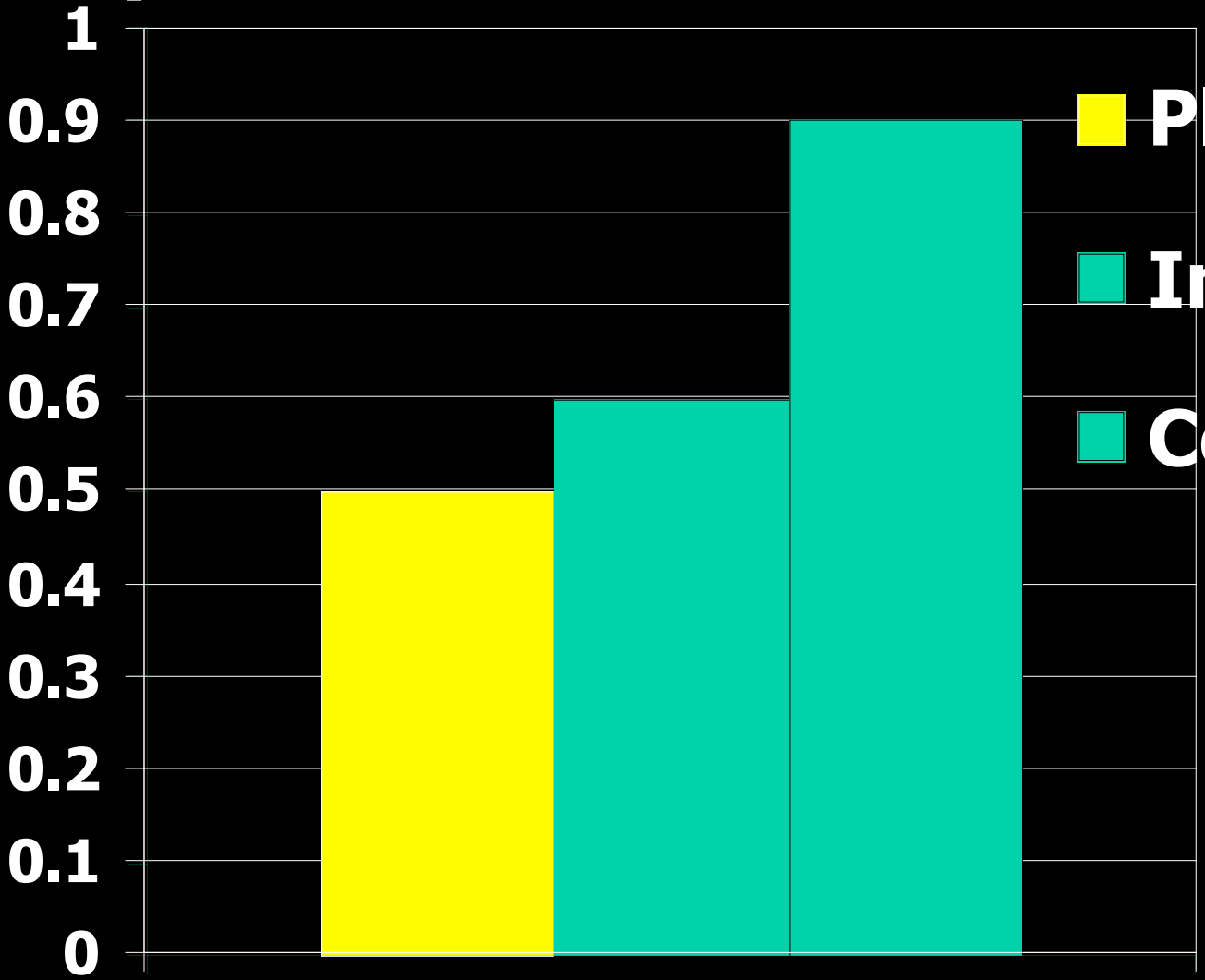
Incidence of Suicide: 45 Anti-Depressant RCTs from FDA database *n* = 10,639



ns

Kahn, et al., 2000

Rates/Year of Suicide: *n* = 23,201 Replication Trial for FDA Sample



ns

Khan et al., 2000

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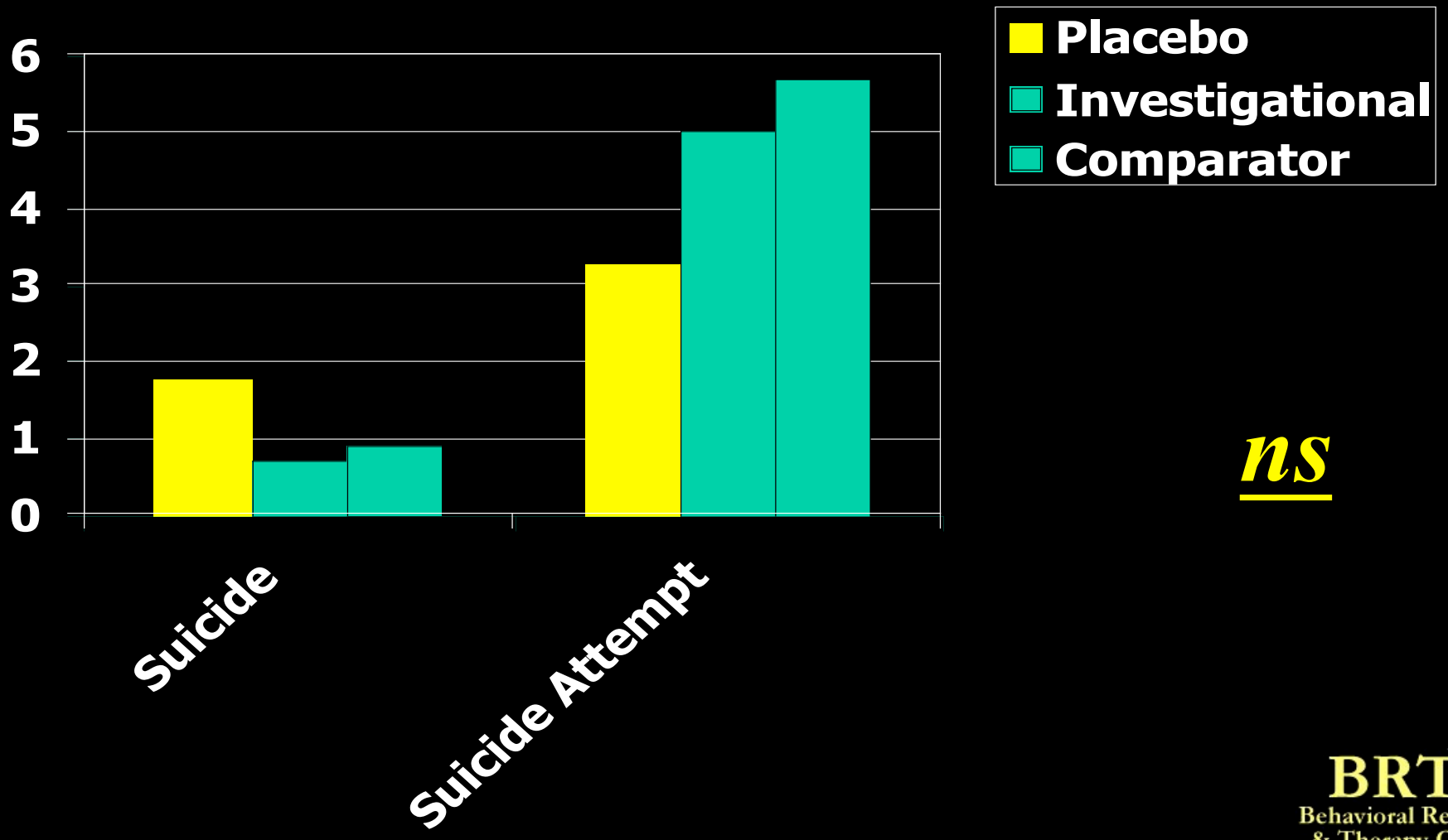
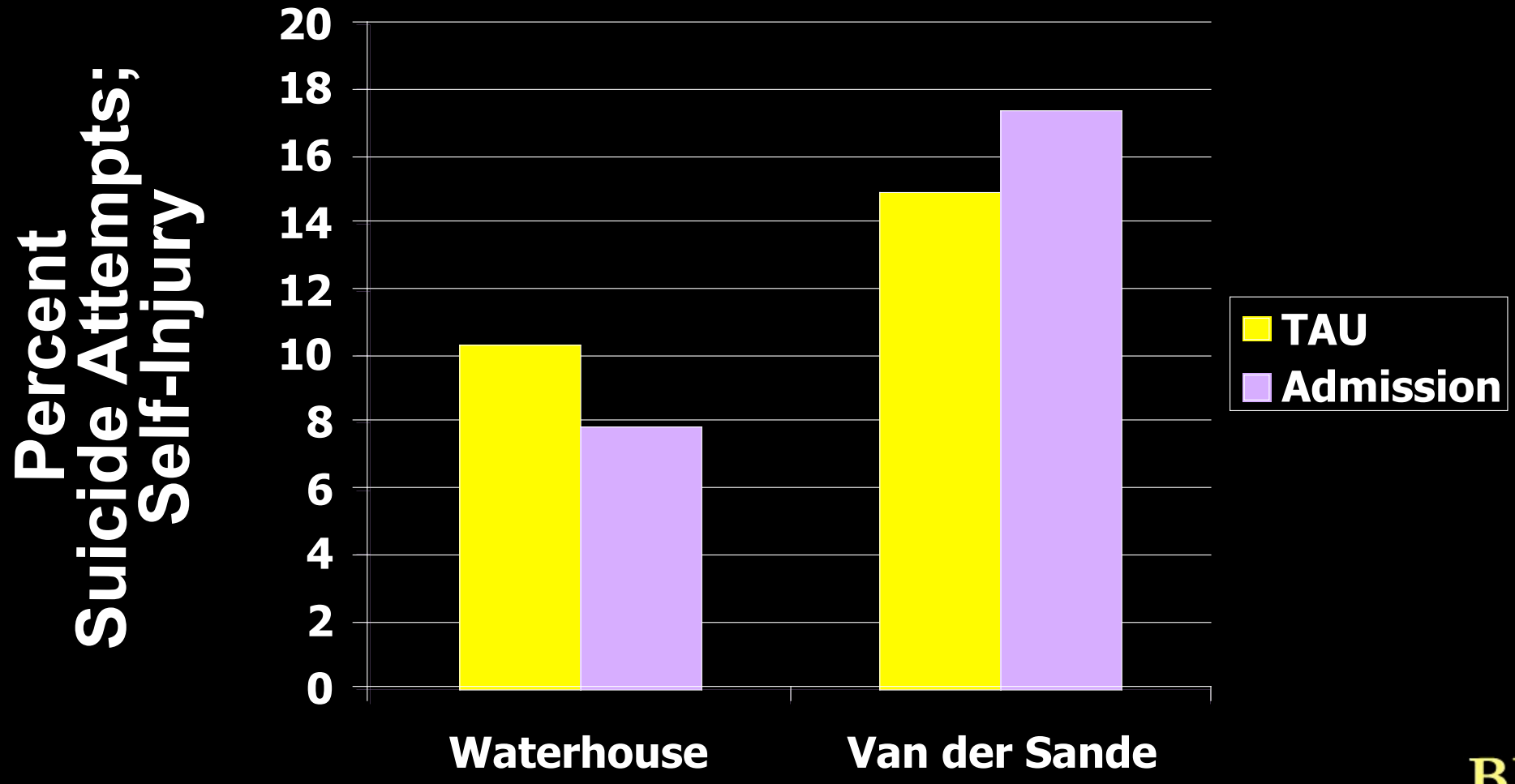
What about schizophrenia?

Rates/Year of Suicide/Attempted Suicide: 45 Anti-Psychotic RCTs from FDA database *n* = 10,118



ns

Inpatient Admission vs. TAU: Experimental vs. Control: *ns*



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Where Are We Now?

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Our beliefs that we already know how to reduce suicide risk and our fears of trying anything new is keeping us from learning how to treat suicidal individuals effectively.

Needed RCTs

- Evaluate treatment of depression with suicidal, depressed clients
- Evaluate inpatient care, particularly involuntary care for suicidal individuals
- Evaluate experts in treatment of suicide vs. experts in mental health care

Treating suicidal behavior by treating disorders associated with it has not yet been shown to be effective.

Where Do We Go From Here?

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Thinking we know the answers keeps us from asking these questions

- **Among suicidal, depressed individuals:**
  - If depression is treated successfully (i.e., depression remits), is the risk of suicide reduced
  - Is suicide risk increased, decreased or unaffected by use of anti-depressant medication
- **Does treatment of mental disorders reduce suicide risk?**
- **For high-risk suicidal individuals:**
  - Is inpatient treatment for suicide risk iatrogenic
  - Is involuntary commitment iatrogenic

1. Is hospitalization helpful?
2. Do benzos have an impact on suicidal crisis?
3. Need specific txs for suicidal adolescents
4. Access to affordable healthcare matter (low SES)?
5. What causes a caregiver to hospitalize a patient or not?
6. Specialized suicide tx clinic make a difference?
7. How much does it cost to train suicide specialists?
8. Does training in clinical suicidology make a difference
9. Does familys reaction to suicidal behavior impact suicidal behavior (e.g. expressed emotion, critical, overinvolved)
10. Is lithium effective in acute cases?
11. Whether any treatments have an effect on completed suicide?
12. Resilience training in boot camp and problem focused coping make a preventive difference in military?
13. Does continuity of care with the same provider makes a difference?
14. Does giving the Suicide Status Form help or make things worse?
15. What is the timeline for effective outcomes?

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