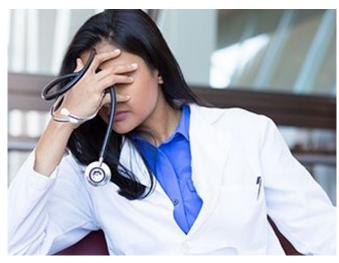


Depression linked to suicidal ideation among physicians

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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.

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*.

Nikitha K. Menon, from the Stanford University School of Medicine in California, and colleagues examined the correlation between burnout and <u>suicidal ideation</u> 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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