

# General Hospital Psychiatry

PSYCHIATRY, MEDICINE AND PRIMARY CARE

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# Suicide Evaluation in Medical Patients

## A Pilot Study

Douglas Berger, M.D.

**Abstract:** *General hospital psychiatrists were given a pilot questionnaire aimed at characterizing patients evaluated for suicidality. Twenty-seven patients evaluated for suicidality in a 4-month period were studied for demographic, medical, psychiatric, and suicidal variables. Comparison with medical patients who had attempted/completed suicide in prior studies and recommendations to reduce suicidal impulses and improve the database were discussed.*

### Introduction

Suicidal patients are among the most challenging patients to confront a psychiatrist in the general medical setting. Chronic medical illness and pain have been found to be risk factors for suicide [1-4]. Psychiatrists working in general medical hospitals often get called to evaluate patients for suicidality. Approximately 9% of all psychiatric consultations at our institution are to evaluate suicidality. Because these high-risk patients have not been well studied, we felt that characterizing this group would give an empirical foundation for evaluation and treatment recommendations.

This was a pilot study aimed at studying the potential usefulness of a database that attempted to characterize any patient referred for suicide evaluation. Our study did not limit itself to a retrospective analysis of actual attempts or completed suicides as in previous studies.

Prior studies attempted to identify characteristics

of medical patients who had attempted or completed suicide while hospitalized. One study found all attempts to be impulsive, associated with anger, and precipitated by loss of emotional support [5]. These attempts were largely by patients with personality disorder and psychosis. Another study [6] characterized patients as having impaired relationships, excess emotional stress over their illness, a low pain tolerance, and a need to control the treatment. A general lack of emotional support as well as prior suicide threats were also present. Impaired alertness or disorientation was not correlated. Dialysis [7] and malignancies [8] have also been associated with suicidal behavior.

The purpose of comparing our group of patients with suicidal ideation to attempters or completers of suicide in the medical setting is to study the variables that these groups have in common and those that differ. This may allow clinicians to identify high-risk factors for suicide in patients who are consulted on for suicidal ideation. We also looked at those variables that were associated with greater suicidal impulses in our study in order to further delineate potential high-risk patients.

### Methods

#### Subjects

Data were collected from the pool of psychiatric consult requests at Montefiore Medical Center, a 700-bed general hospital located in the Bronx, New York City. The study was conducted over a 4-month period, from February to June 1991. Databases were kept in the locked files of the researchers to protect patient anonymity. All patients were included for whom an initial consultation request was made

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terminal, and none with imminent death. Approxi-

reaction to illness; 9 (33.3%) major depression; 6

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## Appendix: Suicidal Ideation Assessment Form (SIAF)

### PATIENT CHARACTERISTICS

#### NAME

Chart Number \_\_\_\_\_ Occupational Status \_\_\_\_\_  
 1) Working    2) Disability    3) Retired  
 4) Unemployed    5) Homemaker    6) Other

Living Arrangements: Before this Adm. \_\_\_\_\_ After d/c \_\_\_\_\_

- 1) Alone    2) With Family    3) Friends/Others    4) Nursing Home/Health-Related Facility  
 5) Hospice    6) Other Hospital    7) W/Home Attendant  
 8) Homeless    9) Other

### CURRENT MEDICAL SITUATION

#### Primary Reason for Hospitalization (CHIEF COMPLAINT)

(1) Acute    Is Condition Terminal? Is Death Imminent?  
 (2) Chronic    (1) Yes,    (2) No \_\_\_\_\_    (1) Yes,    (2) No \_\_\_\_\_

Currently in pain? Rate: 0-----10 (10 = would rather die)  
 (1) Yes,    (2) No \_\_\_\_\_

Currently in physical distress?    Rate: 0-----10 (10 = Would rather die)  
 (1) Yes,    (2) No \_\_\_\_\_

Room Type: \_\_\_\_\_  
 1) Single    2) Double    3) Multiple    4) ICU  
 5) Single/Isolation    6) Bioclean.

### SUICIDAL CHARACTERISTICS

Time of day SI was voiced or attempt was made \_\_\_\_\_



- \_\_\_\_\_ in order to get medication prescribed.
- \_\_\_\_\_ Related to psychosis, acute? chronic?
- \_\_\_\_\_ Related to depression, psychotic?
- \_\_\_\_\_ Related to maladaptive reaction to illness, acute? chronic?
- \_\_\_\_\_ Conflict with staff, specifics \_\_\_\_\_
- \_\_\_\_\_ Patient overdependent on medical relationships for support.
- \_\_\_\_\_ Effort to obtain special care.
- \_\_\_\_\_ Specific staff were away or there was perceived/real rejection.
- \_\_\_\_\_ Validity of medical symptoms challenged by staff.
- \_\_\_\_\_ Staff refusal to do procedure patient requests.
- \_\_\_\_\_ Patient refusal to comply with test/procedure. Is staff pushy?
- \_\_\_\_\_ Acute loss of emotional support. With who? \_\_\_\_\_
- \_\_\_\_\_ Reaction to relationship with other patients.
- \_\_\_\_\_ Interpersonal conflict.
- \_\_\_\_\_ Change in medical staff status of another patient(s).
- \_\_\_\_\_ Family conflict, specifics \_\_\_\_\_
- \_\_\_\_\_ related temporally to family visit/phone call.
- \_\_\_\_\_ Interpersonal conflict, specifics \_\_\_\_\_
- \_\_\_\_\_ Cry for help/attention, emotional support.
- \_\_\_\_\_ Preventing interpersonal change (e.g., to keep a lover from leaving).
- \_\_\_\_\_ Provoking interpersonal change (e.g., to separate from parents; a way out for the battered wife.).
- \_\_\_\_\_ Loss of role function, at work? In the family? In society?
- Specifics \_\_\_\_\_
- \_\_\_\_\_ Loss of physical function, specify \_\_\_\_\_
- \_\_\_\_\_ Shame/loss of face, real/perceived; in what aspect of psychosocial system?
- \_\_\_\_\_ Bereavement, acute? chronic? Who died? \_\_\_\_\_
- \_\_\_\_\_ Patient was attempting to manipulate his/her social situation (e.g., to obtain services; to cover an alcohol problem; to lessen the responsibility for a crime).
- \_\_\_\_\_ Other situation, specify: