



Letter to the editor

Is identifying suicide risk the point of universal screening?



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In their editorial, “Universal screening may not prevent suicide,” Nestadt et al. [1] argue that screening for suicidal ideation will not prevent suicide because ideation is a poor predictor of suicide. However, is identifying suicide risk the purpose of universal screening?

Generally, screening is about the early detection of a condition. People who screen positive undergo further evaluation to confirm the presence of the target condition. Once confirmed, treatment is applied with the intention of reducing adverse outcomes. In suicide prevention, the condition we are screening for is suicidality. Thus, the point of screening is to accurately identify indicators of suicidality, not identify the risk of suicide per se.

Ignoring suicidal ideation merely because it is a poor predictor of suicide should offend our clinical sensibilities. While reduction of mortality is one aim of screening, just as important is the reduction of suffering. Suicidality is profoundly distressing. Suicidal people feel trapped by their emotional misery, toil daily in despair, and become increasingly desperate for the relief that only death appears to offer. Early detection of suicidality is an opportunity to ameliorate psychological pain, decrease the likelihood of suicide attempts and associated injuries, and reduce the use of emergency services.

We lose perspective when we focus too heavily on predicting death. Consider the medical response to chest pain. Less than 5% of chest pain cases turn out to be acute coronary syndrome [2] (ACS), but the consequence of undiagnosed ACS (death) is so dire that physicians always subject chest pain to further evaluation. Similarly, national survey data [3] show that about 11% of ideators report having made a suicide attempt in the past year. Because ideation is associated with potentially lethal behavior, it unquestionably warrants further evaluation to determine the severity of suicidality so that, if indicated, we can offer

suicidality-specific interventions.

If we adopt the perspective that we are screening for suicidality, then targeting suicidal ideation is meaningful: Ideation is a reliable marker of suicidality. Indeed, I am aware of no study showing that an affirmative answer to “Have you seriously considered suicide?” is a poor indicator of suicidality. In other words, persons thinking about suicide are not false positives. They are exactly who we are looking for.

Author note

The views expressed in this article are the author's and do not reflect official policy of the Department. There are no conflicts of interest to disclose.

References

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