



SUICIDE

BIPOLAR DISORDERS Factsheet

July 2020

How are suicide and self-harm relevant to people with bipolar disorder?

Rates of suicide or self-harm are considerably higher in people with mental disorders compared to people without a mental disorder. There has been much research dedicated to determining potential risk factors for suicide, which may have clinically important applications for prevention. Many of the important risk factors for suicide in the general population can apply to people with mental disorders, including having depression and/or a history of previous suicide attempts.

What is the evidence for treatments for suicide and self-harm?

Moderate to high quality evidence suggests self-harm, but not suicide, may be reduced with lithium treatment when compared to placebo or carbamazepine. However, moderate quality evidence suggests there may be an association between increased levels of lithium in drinking water and reduced rates of suicide in the community.

There were no significant differences in rates of self-harm or suicide between people with bipolar disorder on lithium, lamotrigine, olanzapine, divalproex, or quetapine. There were also no differences between divalproex and placebo.



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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.

For more information see the technical table

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