Clinical characteristics, pharmacological treatment, and suicidality in patients with depressive disorders

ABSTRACT:

Background: Insufficient treatment response to antidepressants and suicide risk are substantial problems in specialized psychiatric care. Previous research has suggested that suicide attempters have unsatisfactory treatment response to antidepressants in comparison with those without a history of suicide attempts. The importance of underlying psychiatric comorbidity for treatment failure and maladaptive coping strategies for suicide risk still need to be investigated. Moreover, the lack of treatment response and an increased suicide risk has been suggested to be caused by different genotypes of CYP2D6.

Research questions:
I: Are there relationships between self-reported suicide risk, suicidal ideation, and coping strategies in psychiatric patients with or without a history of suicide attempts?
II: Is psychiatric comorbidity unrecognized in patients with depression who are not responding to antidepressant treatment?
III: Does previous and ongoing pharmacological treatment differ between patients with and without a history of suicide attempt?
IV: Do genotypes of CYP2D6 and CYP2C19 differ between patients with and without a history of suicide attempt.

Methods:
I: Coping strategies and Suicidal Assessment Scale (SUAS-S) in three different cohorts of patients (recent suicide attempters, follow-up suicide attempters, and depressed patients without suicide attempt) were examined.
II-IV: Patients with depression and insufficient response to antidepressant treatment, treated in specialized psychiatric care, were examined with a semi-structured protocol, MINI, SCID II interview and were genotyped for CYP2D6 and CYP2C19.

Preliminary results:
I: There were significant correlations between increased use of avoidant coping strategies and the total scores of SUAS-S as well as SUAS-S items addressing current suicidal ideation.
II: Psychiatric comorbidity among patients with depression who do not respond to pharmacological treatment was significantly underestimated in traditional clinical assessment.
III: Patients with depression and a history of suicide attempt had tried a significantly higher number of antipsychotics during their lifetime and were more likely to have an ongoing antipsychotic treatment than those without a history of suicide attempts.

Conclusions: Attempted suicide, coping strategies, and psychiatric comorbidity are important factors to consider when planning treatment in specialized psychiatric care. The role of gene variations of CYP2D6 and CYP2C19 for treatment response and suicide risk will be examined in study IV.

Published articles:

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