

Panel: Not Enough Data to Support Suicide Screening

There is not enough evidence to recommend universal screening to find people at risk of suicide, according to a government-backed panel.

As it did in 2004, the U.S. Preventive Services Task Force (USPSTF) issued draft guidelines on Monday that conclude “there is not enough evidence to make a definitive recommendation for or against screening.” Its statement is available for public comment [here](#): .

“Although we did not find enough evidence to say ‘here are the right questions and tools to find the people who may be at risk for suicide,’ doctors should be screening for depression and alcohol abuse disorders in their primary care population,” said Dr. David Grossman, a member of the Task Force.

Depression and alcohol abuse are both risk factors for suicide, said Grossman, who is also a senior investigator at the Group Health Research Institute in Seattle.

About 37,000 Americans kill themselves every year, according to researchers who published a review of past research in the *Annals of Internal Medicine* that was used to inform the USPSTF’s decision. Many of them visited their family doctor within the year before their death.

“What they’re trying to figure out is should we screen every person who walks through our door? Is that going to help us find people and get them effective treatment?” said Elizabeth O’Connor, the review’s lead author from the Kaiser Permanente Center for Health Research in Portland, Oregon.

Grossman said the USPSTF’s recommendation does not apply to people who are already viewed to be at risk for suicide.

Screening and Treatment

For the new review, O'Connor and her colleagues pulled together 56 studies testing the accuracy and effectiveness of screening and treatments for suicide from 2002 through 2012.

Overall, the tools used to identify people at high risk for suicide in the studies varied from questionnaires to interviews, but none were perfect.

For example, the tools were able to diagnose between 52 percent to 100 percent of the people who were at risk for suicide, but 20 percent to 40 percent of people identified as high-risk would be false positives, according to the researchers.

The tools were also less effective at finding teens at risk for suicide – as was treatment.

For example, talk therapy was associated with a 32 percent reduced risk of suicide attempts among adults, while it wasn't linked to any benefit among teenagers.

While O'Connor said she couldn't say how many deaths that 32 percent reduced risk may have prevented, Grossman told Reuters Health that the Task Force found it promising.

But Grossman added that most of the studies included in the review were on people who were already viewed to be at an increased risk for suicide.

"It's difficult to take that research and apply that to someone who was just identified through screening," he said.

O'Connor told Reuters Health that the new study also doesn't mean doctors should disregard possible risks for suicide, which include – among other things – health disorders, substance use disorders and depression.

"It's always really important to look for any indicators... It

is absolutely imperative to follow up because it is a real issue,” she said.

Amy Brausch, a psychologist who has studied adolescent self-harm and suicide at Western Kentucky University in Bowling Green, said studying suicide can be difficult, but it’s important.

“I think more trials are needed and it isn’t done as often because it’s a high risk population—which brings liability with it. But it’s a population that really needs it,” said Brausch.

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