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## Pharmacological prevention of suicide in patients with mood disorder

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In spite of the fact that around two-thirds of suicide victims have current major depressive episode, and up to half of them contact different levels of health-care services during the last 4 weeks of their life, over 80% of depressed suicides are untreated or inadequately treated.

However, several large-scale, naturalistic, observational follow-up studies show that successful acute and long-term treatment of major depression (with antidepressants) and bipolar disorders (with mood stabilizers, antidepressants and/or antipsychotics) markedly reduces the risk of further suicide attempts and committed suicide. Suicidal behaviour in unipolar depressives taking antidepressants is relatively most frequent among nonresponders and in the first 10-14 days of the treatment, several days before the start of action of the drug. Register based cohort studies also found that continuous treatment with antidepressants or mood stabilizers substantially reduced the risk of subsequent suicidal behaviour in unipolar or bipolar patients compared to those who were not pharmacologically treated. The marked decline of national suicide rates in countries where antidepressant utilization increased by three-to-eightfold recently also supports the antisuicidal effect of antidepressants, even on the level of general population. As anxiety, insomnia and psychotic features markedly increase the suicide risk among depressives, supplementary medication with anxiolytics in the case of insomnia or comorbid anxiety and with atypical antipsychotics in patients with psychotic depression is also necessary at least for short-time. However, psychosocial interventions, including psycho-education are always needed.

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