A study of Swedes over the age of 18 confirmed that psychiatric disorders are major risk factors for suicide. The strongest overall risk factor for suicide was depression, although any psychiatric diagnosis raised the risk of suicide. Among those with depression who died by suicide, the risk was consistently highest in the first 13 weeks after the diagnosis of depression. The risk of dying by suicide was 20 times greater for women with psychiatric disorders (including alcohol and other substance use disorders) than for women who had never been diagnosed. Men with psychiatric disorders were 12 times more likely to die by suicide than their peers. Alcohol and other substance abuse disorders were found to increase suicide risk by a factor of four even after the data analysis was adjusted for psychiatric disorders. Antidepressant medication lowered the suicide risk among persons diagnosed with depression.

Some physical illnesses were also found to be risk factors for suicide. The data analysis revealed that “chronic obstructive pulmonary disease, cancer, spine disorders, asthma, and stroke were significant risk factors among both men and women whereas diabetes and ischemic heart disease were modest risk factors only among men.” These physical illnesses were still associated with suicide risk when the analysis was adjusted for depression and other mental disorders.

Generally, men were at three times greater risk for suicide than women, even when results were adjusted for other sociodemographic, mental health, and health variables. Persons of either sex who were not married or co-habiting, were not employed, or had low educational attainment were at higher risk than their peers. For men, low income was also associated with a modestly elevated risk of suicide.

This research also confirmed other findings that a significant percentage of people who die by suicide have seen a health care provider shortly before their death. The analysis found that “among those who died by suicide, 29.5 percent of women and 21.7 percent of men had a health care visit within two weeks before the suicide, and 57.1 percent of women and 44.9 percent of men had a health care visit within 13 weeks before the suicide.”

The authors reported that their findings supported the case that psychiatric care and primary care are both strategic venues for suicide prevention efforts. They also suggested that prevention efforts target mental disorders (especially depression), as well as specific physical ailments and any risk factors indicating a possible lack of social support (e.g. being unmarried or unemployed).

This analysis was based on a study of all persons over the age of 18 living in Sweden (2001-2008) with the exception of undocumented immigrants. The authors did point out that it is “unclear to what extent these findings from Sweden are generalizable to countries with different socio-economic conditions and health care systems.”
