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Letter: suicide risk among adult inflammatory bowel disease patients

To the Editor,

We have read with great interest the recently published article by Malham et al,[1] who conducted a survey to estimate the risk of cancer and mortality among paediatric IBD population. They found an increased risk of cancer and mortality in this population. Appallingly, the leading cause of death besides cancer and infections, was suicide. They found a fourfold increase in mortality rate due to suicide for paediatric IBD patients compared to the general population. This information should call attention to the importance of mental health comorbidities among IBD patients. According to the WHO, close to 800 000 people die due to suicide in every year; in Hungary the suicide rate in 2016 was 22.2/100 000 people.[2]

It is known that psychiatric comorbidities, like depression and anxiety are associated with IBD also in adult settings.[3,4] The prevalence of depressive symptoms and depression among IBD patients is between 20.5% and 25.8%.[5,6] Suicidal ideation is a risk factor for suicidal attempts and completed suicide. Suicidal ideation and suicide were found to be more frequent in the adult IBD population compared to the general population.[7,8] In a cross-sectional study, suicidal ideation was experienced by 5.25% of IBD patients.[7]

We would like to share our experience about suicide risk among our adult IBD patients. We conducted a cross-sectional, multicentre, self-administered survey among Hungarian IBD patients. Three hundred patients were enrolled. Depressive symptoms were assessed with the Patient Health Questionnaire-9 (PHQ-9), in which question 9 screens for the presence and duration of suicidal ideation. Beck Hopelessness Scale (short version) was also performed, which is the most predictive questionnaire about suicidal risk.[9,10]

Thirty-seven point six% of our patients had no depressive symptoms, 33.6% had mild, 21.3% had moderate, 5.3% had moderate-to-severe and 2% had severe depressive symptoms based on PHQ-9. Nine point three% of the patients had severe feeling of hopelessness based on the Beck Hopelessness Scale. We explored suicide risk in 16% of our patients, of whom 5.3% had high risk according to PHQ-9 question 9. Depression and feeling of hopelessness are important predictors of suicide risk and attempts.[10]

The rate of depressive symptoms among our patients was similar to the literature data,[5,6] also suicide risk was comparable to previously published results in the IBD population.[7]

Psychiatric comorbidities have a negative impact on IBD symptoms, patients' compliance and quality of life. Regular surveillance of mental health and mood should become an important part of the treatment process of such patients with chronic conditions, like IBD.

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LINKED CONTENT

This article is linked to Malham et al papers. To view these articles, visit https://doi.org/10.1111/apt.15258 and https://doi.org/10.1111/apt.15733.

Anett Sánta[1]
Kata Judit Szántó[1]
Patrícia Sarlós[2]
Pál Miheller[3]
Klaudia Farkas[1]
Tamás Molnár[1]

[1]*First Department of Medicine, University of Szeged, Szeged, Hungary*
[2]*First Department of Medicine, University of Pécs, Pécs, Hungary*
[3]*First Department of Surgery, Semmelweis University, Budapest, Hungary*
Email: molnar.tamas@med.u-szeged.hu

ORCID

Kata Judit Szántó https://orcid.org/0000-0003-0749-5061

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Letter: suicide risk among adult inflammatory bowel disease patients. Authors' reply

EDITORS,

Increasing attention has recently been given to the decreased quality of life that is experienced by patients with inflammatory bowel disease (IBD). In their letter, Sánta et al present data from a questionnaire, finding that a surprisingly high proportion of IBD patients in Hungary were at risk of suicide (16%).[1] This is in line with the previously published paper by Gradus et al reporting an increased risk of suicide in the Danish IBD population from 1981 to 2006.[2] In 2019, we found that paediatric onset IBD (pIBD) is associated with a fourfold increased risk of suicide,[3] which is twice the risk estimate found in most adult onset IBD (aIBD) studies. All but two of the patients who committed suicide were over 18 years (median 21.0 [IQR: 19-24]), which we did not report in the paper. Due to our study design, a further elaboration on the possible reasons for this worrying result was impossible, but we speculated that it might be due to the aggressive disease course previously reported in the pIBD population.[4] However, Olen et al subsequently published results from the Swedish pIBD population, which showed that the risk of both psychiatric diagnoses and suicide attempts were increased.[5] This underlines that the burden of psychiatric comorbidity is high in this patient group and stresses the statement made by Drs Banerjee and Gearry in their editorial in connection with our original paper, describing it as "a call to action".[6] However, it needs to be clarified what this action should be. It seems evident that there is a high incidence of psychiatric comorbidity in the pIBD population, and the time has passed for additional descriptive studies. We therefore need to incorporate psychological and psychiatric health professionals into the standard of care in IBD, and not simply focus on somatic disorders, that is, the gastrointestinal tract. As proposed in the letter by Santa et al a psychological screening as part of a standardised transition programme could be useful in adult care. This would identify high-risk patients and would furthermore focus the health professionals' resources to patients needing them the most.

Lastly, in most developed countries the paediatric gastroenterologists have more experience in family-based consultations and more time for each consultation. These increased resources come with a strong obligation to ensure as continuous as possible remission of IBD, educate the patients and families on how to increase resilience, carry out endoscopic surveillance in very early onset IBD and IBD complicated by primary sclerosing cholangitis,[7] perform needed operations—and not postpone these crucial decisions to the period after transfer. We believe that this would optimise the likelihood of us delivering what most adolescent patients with a chronic disease desire: to make their life as normal as possible.

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LINKED CONTENT

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