An Issue to Keep in Mind Regarding Specific Suicide Prevention Measures
Focussing on Bipolar Disorder

The Editor,

Sir,

According to vital statics, annual suicides in Japan exceeded 30,000 in 1998. This was a sharp increase from previous years, and the numbers have remained high since then (1). Thus, there is a pressing need in Japan for preventive measures that can bring about a reduction in the number of suicides. Given this situation, we believe that discussion of suicide prevention is very important. This report describes discernment of bipolar disorder as a component of suicide prevention measures.

A report (2) described bipolar disorder as a major risk factor for suicide. The report stated that suicide during a manic episode is rare but noted that irritability, hopelessness and blame during a depressive episode was a risk for higher suicide attempts. The report also indicated that individuals with mixed states have a relatively high probability of suicide attempts and that individuals with a rapid-cycling form of bipolar disorder have a high risk of suicide attempts. In addition, a younger age of onset of bipolar disorder signals risk for attempting suicide (2). Another report (3) indicated that close attention by friends and family and asking about hypomania and hypomanic symptoms are crucial to diagnosing a bipolar disorder. One report (4) stated that psychiatry should be consulted in instances such as: “when an individual has a history of suicide attempts”, “when an individual is extensively involved in stressful situations”, “when an accompanying psychiatric disorder is suspected”, or “when an individual clearly has bipolar disorder”. Another report (5) indicated that an individual suspected of having a bipolar disorder should be referred to psychiatry. Suicide prevention measures that take these facts into account must be coordinated by relevant organizations and experts (6).

K Inoue1, Y Okazaki2, H Kaiya3, Y Fujita4,5

From: 1Department of Public Health, Fujita Health University School of Medicine, Aichi 470-1192, Japan, 2Tokyo Metropolitan Matsuzawa Hospital, Tokyo 156-0057, Japan, 3Warakukai Incorporated Medical Institution, Aichi 453-0015, Japan, 4Kawasaki Family Clinic, Kanagawa 210-0853, Japan and 5Department of Internal Medicine, Division of Medical Oncology, Teikyo University School of Medicine, Tokyo 173-8605, Japan

Correspondence: Dr K Inoue, Department of Public Health, Fujita Health University School of Medicine, 1-98, Dengakugakubo, Kutsukake-cho, Toyoake, Aichi 470-1192, Japan. Email: ke-inoue@fujita-hu.ac.jp

REFERENCES