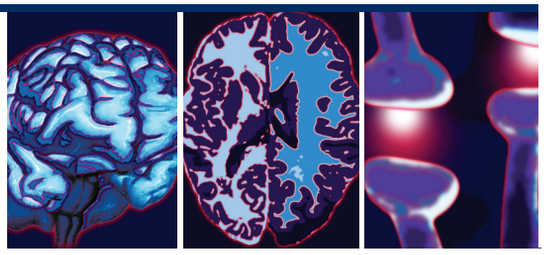

Should suicidal thoughts be addressed in obsessive–compulsive disorder patients?

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"Suicide prevention is, without a doubt, one of the most important aspects of clinical practice in psychiatry because death by suicide is always dramatic and has an enormous, long-lasting, negative effect on the whole family."

Excessive or irrational fear of death is a common symptom of obsessive–compulsive disorder (OCD), as well as of other psychiatric conditions, such as panic disorder. This at least partially may explain why OCD patients were long considered to be at low risk for suicide [1,2]. In fact, until recently, 'suicidality' was a neglected area of research for all of the anxiety disorders, most studies in this area focusing on mood, psychotic, substance use or personality disorders. Investigation of the nonfatal aspects of suicidal behavior (thoughts, plans and attempts) is relevant, because such aspects are highly correlated with each other [3,4] and are often precursors of completed suicide [5].

The initial warning signs of elevated suicide risk in individuals with anxiety disorders have come from recent epidemiological studies. Population-based studies conducted in various countries [6–9] have shown that anxiety disorders, such as generalized anxiety disorder, specific phobias, social phobia, post-traumatic stress disorder, panic disorder, agoraphobia and OCD, the last having been included in only one study [6], are associated with suicidal ideation and suicide attempts, independent of the effect of comorbid depression. In fact, the presence of any anxiety disorder has been shown to amplify the risk of suicide attempt in persons with mood disorders [6]. In a study involving 166 college students, Norton *et al.* demonstrated that the combination of anxiety and depression conferred an additional interactive risk for suicidal ideation [10]. Evaluating continuous variables and controlling for depressive symptoms, the authors examined the risk in relation to indicators of the severity of anxiety disorders (panic, social anxiety, generalized anxiety and obsessive–compulsive symptoms) and determined it to be above and beyond that related to comorbid depression.

Two population-based studies specifically addressed suicide behaviors in OCD sufferers [11,12]. Using data from the first US Epidemiological Catchment

"...depression is so common in OCD patients that it can be considered an almost intrinsic feature of the disorder or a factor in the causal pathway of suicidal behaviors, rather than a true 'confounder'. Other important aspects remain unknown..."

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Area Study, Hollander *et al.* demonstrated that the risk of suicide attempt in individuals with OCD was twice as high as it was in individuals with other mental disorders and three times as high as it was in those without any psychiatric disorder [11]. In addition, data from the British National Psychiatric Morbidity Survey of 2000 indicated that 63% of individuals with OCD in the community reported lifetime suicidal thoughts and a fourth reported one or more suicide attempts [12]. Furthermore, among individuals with OCD only, the rate of previous suicide attempt was comparable to that observed among those with OCD and comorbid 'neurotic' disorders (25 and 26%, respectively).

"Given that OCD is a fairly common condition, affecting approximately 2% of all individuals worldwide ... and that major depression is the most common comorbidity ... we find it quite surprising and a cause for concern that suicidal behaviors in OCD have only recently come to the attention of researchers."

In 2007, two relatively small clinical studies on this subject were published. Kamath *et al.* in India [13], and Torres *et al.* in Brazil [14], respectively, evaluated 100 and 50 OCD patients under treatment. The respective lifetime rates of suicidal thoughts were 59 and 46%, whereas those of suicide attempt were 27 and 10%. Nevertheless, in both patient samples, the occurrence of either outcome was significantly correlated with the severity of comorbid depressive symptoms. In 2010, using a specific instrument of assessment (Beck Scale for Suicidal Ideation) for the main outcome, Balci and Sevincok described the clinical correlates of current suicidal ideation in 44 OCD patients in Turkey [15]. The authors found that patients with suicidal thoughts (n = 23) were more likely to present aggressive obsessions and major depression, more severe obsessive–compulsive symptoms, and higher levels of hopelessness. In a study of OCD outpatients in Taiwan, Hung *et al.* explored the differences between those with high and low scores on the Yale–Brown Obsessive–Compulsive Scale (Y-BOCS; a score of >15 indicating severe obsessive–compulsive symptoms), in terms of suicidal ideation (Beck Scale for Suicidal Ideation), as well as anxiety and depressive symptoms (Beck Anxiety and Depression Inventories) [16]. Severe symptoms of anxiety and depression, which were found to be predictors of suicidal ideation, were more common in the high Y-BOCS score group.

Since 2009, larger and more comprehensive clinical studies have been published. In a prospective longitudinal study conducted in Spain, Alonso *et al.* evaluated 218 OCD patients for 1–6 years (mean = 4.1 years), using the Beck Suicide Intent Scale in order to assess suicidal thoughts and acts [17]. The incidence of persistent suicidal thoughts was 8.2% (18 patients), whereas that of attempted and completed suicide was 5.0% (11 patients) and 0.91% (only two patients), respectively. The independent correlates of suicidal behaviors were being unmarried, having high basal depression scores in the Hamilton Depression Inventory, having current or previous comorbid affective disorders, and symmetry-ordering symptoms. Finally, in a cross-sectional multicenter study involving 582 OCD patients in Brazil, Torres *et al.* identified previous suicidal thoughts in 36%, suicidal plans in 20%, suicide attempts in 11%, and current suicidal ideation in 10% of patients [18]. The main clinical features independently associated with all the suicidal aspects investigated included, presence of symptoms of the sexual–religious dimension (evaluated using the dimensional Y-BOCS, which combines obsessions and compulsions of related content), lifetime comorbid major depression and posttraumatic stress disorder. Comorbid substance use disorders and impulse control disorders were found to be independent correlates of suicidal plans and suicide attempts.

Studies of patients suffering from other mental disorders have provided indirect evidence of elevated suicide risk in OCD. For example, in a study evaluating schizophrenic patients with and without comorbid OCD, Sevincok *et al.* observed that the former were more likely to have a history of suicidal ideation and suicide attempts, suggesting that obsessive–compulsive symptoms trigger the emergence of suicidality in schizophrenic patients with OCD [19].

One important clinical aspect is the differentiation between ego-dystonic impulses of self-aggression, which are common symptoms in OCD, related to self-vigilance and harm avoidance (e.g., obsessive fear of losing control and committing suicide), and true suicidal thoughts or a desire to die. This issue was well discussed in a case report [20], in which crucial treatment implications for the two were highlighted, since the former should be treated with exposure techniques and/or specific pharmacological treatment while the latter with prompt preventive measures.

Given that OCD is a fairly common condition, affecting approximately 2% of all individuals worldwide [21], that it typically has a great impact on patient quality of life [22], and that major depression is the most common comorbidity [23,24], we find it quite surprising and a

cause for concern that suicidal behaviors in OCD have only recently come to the attention of researchers. Suicide prevention is, without a doubt, one of the most important aspects of clinical practice in psychiatry because death by suicide is always dramatic and has an enormous, long-lasting, negative effect on the whole family. However, suicidality is a highly complex, multifactorial phenomenon, involving an interplay of genetic and psychosocial aspects, which cannot be addressed in a straightforward manner [25].

The few specific studies of suicidal behaviors in OCD have produced inconsistent results, although the importance of comorbid depressive symptoms or depressive disorder as possible risk factors for suicidality has been a common thread. In fact, depression is so common in OCD patients that it can be considered an almost intrinsic feature of the disorder or a factor in the causal pathway of suicidal behaviors, rather than a true 'confounder'. Other important aspects remain unknown, including the effects of stressful life events, of a family history of suicide attempts or completed suicide, and of comorbid personality disorders. In addition, little is yet known concerning the underlying motivations and mechanisms that lead to suicidal behaviors in OCD, the temporal relationship between certain clinical features and suicide-related outcomes, and the possible impact of preventive measures. Therefore, much research still needs to be done, in order to clarify the independent correlates of suicidal behaviors among OCD sufferers. Qualitative, cohort and intervention studies are especially warranted in this important area of research, which is still in its infancy.

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