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ANTIPSYCHOTIC AND ANTIDEPRESSIVE PHARMACOTHERAPY IN RELATION TO SUICIDE RISK IN SCHIZOPHRENIA

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Introduction: Patients with schizophrenia are at increased risk of suicide, but data from controlled studies of how pharmacotherapy is related to suicide risk is limited.

Aim: To explore suicide risk in relation to prescription of antipsychotics and antidepressants.

Methods: Of all patients with a first clinical discharge diagnosis of schizophrenia or schizoaffective disorder in Stockholm County between 1984 and 2000 (n=4,000), patients who died by suicide within five years from diagnosis were defined as cases (n=84; 54% male). Individual matching was performed with schizophrenia controls from the same population. Information on prescribed medication was retrieved from psychiatric records in a blinded way. Odds ratios (OR) of the association between medication and suicide risk were calculated by conditional logistic regression.

Results: No significant association was observed between suicide and having ever been prescribed any antidepressant (33 cases and 30 controls) or any antipsychotic (83 cases and 82 controls). A lower suicide risk was found in patients who had ever been prescribed a second generation antipsychotic (risperidone, ziprasidone, olanzapine or clozapine; 12 cases and 23 controls): OR 0.2 (95% confidence interval [CI], 0.1-0.7). When the 6 cases and 8 controls who had been prescribed clozapine were excluded, the OR was 0.1 (95% CI, 0.03-0.6).

Conclusions: The lower suicide risk for patients who had been prescribed second generation antipsychotics may be related to a pharmacological effect of these medications, to differences in compliance, or to differences in other characteristics associated with a lower suicide risk.