

Maine Medical Center  
Emergency Medicine Residency  
Journal article summary

DATE: 5/18/17

PRESENTER: Matt Spanier

Author: Reid Roberts

ARTICLE:

- Citation

## Predicting Suicide Attempts With the SAD PERSONS Scale: A Longitudinal Analysis

*James M. Bolton, MD; Rae Spiwak, MSc; and Jitender Sareen, MD*

Journal of Clinical Psychiatry, June 2012

PURPOSE:

- What is the **primary research question** being addressed by the study?
  - o The SAD PERSONS scale is a suicide prediction scale developed in 1983 and widely taught in the medical schools without significant evidence to support it's use. **What is the ability of the SAD PERSONS scale to predict current and future suicide attempts?**



The following is an assessment tool used to determine the risk of an individual for suicide. Each area is a risk factor for suicide. The theory is that the more areas that an individual fits into, the higher risk the individual would be considered.

- S Sex** - Females are more likely to attempt suicide, but males are more likely to choose a more deadly means
- A Age** - 15-24 years olds or men 75 and older are high risk groups
- D Depression**
- P Previous Attempts**
- E Ethanol and other drug use**
- R Rational Thinking Loss**
- S Social Support Lacking**
- O Organized plan** - The more specific the greater risk
- N No Spouse**
- S Sickness**

### STUDY DESIGN:

- What **type of study** is it? (ex. randomized control trial, case series, retrospective cohort etc.) Prospective

### METHODS:

- What was the **research setting** (ex. inpatient, outpatient, urban, rural etc)
  - o 2 academic EDs in Manitoba, Canada
- What was the **study population** (ex. all adults presenting with chest pain)
  - o Patients referred for psychiatric services were consecutively enrolled over 2 year period in 2009 and 2010. Patient did not necessarily need to have suicidal ideation. Data was collected by psych residents and attendings.
- What were the **study groups?** (ex. describe placebo vs control)
  - o Single study group. Patients were assessed using SAD PERSONS and modified SAD PERSONS
- What were the **interventions** performed among the study groups?
  - o N/A

### RESULTS

- What **conclusions** were made by the authors? Do you think their conclusions are valid based on the data reported?
  - o Both scales had poor sensitivity for predicting active suicide (half of the actively suicidal patients scored low risk). Missed approx. 50% of both active and future suicide attempts.
  - o Both scales had poor area under the curves for predicting current and future suicide attempts.
  - o The study did identify 5 risk factors which are better at predicting future suicide risk: previous suicide attempt or hx of psychiatric care, age 19-45, substance abuse, stated future suicide intent, and absence of rational thinking.
- Were there any **additional findings** other than the primary research question?
  - o No
- Were there **other possible explanations** for their findings? (consider sample size, did they measure the right outcomes, treatment integrity etc)
  - o They were not assessing patients with active SI, test may perform better in this population.
- What were the **limitations** reported by the authors? Do you see any other important limitations?
  - o Assessing for risk suicide attempt, not completed suicide
  - o Only capturing future suicide attempts which presented to the study hospital (completed suicides may not have come in)

### IMPLICATIONS FOR PRACTICE

- Are the results/study **applicable to clinical practice?**
  - o Shows that SAD PERSONS has limited applicability for screening all comers with psych concerns for risk of suicide. This is applicable to practice if you are relying

on the tool to screen for patients who are at high risk of suicide and using this to determine disposition (don't do it!).

- Is this an intervention that would be **feasible to implement** (based on cost, resources etc)? It is free to administer.
- Will this **change your practice**?
  - o I believe this study does not specifically address risk for suicide in a population with active SI, I will continue to use the SAD PERSONS risks factors (not necessarily calculating score) and conveying concerns to psych when suicidal patient have multiple risk factors.

#### LEVEL OF EVIDENCE

- **ⓂIa** Evidence obtained from meta-analysis of randomized controlled trials
- **ⓂIb** Evidence obtained from at least one RCT
- **ⓂIIa** Evidence obtained from at least one well-designed controlled study without randomization
- **ⓂIIb** **Evidence obtained from at least one other type of well-designed quasi-experimental study**
- **ⓂIII** Well-designed non-experimental studies
- **ⓂIV** Expert committee reports, opinions of experts