A study in England revealed that 24 percent of patients with bipolar disorder (and 19 percent of patients with other psychiatric diagnoses) who died by suicide had been in contact with a mental health service provider within 24 hours of their death. More than 60 percent of patients with bipolar disorder had had a contact with mental health services within seven days of their death – significantly more than the 49 percent of patients with other diagnoses who saw a mental health service provider within a similar period. Yet 86 percent of both groups had been judged to be at no or at low risk of suicide by mental health service providers during the last contact before their deaths.

The authors write that “these data suggest that clinical assessment of suicide risk may not be accurately identifying at-risk bipolar disorder patients or that patients with bipolar disorder are subject to rapid changes in mental state consistent with the hypothesis that suicidal behavior in bipolar disorder is associated with impulsivity.” They recommend further research to identify more accurate ways of identifying suicide risk in patients with bipolar disorder which may involve screening patients for “factors such as alcohol dependence/misuse, personality disorder, depressive episode, multiple psychiatric admissions, and current or recent admissions.”

The authors also note that more than one-third of the bipolar patients in the study were not taking lithium or other drugs that have been found to stabilize mood and protect against suicide, which may imply that such drugs are being under-prescribed.

This data analysis showed that compared to people with other psychiatric disorders who also died by suicide, those with bipolar disorder were more than twice as likely to have received their diagnosis at least five years earlier; were three times more likely to have had more than five previous in-patient admissions; and were more likely to be current or recent recipients of in-patient care. The authors suggest that this may indicate that suicide risk is more persistent over time for people with bipolar disorder than for those with other psychiatric disorders.

Patients with bipolar disorder who died by suicide were also, on average, older, more likely to be female, and less likely to have a history of previous suicidal behavior than those without a primary diagnosis of bipolar disorder. They were also less likely to have a formal secondary diagnosis. The authors observe that their findings do not bear out the common belief that suicide risk for bipolar disorder is greatest among those who are younger or who have received their diagnosis recently.
