

Suicide rate for people with schizophrenia spectrum disorders 170 times higher

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Functional magnetic resonance imaging (fMRI) and other brain imaging technologies allow for the study of differences in brain activity in people diagnosed with schizophrenia. The image shows two levels of the brain, with areas that were more active in healthy controls than in schizophrenia patients shown in orange, during an fMRI study of working memory. Credit: Kim J, Matthews NL, Park S./PLoS One.

The suicide rate for people with schizophrenia spectrum disorders (SSD) is 170 times higher than the general population according a study just published in the journal *Schizophrenia Research*, a figure the authors call "tragically high."

The study of 20-years of population data, believed to be the largest of its kind ever done, examined statistics on over 75,000 patients who received a first diagnosis of SSD. On average, each patient was followed for almost ten years. The study found several key factors that were predictors of suicide including:

- During the first five years after an individual has been diagnosed with SSD
- If there was evidence of a mood disorder or hospitalization prior to diagnosis
- If the individual was diagnosed with SSD at a later age

"What this study teaches is us that although people with SSD are at higher risk for suicide, we can target those at the highest risk with changes in policy and treatment," said lead author Dr. Juveria Zaheer, Clinician Scientist at the CAMH Institute for Mental Health Policy Research.

"In the past clinicians have focused on treating the psychosis itself when it first appears," said senior author Dr. Paul Kurdyak, Director, Health Outcomes and Performance Evaluation, CAMH Institute for Mental Health Policy Research and Clinician Scientist at ICES. "This study shows that treatment has to include [suicide](#) prevention safety planning as well from the very beginning."

The authors suggest increasing the age limit for admission to first episode psychosis programs (most are closed to people over 30) and increasing the length of clinical follow-up care after a first episode of psychosis.

"Now that we know what is happening, we need to better understand why," said Dr. Zaheer. "Our next step will be to study the lived experience of people with SSD who have had suicidal ideation."

More information: Juveria Zaheer et al, Predictors of suicide at time of diagnosis in schizophrenia spectrum disorder: A 20-year total population study in Ontario, Canada, *Schizophrenia Research* (2020).
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