

EDITORIAL

Anxiety Disorders and Suicidal Behaviours

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In this issue of the journal there are three papers in the area of clinical psychiatry dealing with help seeking behaviours, parasuicides and anxiety in hospital patients. In these articles discussions were made to associate events and symptomatology to some specific measurements such as quality of life, specific behaviours, etc. However there have been increasing questions asking to look at certain symptoms or comorbidity to associate with worsening symptoms which have not been adequately touched in the articles in this issue. The work currently being done in several centres is related to anxiety disorders and risk for suicidal ideation and attempts which is always a major issue in psychiatry. It has been shown that suicidal ideation and suicide attempts are highly prevalent in the community and are strong risk factors for completed suicides.

POSSIBLE ASSOCIATION?

It has been well established that the risk factor for suicide is the presence of mental disorders, especially mood disorders, substance use disorders, and schizophrenia. The controversy is whether anxiety disorders are also risk factors for suicide. Many cross sectional community studies ^[1] and clinical studies have demonstrated that anxiety disorders are associated with suicidal ideations and attempts as well as completed suicides. Among the anxiety disorders, panic disorder ^[2] has received the greatest attention. But what is forgotten is that in clinical practice, if we see enough patients, we will realize that anxiety disorders are highly comorbid with other anxiety disorders and tend to cluster together so studies ought to look at whether anxiety disorders as a group have an impact on suicidal behaviour after adjusting for other types of mental disorders especially mood and substance abuse disorders.

POSSIBLE ETIOLOGICAL MECHANISMS?

Theoretically there are a number of possible explanations for the relationship between anxiety disorders and suicidal behaviour. The most obvious is the direct effect of the high levels of anxiety itself together with worry and fear leading to routes of seeking escape from suffering by considering a suicidal act. Other explanations could be the indirect effect of comorbidity with other mental disorders which could be complication of the anxiety disorders such as substance abuse or mood disorders. Other possible mechanisms could be the etiological factors of anxiety such as childhood trauma, genetic factors, personality factors like neuroticism, impulsivity, self-criticism among others, may explain the increased risk for suicidal behaviour. The biological theory of anxiety such as the neurotransmitter theory that postulates the low levels of hydroxyindolacetic acid in the cerebro spinal fluid may link anxiety disorders to suicidal behaviours. Also not forgetting, chronic anxiety can lead to many other factors such as poor social support, traumatic events, loss of job, loved ones; etc may also lead to suicidal behaviour.

STUDIES?

There have been attempts at studying these issues from the early nineties ^[3] but then they were looking at depression as the main factor but found that comorbidity with anxiety is a stronger risk factor than depression alone. Slowly there were few studies looking at the same issue of comorbidity but with small sample sizes. One study in Germany pointed out the same finding with regards to comorbidity of anxiety and depression and not depression itself is a risk factor for suicide and they look at lifetime-anxiety-disorder diagnosis, a further improvement from the earlier study. However there are very few studies that are population based, prospective, and longitudinal that would provide better results. There has been one study ^[4] that look at a two year longitudinal follow-up and it is population based done in the Netherlands that I believe is a good study to look at and perhaps get clinicians to pay more attention to this issue. They use data from the Netherlands Mental Health and Incidence Survey which is a large Dutch population survey.

Their findings from this large population survey are very interesting and should provoke more clinical research in this area. Among all the respondents with suicidal ideation at baseline, 52.4% had at least one anxiety disorder. Among all respondents with suicidal attempts at baseline 64.1% had at least one anxiety disorder. After adjustments they found that the presence of at least one anxiety disorder diagnosis at baseline was significantly associated with lifetime

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suicidal ideation and attempts. In multivariate analyses, they found panic disorder, agoraphobia without panic and simple phobia (but not obsessive compulsive disorder, generalized anxiety disorder or social phobia) was significantly associated with lifetime suicidal attempts even after adjusting for other mental disorders and sociodemographic variables.

The main finding of the study was that the presence of an anxiety disorder at baseline was a risk factor for subsequent onset of suicidal ideation and attempts.

IMPLICATION?

The findings contribute to resolving the issue of whether anxiety disorders are risk factors for suicidal behaviour. The fact that anxiety disorders are highly under-recognized and under treated in the community and primary care, these findings suggest that untreated anxiety disorders might be missed opportunities for preventing suicidal behaviour. Will early recognition and early intervention reduce likelihood of suicidal behaviours is a good follow-up study for clinicians.

CONCLUSION

Suicidal behaviour is a complex process because of numerous interrelated factors, and although this write up suggests that anxiety disorders play an important role, the mechanism of the increase in suicidal behaviour associated with anxiety disorders remains to be determined.

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