The risk of suicide after deliberate self harm was significant and persistent over the long term


Clinical impact ratings GP/FP/Primary care ★★★★★☆☆ Mental health ★★★★★★★

Q In patients who presented to a general hospital after deliberate self harm, what is the short term and long term risk of suicide?

The risk of suicide after deliberate self harm was significant and persistent over the long term, and varied between sex and age groups.

**MAIN RESULTS**

During follow up, 300 (2.6%) patients died by suicide or probable suicide. Of these, a clear suicide verdict was recorded for 177 (59%).

**Risks are based on Kaplan Meier estimates.**

<table>
<thead>
<tr>
<th>Time since first presentation for deliberate self harm</th>
<th>Overall risk (95% CI) (n = 11 583)</th>
<th>Risk in men (95% CI) (n = 4622)</th>
<th>Risk in women (95% CI) (n = 6961)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 year</td>
<td>0.7% (0.6 to 0.9)</td>
<td>1.1% (0.8 to 1.4)</td>
<td>0.5% (0.4 to 0.7)</td>
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<tr>
<td>5 years</td>
<td>1.7% (1.4 to 1.9)</td>
<td>2.6% (2.2 to 3.1)</td>
<td>1.0% (0.8 to 1.3)</td>
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<tr>
<td>10 years</td>
<td>2.4% (2.1 to 2.7)</td>
<td>4.0% (3.5 to 4.7)</td>
<td>1.4% (1.1 to 1.7)</td>
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<tr>
<td>15 years</td>
<td>3.0% (2.6 to 3.4)</td>
<td>4.8% (4.1 to 5.6)</td>
<td>1.8% (1.5 to 2.2)</td>
</tr>
</tbody>
</table>

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Commentary

This important study by Hawton et al is the latest in a number that identifies deliberate self harm (or parasuicide) as a harbinger of completed suicide. The study sample is large, the methodology rigorous, and the conclusions unequivocal. In the 15 years after a self harm episode, a much greater risk of suicide continues to exist over the whole time period. However, the risk is greatest in the first year after the self harm event. Other data suggest that this risk extends beyond 20 years, thus the risk may be lifelong. As one of the main aims of public mental health is to reduce suicide, preventive potential exists here.

We are not dealing here with a statistical risk of no clinical relevance: a risk 66 times greater than that in the normal population is substantial. The particularly relevant data for psychiatric services is the much greater risk in the older population (ie, those aged >55 y). This is not a group that has high rates of self harm, and a case can be made for targeting treatment resources in older people. However, we do not yet have brief interventions of undoubted efficacy for the large group at risk although we are getting closer.

The main problem is that so many who harm themselves do not come back for treatment even if it is offered. Peter Tyrer, MD, FRCP, FRCPych, FFPHM Department of Psychological Medicine, Imperial College London, UK