

Depression linked to suicidal ideation among physicians

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unit increase in depression was associated with significantly increased odds of suicidal ideation in the adjusted model (odds ratio, 3.02; 95 percent confidence interval, 2.30 to 3.95). Each SD-unit increase in burnout was associated with an increase in self-reported [medical errors](#) in the adjusted model (odds ratio, 1.48; 95 percent confidence interval, 1.28 to 1.71), while there was no correlation seen for depression with self-reported medical errors (odds ratio, 1.01; 95 percent confidence interval, 0.88 to 1.16).

"The findings of this study suggest that burnout without depression does not increase suicide risk and can therefore be safely addressed outside of [mental health care](#)," the authors write.

One author was coinventor of the instruments used in this study, and received a portion of royalties paid for their use.

More information: [Abstract/Full Text](#)

Depression, but not physician burnout, is associated with suicidal ideation among physicians, while burnout is associated with increased self-reported medical errors, according to a study published online Dec. 9 in *JAMA Network Open*.

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Nikitha K. Menon, from the Stanford University School of Medicine in California, and colleagues examined the correlation between burnout and [suicidal ideation](#) after adjustment for depression in a cross-sectional study. Attending and postgraduate trainee physicians were invited to complete an online survey; data were included for 1,354 respondents.

The researchers found that the odds of suicidal ideation were increased significantly with each [standard deviation](#) (SD) unit increase in burnout (odds ratio, 1.85; 95 percent confidence interval, 1.47 to 2.31). The correlation did not persist after adjustment for depression (odds ratio, 0.85; 95 percent confidence interval, 0.63 to 1.17). Each SD-

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