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Correspondence

Editor: Ian Pullen

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Suicidal ideation as a presenting complaint

SIR: I read with interest the article by Hawley *et al* (*Journal*, August 1991, **159**, 232–238) and wish to make the following comments.

Their study group comprised patients referred as psychiatric emergencies whose presenting complaint was a statement of suicidal intent or ideation without any act of deliberate self-harm. The addition to the study group of patients who had both harmed themselves and expressed suicidal ideation increased the magnitude of the differences noted between it and the reference group. Is this not a case of "more of the same", and would not a comparison of ideators with attempters rather than with all other emergency psychiatric referrals be a more useful addition to the literature on ideators, about whom less is known, as they rightly point out?

In addition, they could follow up those ideators who later do engage in deliberate self-harm, although no patients appear to have done so within the limited study period. A lengthier outcome study would be required.

Alternatively, they could assess whether the presence of depression in ideators influences the likelihood of later self-harm. It seems to me that their baseline data would lend itself to answering these questions, mindful of the difficulties in making formal psychiatric diagnoses in this population, as they have highlighted.

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AUTHORS' REPLY: Dr Connolly's observations are pertinent and the comment on "more of the same" entirely accurate. When we compared the patients with suicidal ideation alone with those with suicidal thoughts and self-harm, the most conspicuous finding was the lack of difference between the two groups. However, the study specifically addressed the setting of emergency psychiatry. The self-harming patients in our series cannot be assumed to be representative of the far greater number of patients who would be admitted to medical beds and assessed as liaison psychiatric cases later.

The comparison of the study group with the other psychiatric emergencies produced valuable findings. Not least of these is that suicide risk associates only weakly with the decision to offer psychiatric treatment. Diagnosis is much more important in this respect.

A follow-up study is not considered feasible. One-third of the patients had no stable residence, nearly half were from outside the catchment area and a quarter had no general practitioner. The prospects of obtaining satisfactory outcome data appear small.

The correspondent identifies the importance of examining the effect of depressive symptoms in influencing outcome in suicidal individuals. Recent research into brief recurrent depression causes us to now consider whether many of the supposedly personality disordered patients would now be diagnosed as having this illness (Montgomery *et al*, 1989; Angst *et al*, 1990). Our data set was not constructed to consider this, but it is an issue worthy of consideration in any future similar investigation

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MONTGOMERY, S. A., MONTGOMERY, D., BALDWIN, D. *et al.* (1989) Intermittent three-day depressions and suicidal behaviour. *Neuropsychobiology*, **22**, 128–134.

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