Prevalence and clinical correlations of suicidal ideation in patients with schizophrenia

B.J. Havaki-Kontaxaki, M.M. Margariti, S.S. Stamouli, C.T. Kollias, V.P. Kontaxakis

Department of Psychiatry, University of Athens, Eginition Hospital, Athens

Psychiatriki 2004, 15:209-216

Suicide research in schizophrenia has primarily focused on attempted or completed suicide. It has been estimated that 30% of patients with schizophrenia attempt suicide and 10% are successful. These two groups of patients have been excessively studied with regard to their frequency of occurrence as well as regarding psychopathological state and sociodemographic characteristics. However, data on suicidal thoughts in schizophrenic patients are scarce. It should therefore be of clinical value to consider the risk factors associated with suicidal ideation. The sample consisted of 93 schizophrenic patients (69% male) consecutively admitted to Eginition Hospital, Department of Psychiatry, University of Athens, during a one-year period. The patients' mean age was 30.3 (± 8.9) years. They had a mean of 12.3 (± 2.5) years of education and a mean duration of illness of 7.2 (± 7.5) years. Patients were assessed on admission (during the first week) using the Calgary Depression Scale for Schizophrenia (CDSS), the Positive and Negative Syndromes Scale (PANSS), the Rating Scale for Extrapyramidal Side-Effects (RSESE), the Barnes Rating Scale for Drug-Induced Akathisia (BARS) and the Abnormal Involuntary Movement Scale (AIMS). Reported suicidal thoughts and attempts were derived from the CDSS item 8 of "suicidality". The ratings were as follows: 0 = absent, 1 = frequent thoughts of being better off dead or occasional thoughts of suicide, 2 = deliberately considered suicide with a plan, but made no attempt, 3 = suicide attempt apparently designed to end in death. Any suicidal thought during the last 15 days was reported by 19 patients (20.4%). A percentage of 11.8% reported frequent thoughts of being better off dead or occasional thoughts of suicide, while 6.4% reported deliberate suicide with a plan but made no attempt. Two subjects (22%) had attempted suicide during the last 15 days. Schizophrenic patients rating 1 or more on the CDSS item of "suicidality" (N=19, mean age 31.3 years, Group A) were compared with schizophrenics matched for age and sex and scoring zero on the same item (subjects without suicidal thoughts, N=19, mean age 312 years, Group B) in many social and clinical parameters. Wilcoxon matched pairs signed - rank tests and paired t-tests were used when appropriate. Because clinical symptoms that were potentially associated with suicidal thoughts are interrelated, stepwise multiple regression analyses were performed in order to assess their independent effect on suicidal ideation. All the PANSS and the CDSS items were included in the regression analysis. There were no significant differences between the two matched groups of patients in all psychopathological, social and clinical parameters with one exception. Patients with suicidal thoughts scored higher than controls on the CDSS (10.52 vs. 3.52, p<0.0001). Stepwise multiple regression analyses revealed that the scores of the PANSS items of depression (β=0.408, p<0.01), guilt feelings (β=0.402, p<0.008), motor retardation (β=0.369, p<0.01) as well as the scores of the CDSS items of pathological guilt (~=0.603, p<0.001) and self-depreciation (β=0.513, p<0.01) predicted the patients' suicidality.

Key words: schizophrenia, suicidal ideation, depression, positive symptoms, negative symptoms, motor side-effects.