Society for Advancement of Bipolar Affective Disorder
雙　相　情　緒　學　會

Suicide Risk Assessment in Bipolar Disorder – A Reference

(Version: January 2011)

Aim

- To assist doctors in assessing risks among their patients with bipolar disorder
- Particularly for suicide risks
- Can be modified when applying to other emergency situations e.g. violence
- Not a guideline, but a reference & cannot be exhaustive
- Documentation of key areas in casenote is important

Key Area 1

- Does the patient express suicidal ideas?
  - Explicitly or overtly
  - Implied or only hinted (uncertain)
  - Denies
- Does the patient answer honestly and reasonably?
  - Yes
  - No
  - Not sure

Key Area 2

- If the patient has ‘recently’ expressed suicidal ideas, please assess the intensity
  - Just ideas
  - Non-specific intention
  - Serious intention (methods, time & place)
  - Preparation behaviour (specific plans, purchase means, etc.)
  - Gestures or attempts (evidence?)

  * Collateral information from reliable sources may be required

Supplementary Information: Static Risk Factors

- Past history of severe depressive episodes or suicide attempt or violence
- Family history (1st degree relatives) of affective disorder
- Family history of severe depression, psychosis, suicide or violence
- Early significant traumatic experiences e.g. rape, physical injuries, life-threatening illness
- Personality: evidence of histrionic, impulsive behaviour
- Sociographic data: elderly male, widower

Supplementary History: Dynamic Risk Factors

- Current episode: depression, agitation, mixed, rapid cycling, disinhibition, psychotic (especially command hallucination)
- Concurrent psychosocial distress:
  - Recent loss of significant others
  - Recent loss of job, money (financial crisis), status, etc.
- Comorbid conditions:
  - Physical: disease causing significant disabilities
  - Psychiatric: clear-cut anxiety disorder, personality disorder (especially borderline type), substance/alcohol abuse,
- Poor compliance to treatment
- Violence, danger to others or properties

Key Area 3

- From the above information, your clinical judgment of patient's risks of acute suicide is
  - 1. Very high
  - 2. High
  - 3. Moderate (but without social support)
  - 4. Moderate (but with social support)
  - 5. Low
  - 6. Nil
- In the best interests of the patient, those in categories 1-3 hospital care should be considered seriously.

Hospitalisation

- 1. If there a genuine place of safety where close observation is available?
- 2. Is the patient willing to go to hospital for treatment?
- 3. Does the patient have adequate self-control over the impulse of suicide?
- 4. Are there any contingency plan by patient & family in case of sudden suicidal impulse?
- If yes, adequate medications with close follow-up; advice patient & family concerning hotlines, precaution about harmful means; and a referral letter to AED in case of emergency
- If not, arrange admission voluntarily or involuntarily

Arrangement of Involuntary Hospitalisation

- Either
  - By Form 1,2 & 3 (preferably with consent of a significant close relative)
  - By referral to the AED of public hospitals with a referral letter

  NB

  * Sedation (oral or intramuscular injection) may be needed while waiting for admission
  * Restraint should be kept to a minimum
  * May call on ambulance or police for assistance (especially if imminent danger