RUB

FORSCHUNGS UND BEHANDLUNGSZENTRUM FÜR PSYCHISCHE GESUNDHEIT

FBZ

Psychotherapie suizidaler Patienten: *Mythen vs. Fakten*

Dr. Tobias Teismann

RUHR-UNIVERSITÄT BOCHUM

Gliederung

- **Risikoabschätzung**
- Krisenintervention
- Psychotherapie

Mythos

Suizide sind vorhersehbar.

Risk Factors for Suicidal Thoughts and Behaviors: A Meta-Analysis of 50 Years of Research

Joseph C. Franklin and Jessica D. Ribeiro
Vanderbilt University and Harvard University

Kathryn R. Fox
Harvard University

Kate H. Bentley
Boston University

Evan M. Kleiman
Harvard University

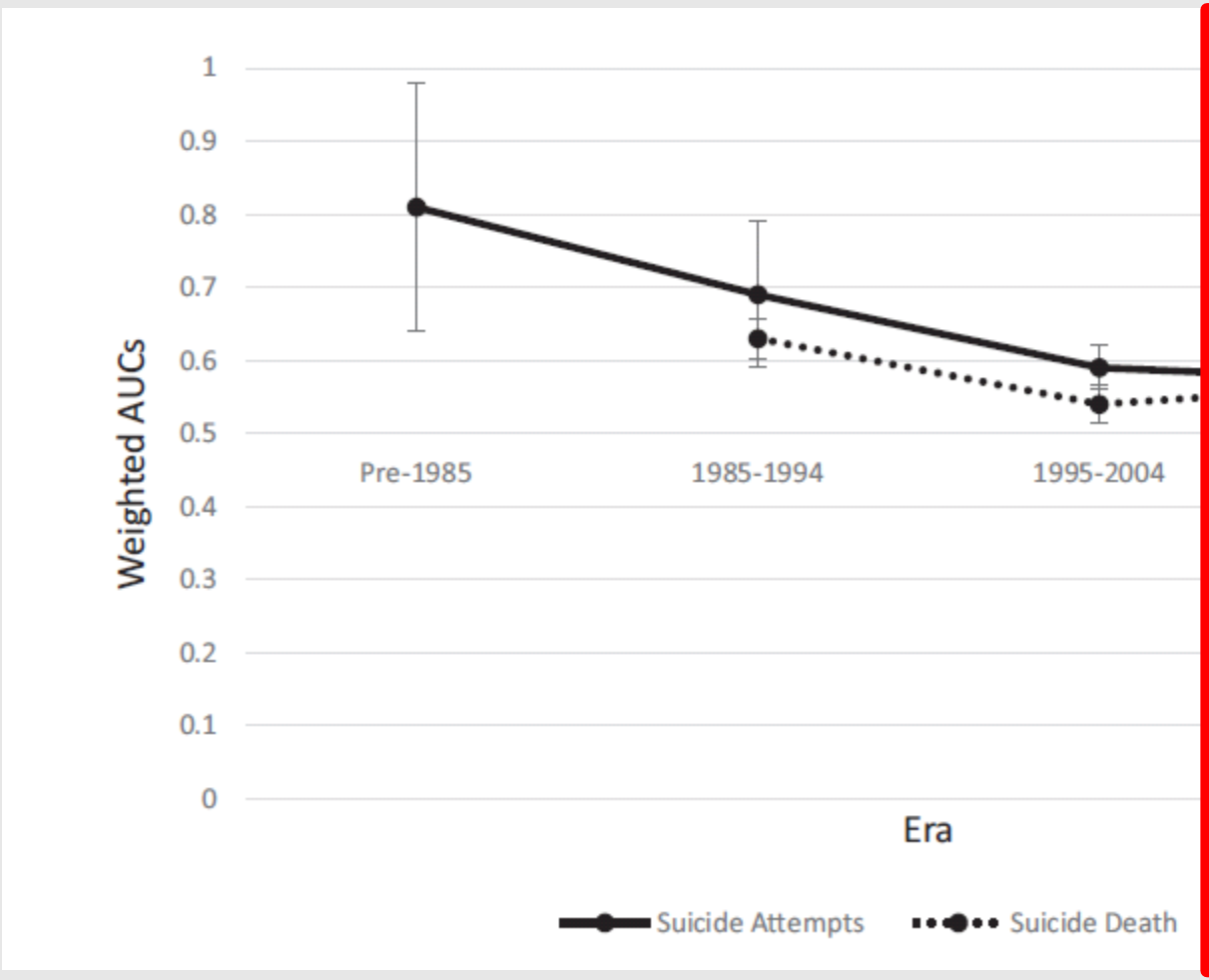
Xieyining Huang and Katherine M. Musacchio
Vanderbilt University

Adam C. Jaroszewski
Harvard University

Bernard P. Chang
Columbia University Medical Center

Matthew K. Nock
Harvard University

Psychological Bulletin
2017, Vol. 143, No. 2, 187–232



Risikofaktoren

1. Vorangegangene stationäre Behandlung
2. Suizidversuch in der Vorgeschichte
3. Suizidgedanken
4. Niedriger sozioökonomischer Status
5. Belastende Lebensereignisse

Risikoalgorithmen *statt* Risikofaktoren

Datei Bearbeiten Ansicht Chronik Lesezeichen Extras Hilfe

How artificial intelligence will s...

https://news.fsu.edu/news/health-medicine/2017/02/28/how-artificial-intelligence-save-lives-21st-century/?utm_content=buffer5e067&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer

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How artificial intelligence will save lives in the 21st century

BY: DAVE HELLER | PUBLISHED: FEBRUARY 28, 2017 | 1:46 PM | SHARE:

Predicting Risk of Suicide Attempts Over Time Through Machine Learning

Clinical Psychological Science
1–13

DOI: 10.1177/2167702617691560
www.psychologicalscience.org/CPS
SAGE

Colin G. Walsh[1,2,3], Jessica D. Ribeiro[4], and Joseph C. Franklin[4]
[1]Department of Biomedical Informatics, Vanderbilt University Medical Center; [2]Department of Medicine, Vanderbilt University Medical Center; [3]Department of Psychiatry, Vanderbilt University Medical Center; and [4]Department of Psychology, Florida State University

Abstract
Traditional approaches to the prediction of suicide attempts have limited the accuracy and scale of risk detection for these dangerous behaviors. We sought to overcome these limitations by applying machine learning to electronic health records within a large medical database. Participants were 5,167 adult patients with a claim code for self-injury (i.e., ICD-9, E95x); expert review of records determined that 3,250 patients made a suicide attempt (i.e., cases), and 1,917 patients engaged in self-injury that was nonsuicidal, accidental, or nonverifiable (i.e., controls). We developed machine learning algorithms that accurately predicted future suicide attempts (AUC = 0.84, precision = 0.79, recall = 0.95, Brier score = 0.14). Moreover, accuracy improved from 720 days to 7 days before the suicide attempt, and predictor importance shifted across time. These findings represent a step toward accurate and scalable risk detection and provide insight into how suicide attempt risk shifts over time.

FSU Psychology researcher Jessica Ribeiro

The study offers a fascinating finding: machine learning — a future frontier for artificial intelligence — can predict with 80-90 percent accuracy whether someone will attempt suicide as far off as two years into the future. The

RELATED STORIES

- Military service is a bridge to better pay for some women
- Florida State welcomes education policy expert Sara Goldrick-Rab for lecture
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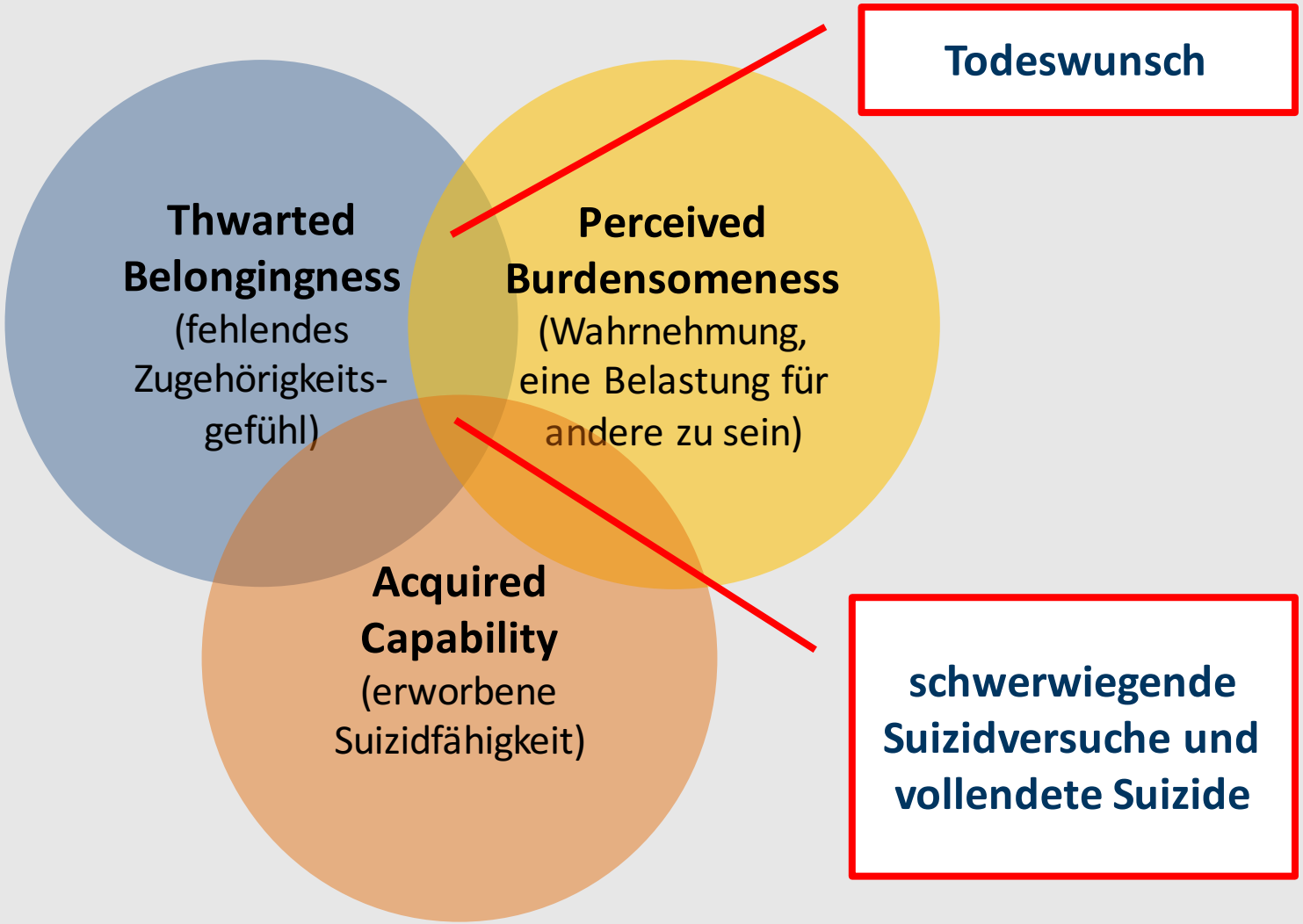
Start

DE 12:01 10.03.2017

Interpersonale Theorie suizidalen Verhaltens (Joiner 2005)



A systematic review of the predictions of the Interpersonal–Psychological Theory of Suicidal Behavior

Jennifer Ma *, Philip J. Batterham, Alison L. Calear, Jin Han

Clinical Psychology Review 46 (2016) 34–45

- PB – Suizidgedanken; 69 Studien: **83%** theoriekonform
- TB – Suizidgedanken; 55 Studien: **40%** theoriekonform
- PB x TB – Suizidgedanken; 12 Studien: **67%** theoriekonform
- PB x TB x AC – Suizidversuche; 7 Studien: **43%** theoriekonform

Was muss abgeklärt werden?

Psychische Störung (akut/lifetime)
Lebenssituation
Krisenhafte Ereignisse

Hoffnungslosigkeit
Soziale Isolation
Eindruck, eine Last zu sein,
Eindruck, gefangen zu sein,
Impulsivität, Selbstkontrolle,
Furchtlosigkeit

Suizidgedanken
Suizidplan
Suizidversuche
Selbstverletzungen

Schutzfaktoren
Ressourcen

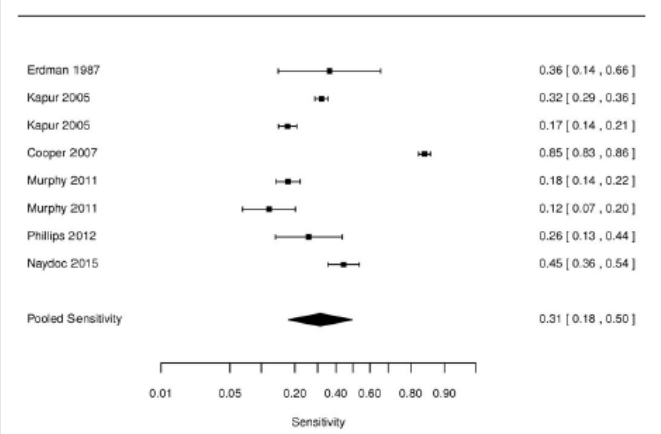
Accuracy of Clinician Predictions of Future Self-Harm: A Systematic Review and Meta-Analysis of Predictive Studies

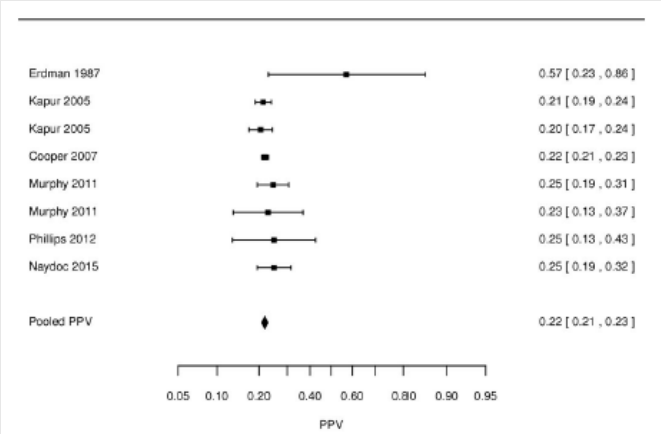
Rachel Woodford, BMed, Matthew J. Spittal, PhD, Allison Milner, PhD, Katie McGill, DClinPsych, Navneet Kapur, FRCPsych, Jane Pirkis, PhD, Alex Mitchell, FRCPsych, and Gregory Carter, FRANZCP

Suicide and Life-Threatening Behavior

RUB

- **70%** der *Repeater* als „low risk“ klassifiziert
- **80%** der *Non-Repeater* als „high risk“ klassifiziert





Examination of Real-Time Fluctuations in Suicidal Ideation and Its Risk Factors: Results From Two Ecological Momentary Assessment Studies

Evan M. Kleiman
Harvard University

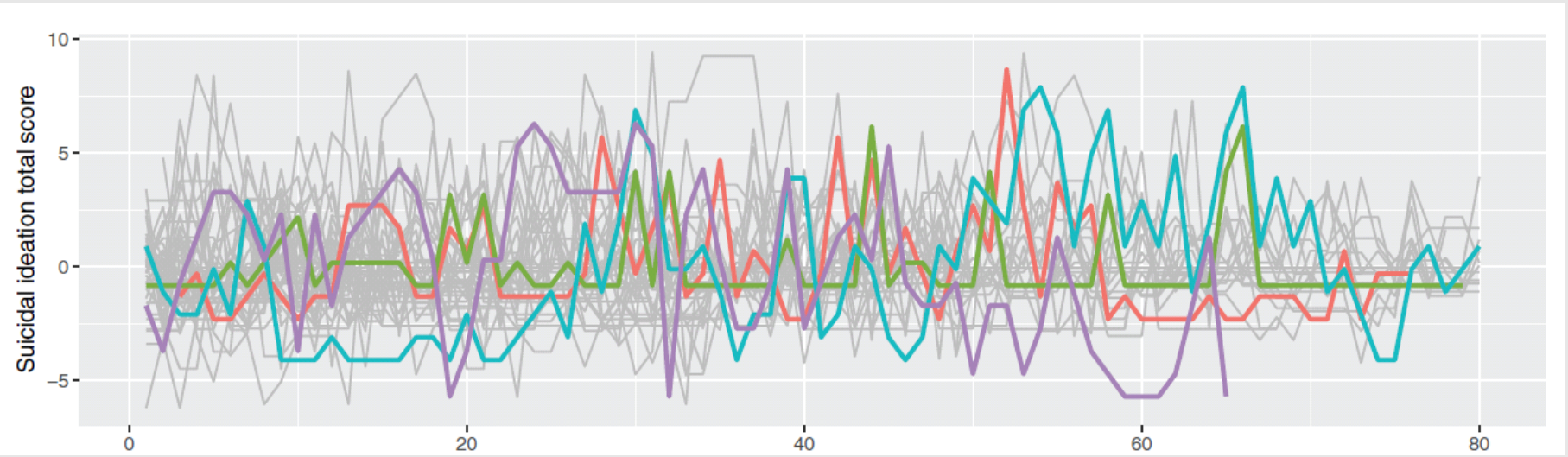
Brianna J. Turner
University of Victoria

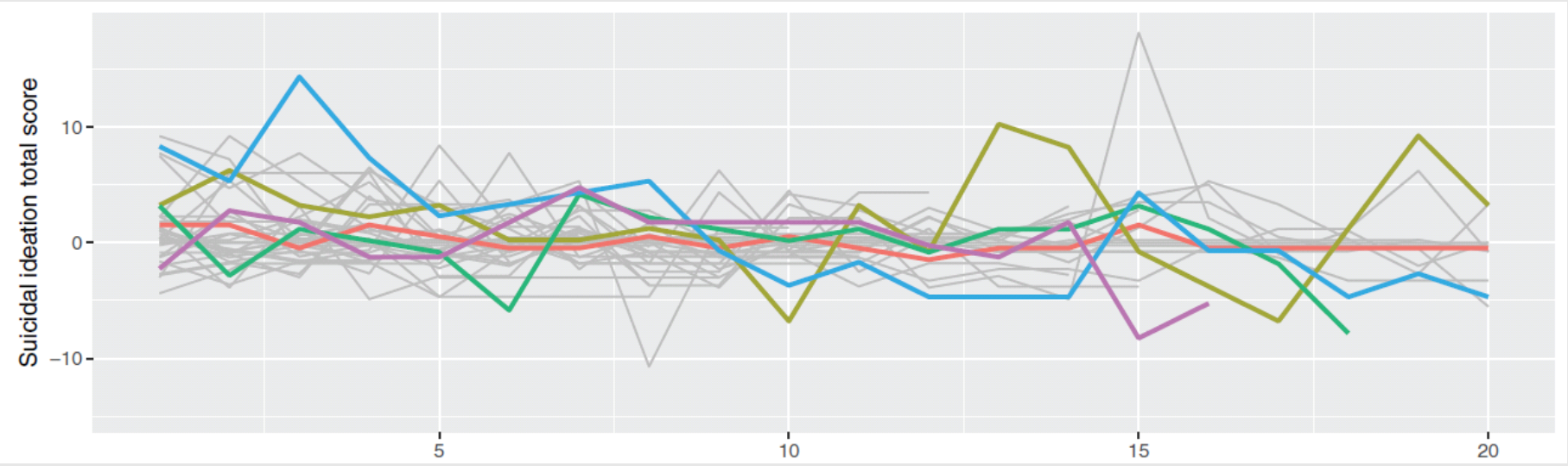
Szymon Fedor
Massachusetts Institute of Technology

Eleanor E. Beale and Jeff C. Huffman
Massachusetts General Hospital, Boston, Massachusetts, and Harvard Medical School

Matthew K. Nock
Harvard University, Massachusetts General Hospital, Boston, Massachusetts, and Cambridge Computational Clinical Psychology Organization (C3PO)

Journal of Abnormal Psychology





If You Want to Know, Consider Asking: How Likely Is It That Patients Will Hurt Themselves in the Future?

Jillian Peterson, Jennifer Skeem, and Sarah Manchak
University of California, Irvine

Psychological Assessment
2011, Vol. 23, No. 3, 626–634

Auf einer Skala von 1 bis 5, […], wie besorgt sollte Ihr Therapeut darüber sein, dass Sie sich in den nächsten zwei Monaten möglicherweise selbstverletzen?

Entlassung — 8 Wochen — 15 Wochen

AUC: 0.75

AUC: 0.72

N = 147 Psychiatriepatienten

Mythos Joiner, 2010

Suizidale Personen berichten nicht von Zukunftsplänen.

The Internal Suicide Debate Hypothesis: Exploring the Life versus Death Struggle

Keith M. Harris, PhD, John P. McLean, PhD, Jeanie Sheffield, PhD, and David Jobes, PhD, ABPP

Suicide and Life-Threatening Behavior 40(2) April 2010

- *N* = 1016 Online-Sample
- **66.5%** berichten „internal suicide debate“
- **94.1%** der Hoch-Suizidalen berichten „internal suicide debate“

Recognising and responding to suicidal crisis within family and social networks: qualitative study

Christabel Owens *principal healthcare scientist*[1] *honorary senior research fellow*[2], Gareth Owen *research fellow*[2], Judith Belam *lay consultant*[3], Keith Lloyd *professor of psychological medicine*[4], Frances Rapport *professor of qualitative health research*[4], Jenny Donovan *professor of social medicine*[5], Helen Lambert *reader in medical anthropology*[5]

BMJ 2011;343:d5801 doi: 10.1136/bmj.d5801

Non-disclosure of distress:
Personality, social pressures, and lack of emotional literacy
Shame and embarrassment
Fear of burdening significant others
Ineffective, oblique, or ambiguous communications, especially associated with alcohol, ambivalence, or mental instability

Non-
Awk
Fear
Resp
Fear
Fear

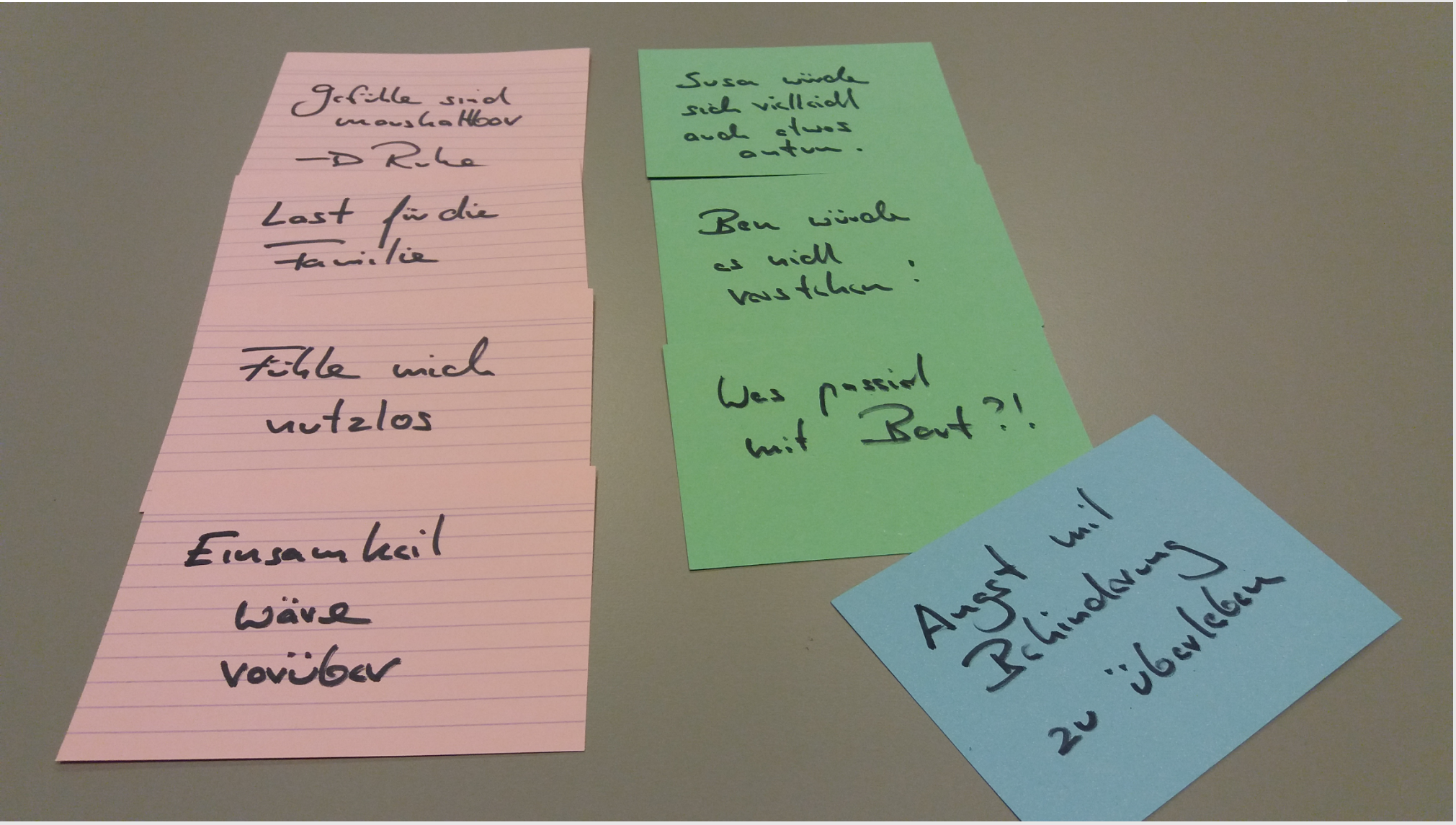
Widersprüchliche Aussagen & Verhaltensweisen haben in Sicherheit gewogen und entschiedeneres Vorgehen verhindert

Confidentiality
Fear of alarming others
Loyalty to distressed person: respecting wishes "not to tell" and not "grassing"

Integrating Motivational Interviewing and Self-Determination Theory With Cognitive Behavioral Therapy to Prevent Suicide

Peter C. Britton, *Department of Veteran Affairs Medical Center, Canandaigua, NY, and University of Rochester Medical Center*
Heather Patrick, *University of Rochester Medical Center*
Amy Wenzel, *University of Pennsylvania*
Geoffrey C. Williams, *University of Rochester Medical Center*

Cognitive and Behavioral Practice 18 (2011) 16–27



Mythos Sonneck et al., 2012

Wenn man jemanden auf Suizidgedanken oder -pläne hin anspricht, bringt man ihn erst auf die Idee, sich umzubringen.

Physicians' Characteristics Associated with Exploring Suicide Risk among Patients with Depression: A French Panel Survey of General Practitioners

Aurélie Bocquier[1,2,3]*, Elodie Pambrun[4,5], Hélène Dumesnil[1,2,3], Patrick Villani[2], Hélène Verdoux[4,5], Pierre Verger[1,2,3]

PLOS ONE 2013 | Volume 8 | Issue 12

	Never	Sometimes	Often	Very often
Presence of suicidal ideation (n = 1243)	19 (1.5%)	149 (12.0%)	86.4%	
Intent to commit suicide (n = 1244)	51 (4.1%)	294 (23.6%)	72.3%	
Suicide plan (n = 1245)	222 (17.8%)	356 (28.6%)	53.6%	
Setting one's affairs in order (n = 1241)	519 (41.8%)	375 (30.2%)	28.0%	
Having written a letter (n = 1244)	718 (57.7%)	315 (25.3%)	17.0%	

9.5%: Fragen nach Suizidgedanken triggert suizidales Verhalten

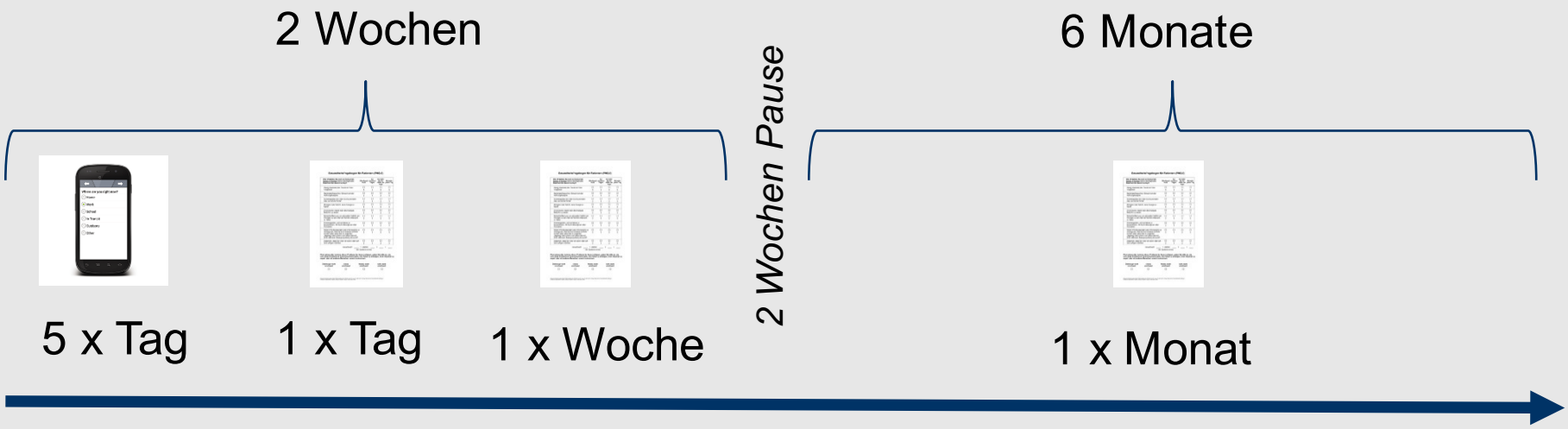
Does Assessing Suicidality Frequently and Repeatedly Cause Harm? A Randomized Control Study

Mary Kate Law and R. Michael Furr
Wake Forest University

Elizabeth Mayfield Arnold
Wake Forest School of Medicine

Malek Mneimne, Caroline Jaquett, and William Fleeson
Wake Forest University

Psychological Assessment
2015, Vol. 27, No. 4, 1171–1181



Gruppe 1: (*n* = 129)

mit 2 Suiziditems

Gruppe 2: (*n* = 119)

ohne Suiziditems

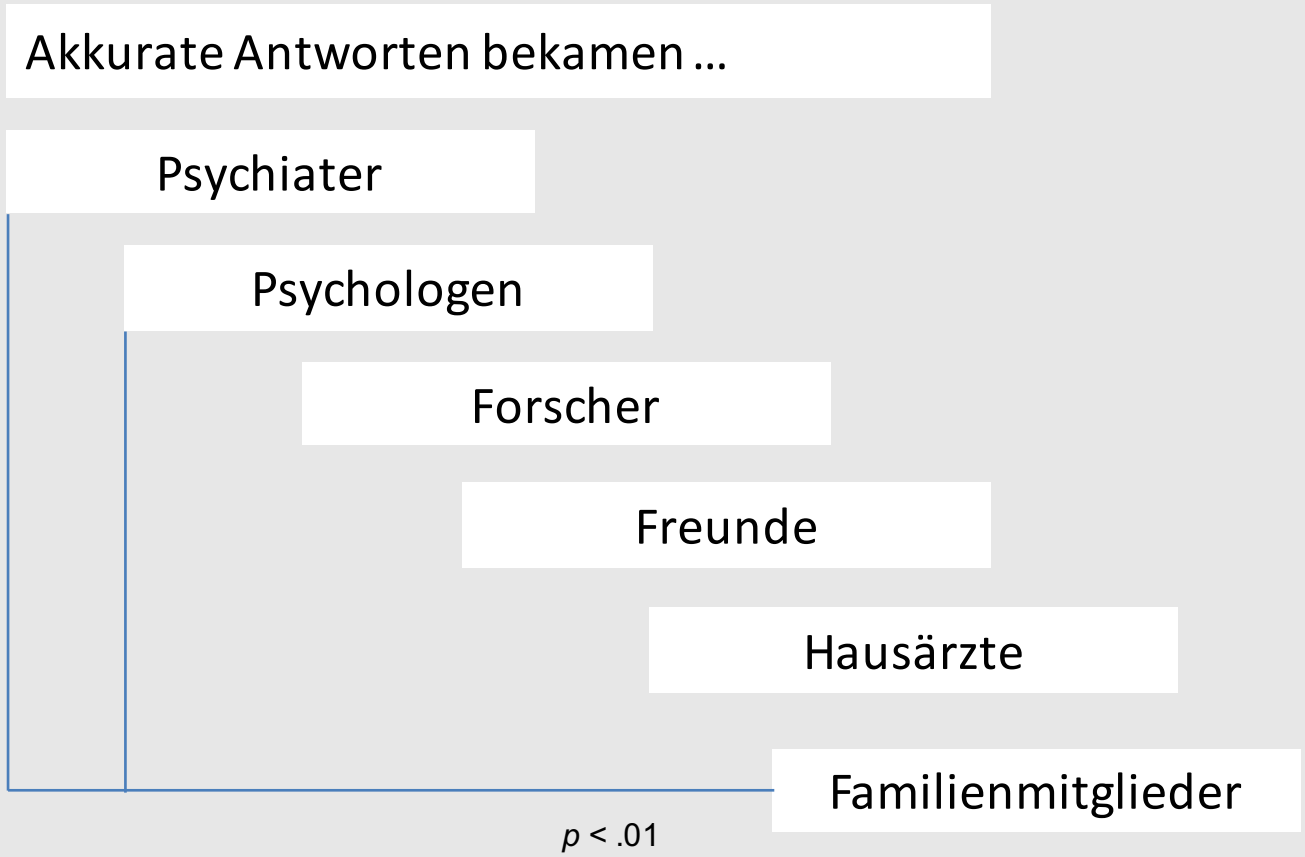
Keine Unterschiede:
Suizidgedanken
Suizidversuche
Selbstverletzungen

"Are You Having Thoughts of Suicide?" Examining Experiences With Disclosing and Denying Suicidal Ideation

Melanie A. Hom, Ian H. Stanley, Matthew C. Podlogar, and Thomas E. Joiner Jr.

JOURNAL OF CLINICAL PSYCHOLOGY, Vol. 00(0), 1–11 (2017)

N = 306 Studierende mit lifetime Suizidgedanken
n = 192 wurden jemals nach Suizidgedanken gefragt



Gliederung

- Risikoabschätzung
- **Krisenintervention**
- Psychotherapie

Mythos Sonneck et al., 2012

Wer sich wirklich umbringen will, ist nicht aufzuhalten.

Where Are They Now?

A Follow-up Study of Suicide Attempters from the Golden Gate Bridge

Richard H. Seiden, Ph.D., M.P.H.
University of California at Berkeley

- 64 Todesfälle (12.5%) in den folgenden 34 Jahren
  (49% natürlich,11% Unfall, 40% Suizid)
- 95% sterben in der Folge nicht an einem Suizid!

Effects of legislation restricting pack sizes of paracetamol and salicylate on self poisoning in the United Kingdom: before and after study

Keith Hawton, Ellen Townsend, Jonathan Deeks, Louis Appleby, David Gunnell, Olive Bennewith, Jayne Cooper

BMJ VOLUME 322 19 MAY 2001

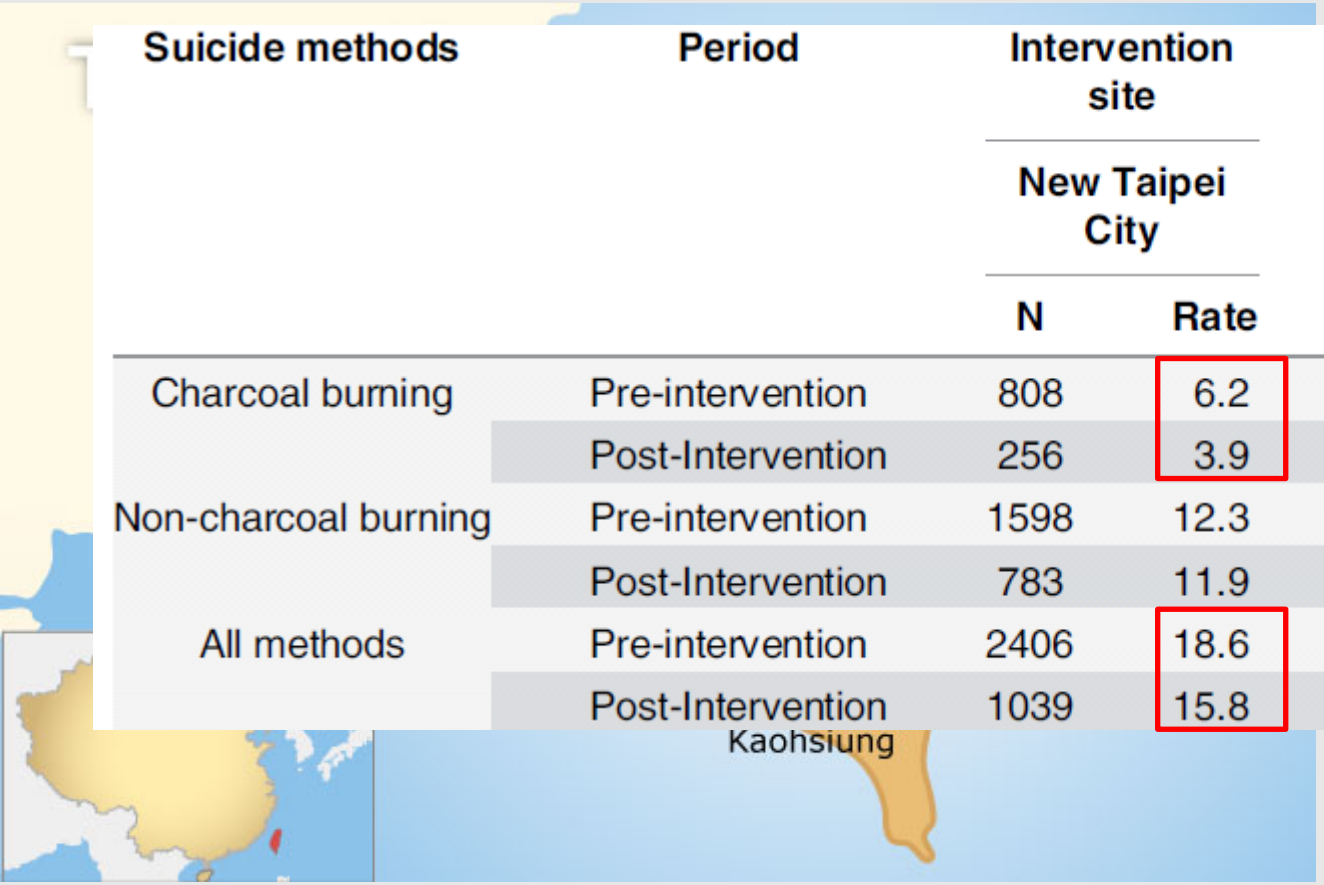
Drug	No (%) of deaths			% change in incidence‡ (95% CI)	P value
	Penultimate 12 months before change (n=2255)	12 months before change (n=2234)	12 months after change (n=2086)†		
Paracetamol:					
Alone	203 (9.0)	185 (8.3)	147 (7.0)	–21 (–34 to –5)	0.01
With other drugs	59 (2.6)	56 (2.5)	56 (2.7)	2 (–26 to 39)	0.9
Salicylates:					
Alone	35 (1.6)	29 (1.3)	16 (0.8)	–48 (–70 to –11)	0.02
With other drugs	4 (0.2)	8 (0.4)	3 (0.1)	–48 (–85 to 81)	0.3
Paracetamol and salicylates	11 (0.5)	5 (0.2)	9 (0.4)	18 (–47 to 163)	0.7

Assessing the Efficacy of Restricting Access to Barbecue Charcoal for Suicide Prevention in Taiwan: A Community-Based Intervention Trial

PLOS ONE | DOI:10.1371/journal.pone.0133809

Ying-Yeh Chen[1,2], Feng Chen[3], Shu-Sen Chang[4], Jacky Wong[5,6], Paul SF Yip[5,6]*

Suicide methods	Period	Intervention site		Control sites			
		New Taipei City		Taipei City		Kaohsiung City	
		N	Rate	N	Rate	N	Rate
Charcoal burning	Pre-intervention	808	6.2	305	3.5	490	5.3
	Post-Intervention	256	3.9	111	2.5	219	4.7
Non-charcoal burning	Pre-intervention	1598	12.3	945	10.8	1381	14.9
	Post-Intervention	783	11.9	471	10.6	684	14.8
All methods	Pre-intervention	2406	18.6	1250	14.3	1871	20.2
	Post-Intervention	1039	15.8	582	13.1	903	19.5



Belief in the Inevitability of Suicide: Results from a National Survey

Matthew Miller, MD, MPH, ScD, Deborah Azrael, MS, PhD, and David Hemenway, PhD

Suicide and Life-Threatening Behavior 36(1) February 2006

RUB

Welche Wirkung hätte eine Absperrung für die mehr als 1.000 Menschen gehabt, die von der Golden Gate Bridge gesprungen sind?

34%: *Alle* hätten sich auf andere Weise das Leben genommen.

40%: *Die meisten* hätten sich auf andere Weise das Leben genommen.

N = 2770

Motivational Interviewing for Means Restriction Counseling With Patients at Risk for Suicide

Peter C. Britton, *VISN 2 Center of Excellence for Suicide Prevention, Department of Veterans Affairs Medical Center, University of Rochester School of Medicine and Dentistry*

Craig J. Bryan, *National Center for Veterans Studies, University of Utah*

Marcia Valenstein, *University of Michigan Medical School, VISN 11 Serious Mental Illness Treatment Resource and Evaluation Center, Department of Veterans Affairs Medical Center, Ann Arbor*

Cognitive and Behavioral Practice 23 (2016) 51-61

Rational basiert auf zwei Prämissen:

(1.) Personen präferieren Suizidmethoden, zu denen sie leichten Zugang haben und

(2.) suizidale Krisen sind oftmals nur von kurzer Dauer.

Gliederung

- Risikoabschätzung
- Krisenintervention
- **Psychotherapie**

Mythos

Auf die Krisenintervention folgt die Behandlung der Grunderkrankung.

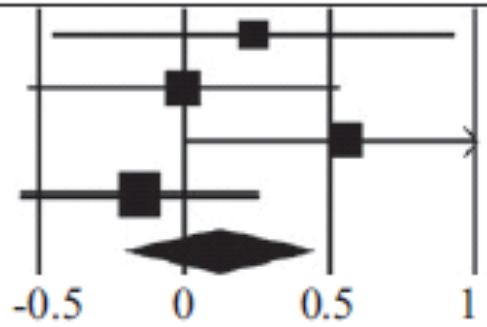
The effects of psychotherapy for adult depression on suicidality and hopelessness: A systematic review and meta-analysis

Pim Cuijpers [a,b,*], Derek P. de Beurs [a,b], Bregje A.J. van Spijker [a,b,c], Matthias Berking [d], Gerhard Andersson [e,f], Ad J.F.M. Kerkhof [a,b]

Journal of Affective Disorders 144 (2013) 183–190

Unklar, ob Depressionsbehandlung Einfluss auf Suizidalität hat.
Bisherige Datenlage wenig überzeugend.

		Hedges' g	*95% CI*	*Z*	*p*
Barnhofer, 2009	BSS	0.24	-0.45~0.93	0.68	0.50
Collins, 1996 CBT	BSS	0.00	-0.54~0.54	0.00	1.00
Collins, 1996 EHC	BSS	0.55	0.00~1.11	1.97	0.05
Duarte, 2009	RSM	-0.56	-0.56~0.26	-0.72	0.47
		0.12	-0.20~0.44	0.74	0.46

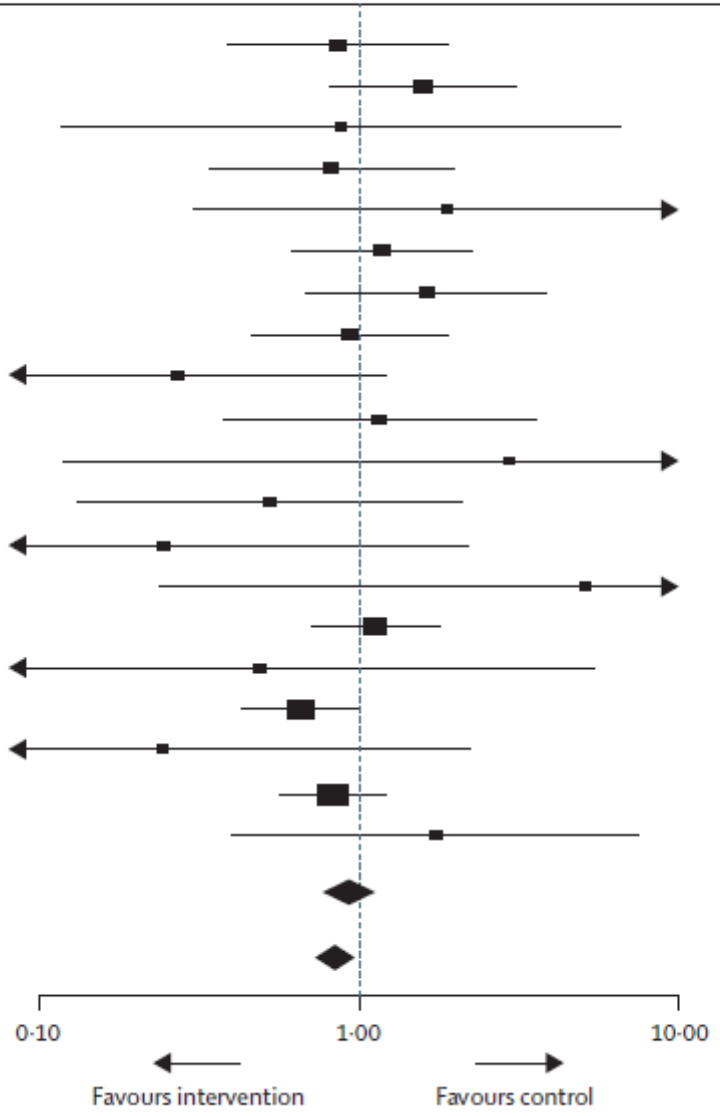


Direct versus indirect psychosocial and behavioural interventions to prevent suicide and suicide attempts: a systematic review and meta-analysis

Lancet Psychiatry 2016; 3: 544–54

Esther L Meerwijk, Amrita Parekh, Maria A Oquendo, I Elaine Allen, Linda S Franck, Kathryn A Lee

	Indirect intervention (n/N)	Control (n/N)	Intervention type	Odds ratio (95% CI)
King et al (2009)[45]	12/211	14/211	Su	0·86 (0·39–1·90)
King et al (2006)[46]	26/125	16/122	Su	1·59 (0·81–3·10)
van Wel et al (2009)[47]	2/40	2/35	Sk	0·87 (0·12–6·54)
Blum et al (2008)[48]	12/81	11/61	Sk	0·82 (0·34–1·99)
Donaldson et al (2005)[30]	4/17	2/16	Sk	1·88 (0·30–11·73)
van der Sande et al (1997)[49]	24/116	20/114	Sk	1·18 (0·62–2·25)
TORDIA (2011)[33]	14/152	9/159	P	1·63 (0·68–3·87)
Bateman & Fonagy (2009)[50]	44/27	40/23	P	0·94 (0·46–1·89)
Bateman & Fonagy (2008)[51]	13/9	16/3	P	0·27 (0·06–1·21)
Goodyer et al (2007)[31]	7/98	6/97	P	1·15 (0·37–3·56)
Sharpe et al (2014)[52]	1/252	0/247	O	2·94 (0·12–72·53)
Patel et al (2010)[53]	3/1357	6/1430	CM	0·53 (0·13–2·11)
OPUS (2007)[54]	1/274	4/268	CM	0·24 (0·03–2·20)
Dekker et al (2002)[55]	2/49	0/50	CM	5·10 (0·24–108·96)
Walsh et al (2001)[56]	43/310	39/316	CM	1·12 (0·71–1·78)
Curtis et al (1998)[57]	1/146	2/143	CM	0·49 (0·04–5·46)
Hassanian-Moghaddam (2015)[58]	38/1112	57/1093	AO	0·66 (0·43–1·00)
Mousavi et al (2014)[59]	1/68	4/66	AO	0·24 (0·03–2·23)
Carter et al (2013)[29]	59/319	72/322	AO	0·83 (0·57–1·21)
Robinson et al (2012)[60]	5/77	3/80	AO	1·73 (0·40–7·49)
Indirect interventions RE model: I^2=5·3%				**0·93 (0·77–1·12)**
Overall RE model: I^2=0%				**0·84 (0·73–0·97)**



Is psychotherapy effective for reducing suicide attempt and non-suicidal self-injury rates? Meta-analysis and meta-regression of literature data

Raffaella Calati [a, b, *], Philippe Courtet [a, b, c]

Journal of Psychiatric Research 79 (2016) 8–20

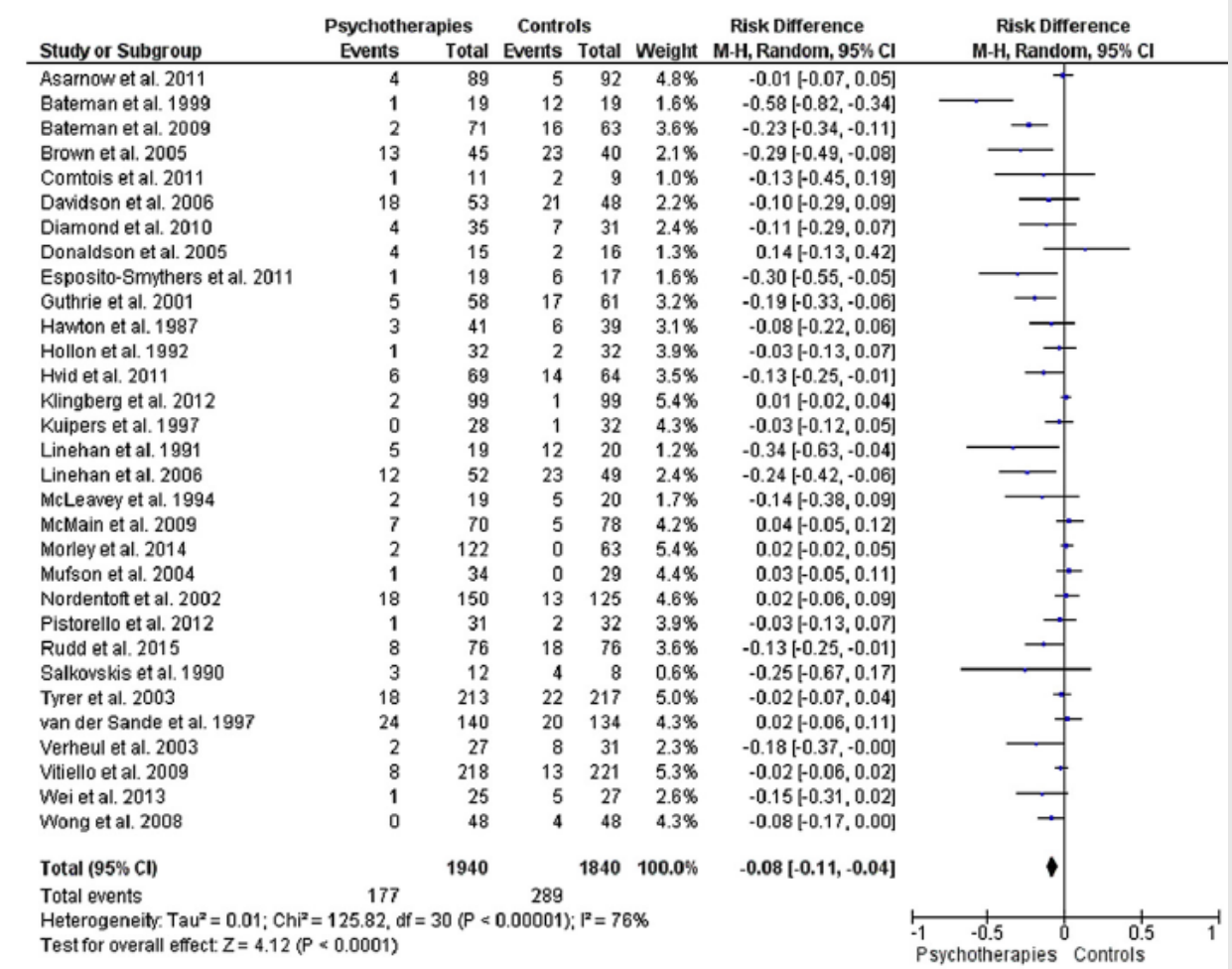
AV: Suizidversuch

N = 4114

PT > TAU: 9% vs. 16%

Frauen ↑

Intensive Behandlung ↑



Study or Subgroup	Psychotherapies Events	Total	Controls Events	Total	Weight	Risk Difference M-H, Random, 95% CI
Asarnow et al. 2011	4	89	5	92	4.8%	-0.01 [-0.07, 0.05]
Bateman et al. 1999	1	19	12	19	1.6%	-0.58 [-0.82, -0.34]
Bateman et al. 2009	2	71	16	63	3.6%	-0.23 [-0.34, -0.11]
Brown et al. 2005	13	45	23	40	2.1%	-0.29 [-0.49, -0.08]
Comtois et al. 2011	1	11	2	9	1.0%	-0.13 [-0.45, 0.19]
Davidson et al. 2006	18	53	21	48	2.2%	-0.10 [-0.29, 0.09]
Diamond et al. 2010	4	35	7	31	2.4%	-0.11 [-0.29, 0.07]
Donaldson et al. 2005	4	15	2	16	1.3%	0.14 [-0.13, 0.42]
Esposito-Smythers et al. 2011	1	19	6	17	1.6%	-0.30 [-0.55, -0.05]
Guthrie et al. 2001	5	58	17	61	3.2%	-0.19 [-0.33, -0.06]
Hawton et al. 1987	3	41	6	39	3.1%	-0.08 [-0.22, 0.06]
Hollon et al. 1992	1	32	2	32	3.9%	-0.03 [-0.13, 0.07]
Hvid et al. 2011	6	69	14	64	3.5%	-0.13 [-0.25, -0.01]
Klingberg et al. 2012	2	99	1	99	5.4%	0.01 [-0.02, 0.04]
Kuipers et al. 1997	0	28	1	32	4.3%	-0.03 [-0.12, 0.05]
Linehan et al. 1991	5	19	12	20	1.2%	-0.34 [-0.63, -0.04]
Linehan et al. 2006	12	52	23	49	2.4%	-0.24 [-0.42, -0.06]
McLeavey et al. 1994	2	19	5	20	1.7%	-0.14 [-0.38, 0.09]
McMain et al. 2009	7	70	5	78	4.2%	0.04 [-0.05, 0.12]
Morley et al. 2014	2	122	0	63	5.4%	0.02 [-0.02, 0.05]
Mufson et al. 2004	1	34	0	29	4.4%	0.03 [-0.05, 0.11]
Nordentoft et al. 2002	18	150	13	125	4.6%	0.02 [-0.06, 0.09]
Pistorello et al. 2012	1	31	2	32	3.9%	-0.03 [-0.13, 0.07]
Rudd et al. 2015	8	76	18	76	3.6%	-0.13 [-0.25, -0.01]
Salkovskis et al. 1990	3	12	4	8	0.6%	-0.25 [-0.67, 0.17]
Tyrer et al. 2003	18	213	22	217	5.0%	-0.02 [-0.07, 0.04]
van der Sande et al. 1997	24	140	20	134	4.3%	0.02 [-0.06, 0.11]
Verheul et al. 2003	2	27	8	31	2.3%	-0.18 [-0.37, -0.00]
Vitiello et al. 2009	8	218	13	221	5.3%	-0.02 [-0.06, 0.02]
Wei et al. 2013	1	25	5	27	2.6%	-0.15 [-0.31, 0.02]
Wong et al. 2008	0	48	4	48	4.3%	-0.08 [-0.17, 0.00]
Total (95% CI)		**1940**		**1840**	**100.0%**	**-0.08 [-0.11, -0.04]**
Total events	177		289			

Heterogeneity: Tau² = 0.01; Chi² = 125.82, df = 30 (P < 0.00001); I² = 76%

Test for overall effect: Z = 4.12 (P < 0.0001)

Psychosocial interventions for self-harm in adults (Review)

RUB

Hawton K, Witt KG, Taylor Salisbury TL, Arensman E, Gunnell D, Hazell P, Townsend E, van Heeringen K

Cochrane Database of Systematic Reviews

CBT can result in fewer individuals repeating SH; however, the quality of this evidence, assessed using GRADE criteria, ranged between moderate and low. **DBT** for people with multiple episodes of SH/probable personality disorder may lead to a reduction in frequency of SH, but this finding is based on low quality evidence. Case management and remote contact interventions did not appear to have any benefits in terms of reducing repetition of SH. Other therapeutic approaches were mostly evaluated in single trials of moderate to very low quality such that the evidence relating to these interventions is inconclusive.

ASSIP (Gysin-Maillart & Michel, 2013)

- *Erste Sitzung:* Narratives Interview

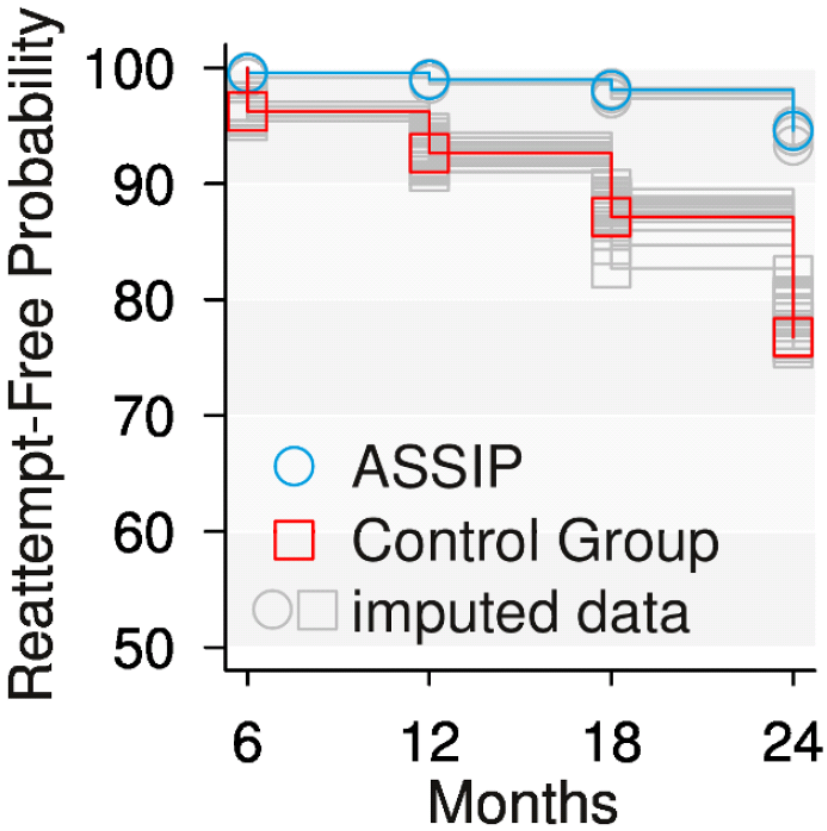
Erzählen Sie doch bitte, wie es zu dem Suizidversuch kam ...?

- *Zweite Sitzung*: Video-Playback
- *Dritte Sitzung:* Klärung der Muster, die zur suizidalen Krise führen / Hope-Leporello / Notfallplan
- *Vierte Sitzung:* Mini-Exposition
- Briefkontakt

A Novel Brief Therapy for Patients Who Attempt Suicide: A 24-months Follow-Up Randomized Controlled Study of the Attempted Suicide Short Intervention Program (ASSIP)

PLOS Medicine | DOI:10.1371/journal.pmed.1001968

Anja Gysin-Maillart[1], Simon Schwab[2], Leila Soravia[2], Millie Megert[3], Konrad Michel[1]*



- *N* = 120 Patienten (nach Suizidversuch)
- Alter ~ 38 Jahre
- 63% Depression
- ASSIP vs. TAU
- 3 Therapiesitzungen

Suizidversuche: ASSIP = **5 (8%)** vs. TAU = **16 (27%)**

Mythos

Suizidale Krisen bedürfen der medikamentösen (Mit-)Behandlung.

Unipolare Depression

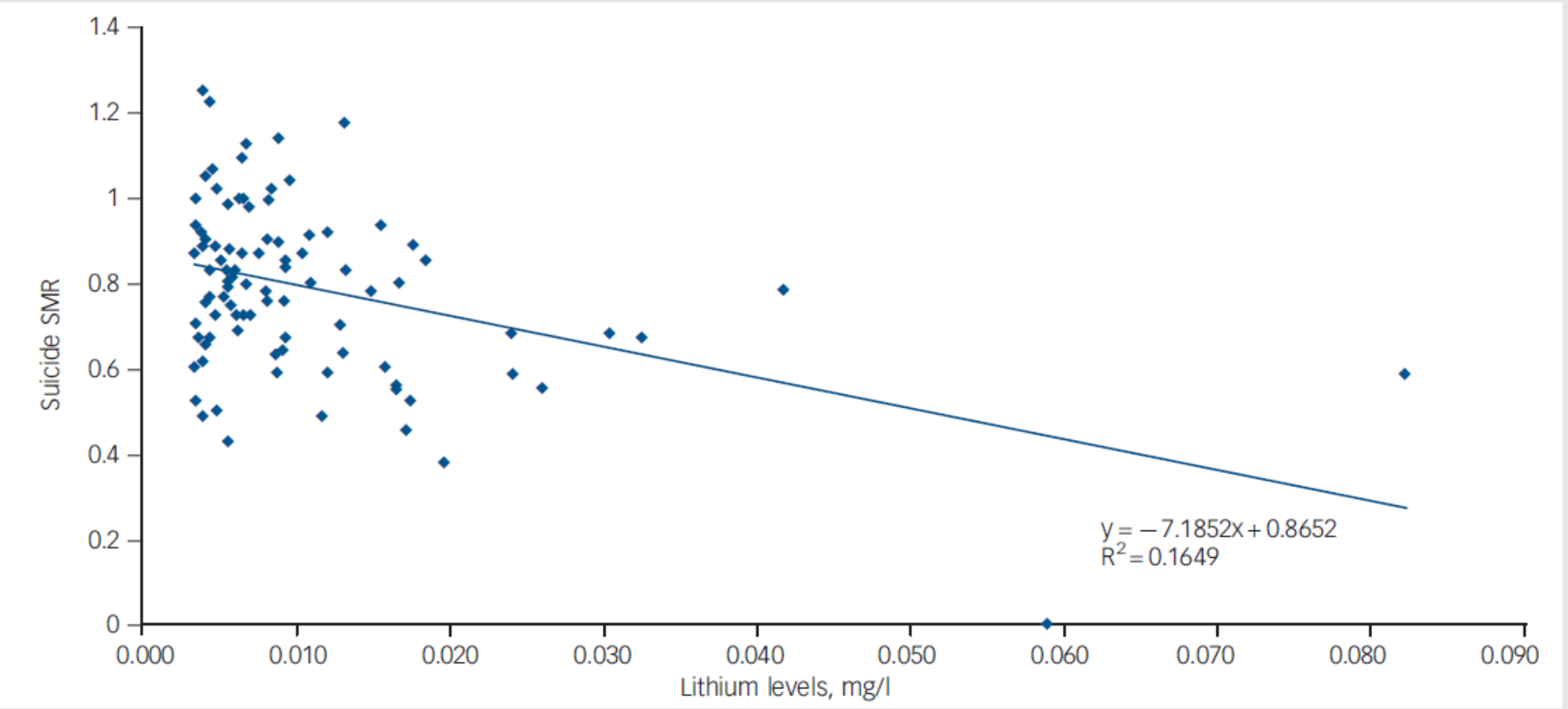
Langfassung

2. Auflage, 2015
Version 2

Empfehlung/Statement	Empfehlungs-grad
3-116 Zur speziellen akuten Behandlung der Suizidalität sollten Antidepressiva nicht eingesetzt werden. LoE Ib: Metaanalysen [453; 626-630]	**B**
Empfehlung/Statement	Empfehlungs-grad
3-120 Eine Akutbehandlung (möglichst < 14 Tage) mit einem Benzodiazepin kann bei suizidgefährdeten Patienten in Betracht gezogen werden. LoE Ib: Metaanalyse [1546]	**0**
Empfehlung/Statement	Empfehlungs-grad
3-119 In der Rezidivprophylaxe bei suizidgefährdeten Patienten soll zur Reduzierung suizidaler Handlungen (Suizidversuche und Suizide) eine Medikation mit Lithium in Betracht gezogen werden. LoE Ia: Metaanalysen [529, 542, 543]	**A**

Lithium in drinking water and suicide mortality

Nestor D. Kapusta, Nilufar Mossaheb, Elmar Etzersdorfer, Gerald Hlavin, Kenneth Thau, Matthäus Willeit, Nicole Praschak-Rieder, Gernot Sonneck and Katharina Leithner-Dziubas



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198, 346–350. doi: 10.1192/bjp.bp.110.091041

Vielen Dank für Ihre Aufmerksamkeit!

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