

SHOULD ASSESSMENT FOR BIPOLAR DISORDER AND MIXED AFFECTIVE STATE BE A STANDARD PART OF ASSESSMENT FOR SUICIDE RISK?

Delia Annear¹ & Mark Agius²

¹East of England NHS Deanery, UK

²Department of Psychiatry, University of Cambridge, UK; Clare College Cambridge, UK

SUMMARY

The risk of suicide is high amongst individuals with bipolar affective disorder and mixed affective state. Research has shown that the suicide risk increases during both rapid-cycling and mixed affective states in bipolar. This article reviews the recent research of patients with bipolar and mixed affective state and suicide risk and highlights the reasons and potential benefits of factoring the potential risks into the assessment for suicide risk.

Key words: bipolar disorder - mixed affective states - rapid-cycling - suicidal ideation - suicide risk

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INTRODUCTION

Suicide is a major public health concern worldwide. 90 percent of individuals whose death is caused by suicide have at least one mental health disorder (Chesin 2013). Bipolar disorder has been shown to be very strongly associated with suicide attempts and completions (Matthews 2013). Studies have shown that there is an increased risk of suicide amongst individuals with bipolar disorder during mixed episodes and during depressed episodes (Tondo 2003). In particular, it has been suggested that Agitated Depression is in fact an Affective mixed state and is associated with a high degree of suicidality (Akiskal 2005, Chesin 2013). Both rapid cycling and mixed affective states in bipolar disorder increase the risk of suicidal ideation and have been found to worsen the long-term outcome of bipolar disorder (Verdolini 2014, Agius 2014). Often, rapid cycling and mixed affective states are also linked in bipolar patients with co-morbid anxiety disorders (Agius 2014).

Suicide prevention should remain a priority when assessing an individual's mental state. Accurate identification of individuals at imminent risk for suicide is difficult (Chesin 2013). A comprehensive assessment of the potentially suicidal patient, with the aim of identifying both bipolar and mixed affective states should help to identify those patients who are at high risk of suicidal ideation (Tondo 2003, Agius 2015).

RISK ASSESSMENT

However, a recent review (Chesin 2013), while stating that 'Acute risk determinations must be made to determine the appropriate level of care to safeguard patients.' Also states that 'accurate identification of individuals at imminent risk for suicide is difficult' (Chesin 2013). Therefore, prevention efforts targeting individuals at high suicide behaviour risk discharging from acute care settings tend to

be generic and focus on psychoeducation and supportive follow-up contact' (Chesin 2013). While this is an American Review, it also well describes the situation in the UK.

Suicidal ideation and suicide attempts in patients with bipolar disorder remains severe with a high risk for suicide completion compared with other major psychiatric disorders (Oquendo 2011, Eroglu 2013, Abreu 2009). Studies have shown that 29% of bipolar patients have attempted at least one suicide attempt during their lives with 10 to 19% fatal suicides (Abreu 2009). Along with severity of disease, factors such as mood state, aggressiveness and hostility are associated with impulsivity and reckless behaviour. Research has shown that bipolar disorder and use of illicit drugs and alcohol intake is associated with increased suicide attempts both fatal and nonfatal (Dalton 2003). Factoring in these behaviours often associated with individuals with bipolar into an assessment to assess suicide risk would identify individuals that are of high risk of suicide attempt (Agius 2014).

BIPOLAR PATIENTS

Bipolar patients are all too often misdiagnosed and undertreated or inappropriately treated (Tavormina 2013). Studies have revealed that many patients who were initially diagnosed with unipolar disorder notably those suffering from a major depressive disorder have a predisposition to convert to bipolar disorder (Rogers 2013). Physicians in both primary and secondary care should have a criterion to be aware of this possible transition (Rogers 2013). A suicide risk assessment that recognizes this and that is able to factor in significant states of mood, such as affective mixed states could significantly improve suicide mortality. It will assist clinicians in identifying high-risk individuals and enable early support to be put in place, as well as enabling adequate adjustment and optimization of medication (Ho 2011).

ANTIDEPRESSANT

It remains uncertain and a continuous debate as to whether antidepressants alter the risk of suicide behaviour in bipolar patients. Studies have found that patients receiving antidepressants alone present an increase in suicidal behaviours compared to those receiving mood stabilizers with or without an antidepressant (Pacchiarotti 2013, Tavormina 2013). Studies have also found a correlation between a lifetime of mixed episodes and higher rates of antidepressant use with increase suicide ideation and attempts (Pacchiarotti 2013). Highlighting key characteristics of mixed affective state and rapid cycling within the standard part of suicide assessment would help identify high risk patients. It would enable clinicians to evaluate clinical cases and circumstances on an individual bases.

MIXED STATES

Studies have shown that individuals with mixed affective states and rapid-cycling in bipolar disorder are more likely to attempt suicide compared with those who do not demonstrate such labile mood (Gao 2009, Isometsa 2014). Therefore, incorporating an assessment of mood disorders as a whole would identify those more vulnerable to a mixed affective state and rapid-cycling course and therefore more at risk of suicide attempts. It would also enable the rational changes in medication, including the use of lithium long term to prevent suicide (Tondo 2003), and the stopping of antidepressants in patients with rapid-cycling and mixed affective states, the addition of atypical antipsychotics, and the optimization of mood stabilizers, all these three measures being likely to terminate rapid - cycling and mixed affective states (Ho 2011).

CONCLUSION

Developing effective ways of identifying suicide risk amongst individuals with bipolar disorder including mixed affective states is of clinical importance. This would also help advance the understanding of their causes and help modify these risks and recognize protective factors (Webb 2014, Cevric 2011).

Carrying out a comprehensive, systematic suicide risk assessment which incorporates the identification of unipolar depression, bipolar affective disorder, rapid cycling, and mixed affective states, as well as co-morbid anxiety disorders, (Agius 2014, 2015) would enable greater understanding of risk factors for completed suicide in mood disorders. It would enable appropriate patient supervision, promote psychosocial interventions, and enable appropriate changes of medication, all of which would then further reduce future suicide risk (Tondo 2003).

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Mark Agius is a Member of an advisory board to Otsuka, Japan.

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Correspondence:

*Delia Annear MD
East of England NHS Deanery, UK
E-mail: deannear@outlook.com*