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BIPOLAR DISORDERS LIBRARY

BIPOLAR DISORDERS Factsheet

November 2021

How is suicide and self-harm relevant to people with bioplar disorder?

Rates of suicide and self-harm are higher in people with a mental disorder than in people without a mental disorder.

What is the evidence for suicide and self-harm in people with bipolar disorder?

Moderate to high quality evidence finds the overall prevalence rate of suicide attempts is around 30% in people with bipolar disorder, with the yearly attempt incidence rate being around 4%. The overall suicide completion incidence rate is 237.0 per 100,000 person-years. This means there will be on average 237 suicides in 100,000 people with bipolar disorder over one year.

In children and adolescents with bipolar disorder

Moderate to high quality evidence suggests the risk of suicide attempts is higher in children and adolescents with bipolar disorder than in children and adolescents with major depression. Moderate quality evidence suggests suicide ideation is more prevalent than suicide attempts (~50% vs. ~25%). The only significant predictors of suicide attempts in children and adolescents were having bipolar I disorder rather than bipolar II disorder, and having a concurrent diagnosis of attention deficit hyperactivity disorder.

In adults with bipolar disorder

Moderate quality evidence suggests a large increased risk of suicide completion in psychiatric hospital patients who were assessed as being at high risk of suicide. A history of suicidal behaviour and depressive symptoms or affective disorder was included in the majority of the high-risk models.

Increased risk of suicide *attempts* was associated with; anxiety disorders or being female (both high quality evidence, small effects), concurrent cluster B personality disorders (moderate to high quality evidence, medium-sized effect), a history of child abuse (moderate to high quality evidence, small to medium-sized effect), a younger age at bipolar onset (<18yrs, moderate to high quality evidence, small effect), depressive polarity of first illness episode (moderate quality evidence, large effect), displaying risky decision making (moderate quality evidence, medium-sized effect), and depressive episode predominance, concurrent substance use disorders, and having a family history of suicide (all moderate quality evidence, small effects).

Increased risk of suicide *completion* was associated with; having a family history of suicide (moderate to high quality evidence, medium-sized effect), male gender (moderate quality evidence, small effect), or being incarcerated (moderate quality evidence, medium-sized effect).

For more information see the technical table

NeuRA
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NeuRA (Neuroscience Research Australia) is one of the largest independent medical and clinical research institutes in Australia and an international leader in neurological research.

Diseases of the brain and nervous system pose the greatest health, economic and social burden of any disease group because they are chronic, debilitating and have no known cures.

Medical research is the cornerstone of efforts to advance the health and wellbeing of families and the community. Our dedicated scientists are focussed on transforming their research into significant and practical benefits for all patients.

While we hope you find this information useful, it is always important to discuss any questions about bipolar disorder or its treatment with your doctor or other health care provider.

HOW YOUR SUPPORT HELPS

We are able to make significant advances due to the generosity of countless people. Your donation allows us to continue to work towards transforming lives. For information on how you can support our research, phone **1300 888 019** or make a secure donation at **neura.edu.au**.

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