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Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

SUICIDE AND SUBSTANCE USE DISORDERS

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SPEAKER DISCLOSURES

Richard Ries, MD has no relevant financial relationships.

>>This talk has been given in various iterations at conferences at the

American Academy of Addiction Medicine, American Psychiatric Association and the American Society of Addiction Medicine

OBJECTIVES

At the conclusion of this session, participants should be able to:

1. Differentiate key factors more associated with suicide vs overdose.
2. Perform risk assessment for both suicide and overdose to improve patient care.
3. Translate information from study evidence around both suicide and overdose into their daily clinical interviews and care planning.

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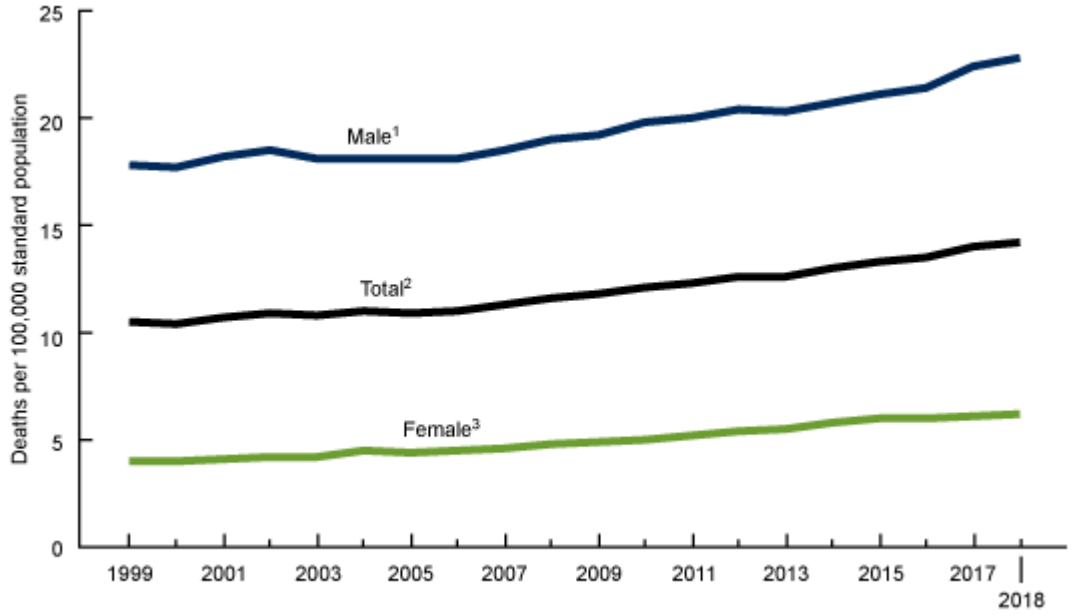
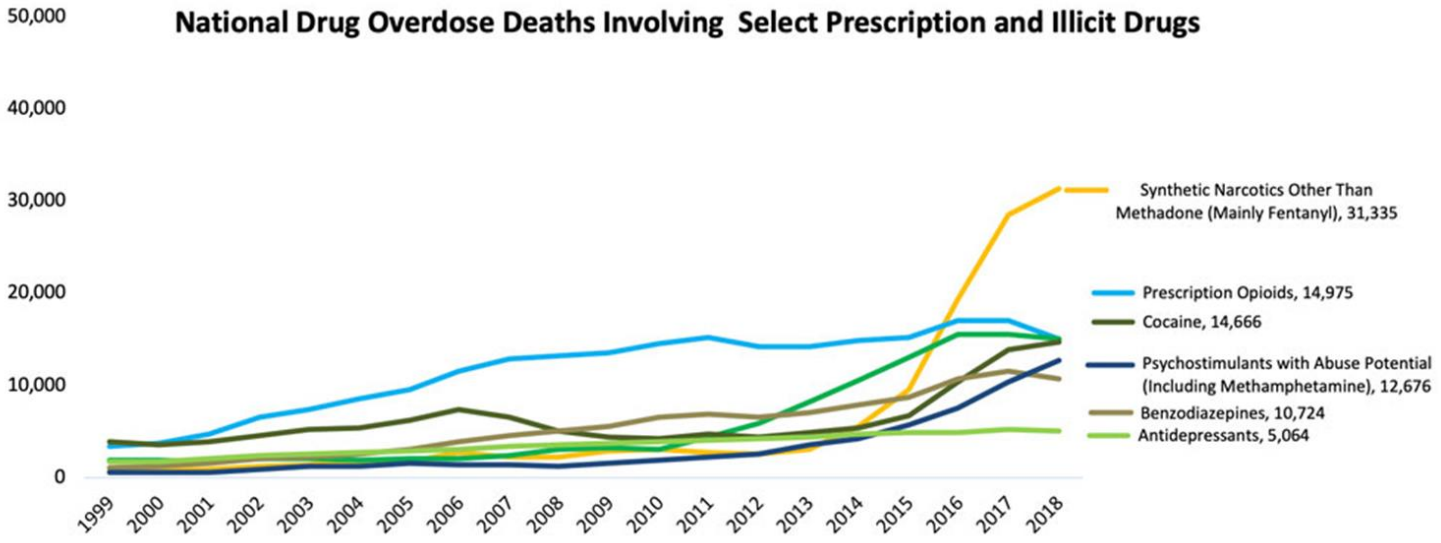
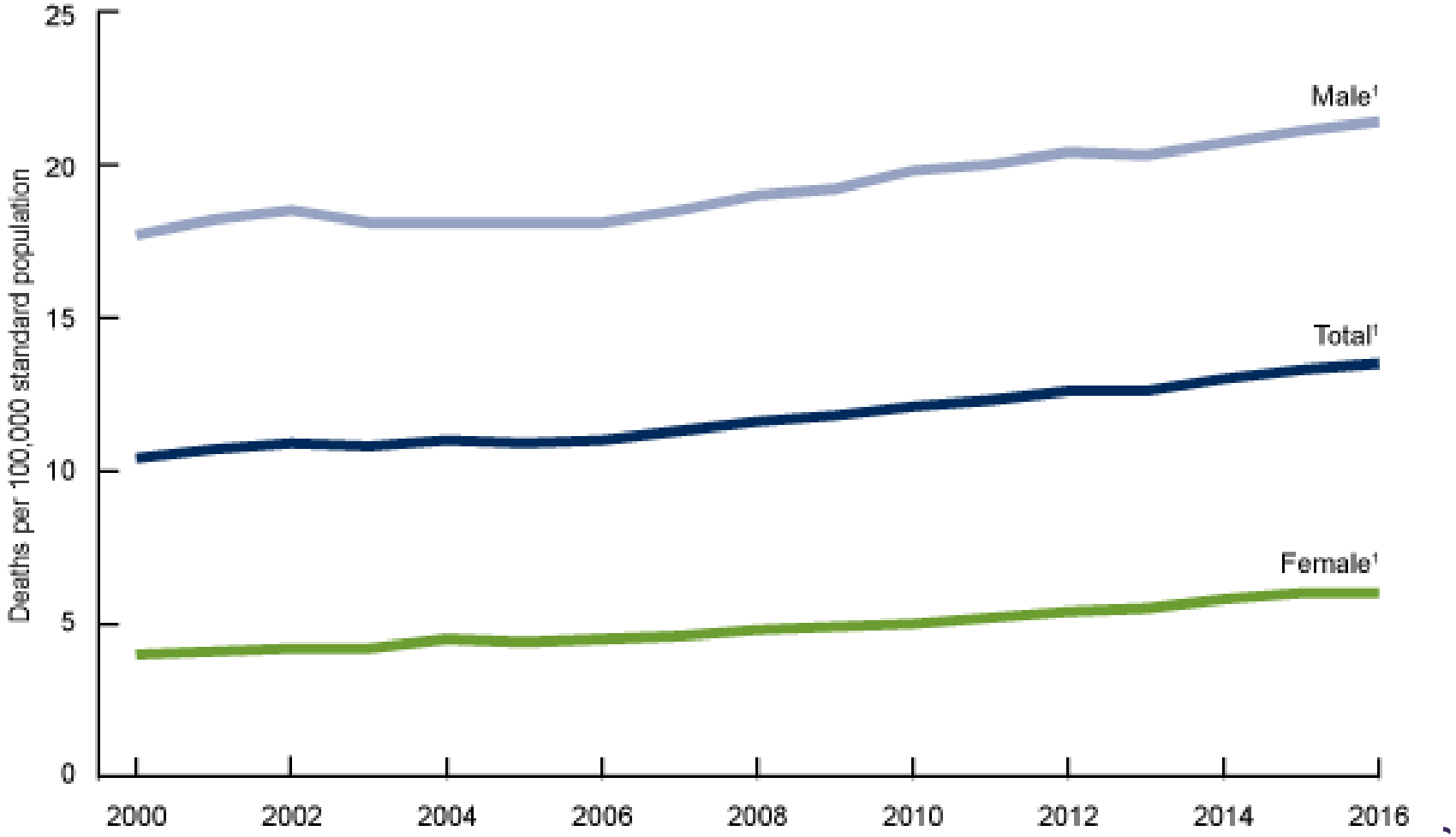
RATES OF SUICIDE DEATH (TOP) AND OVERDOSE DEATH (BOTTOM) BOTH ABOUT 50,000 DEATHS/ YEAR IN 2018- AND INCREASING



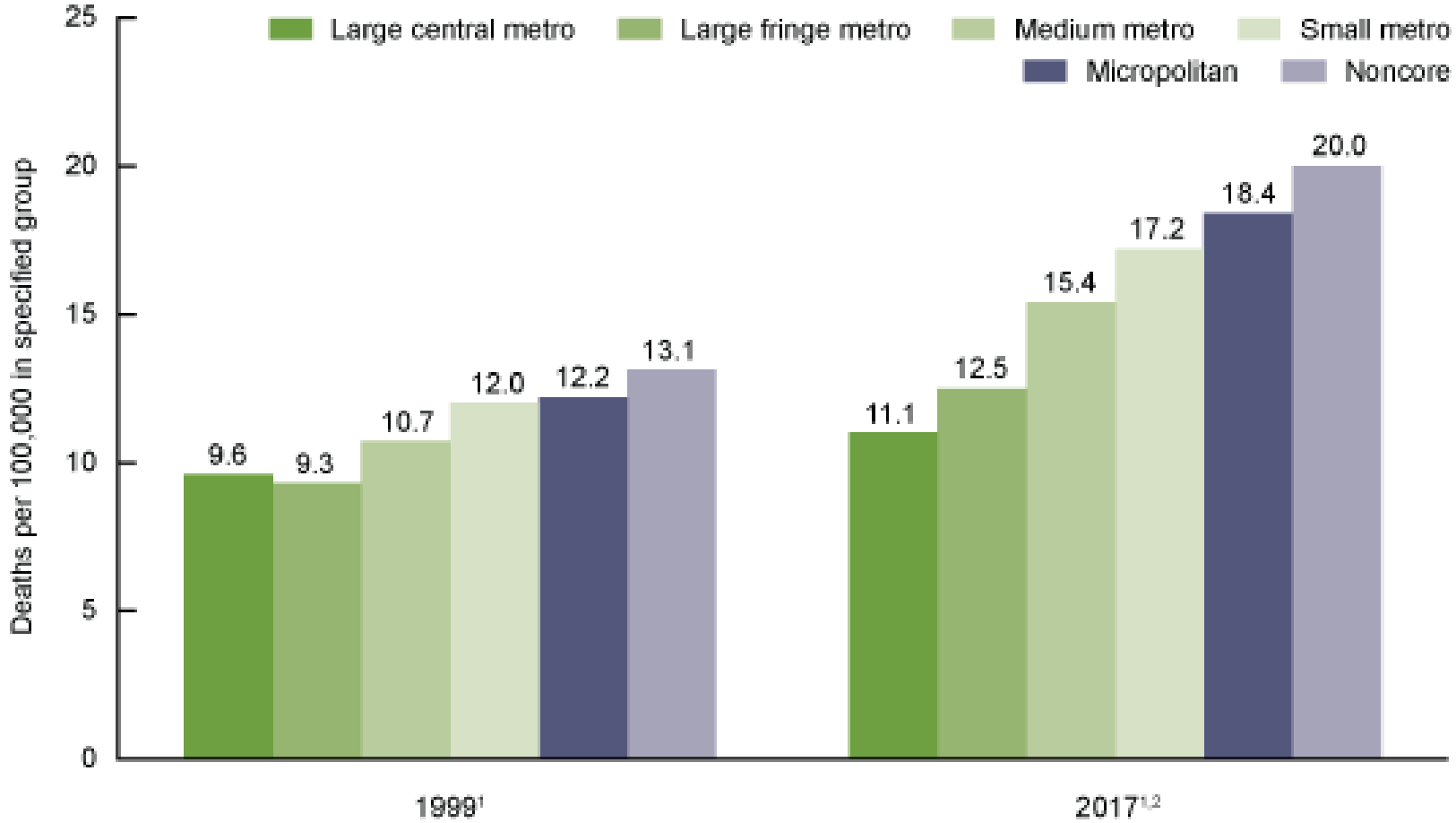


USA Trends in All Male and Female Suicide Deaths



HIGHER SUICIDE RATES IN RURAL COUNTIES CDC 2019

HTTPS://WWW.CDC.GOV/NCHS/PRODUCTS/DATABRIEFS/DB330.HTM



CASE VIGNETTE

- Judy is a 32 yo female who comes to your practice with past Hx of alcohol dep, depression and is currently using IV Heroin for the last 3 years. She wants to get on “Suboxone.”

- You ask why is she seeking treatment now and has she ever been in treatment before?

  She reports street use of “Suboxone” which helped, a year ago. But increasing use of Heroin now, more depression and a suicide attempt by OD of high dose heroin/fentanyl a month ago when her boyfriend got sick of her use and left.

- What else do you need to know?

Suicide and SUDs:

Suicide Overview

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SUICIDE OVERVIEW

- 2017 Almost 47,173 people in the U.S. kill themselves or die by suicide each year. This means that…

  870 people die by suicide every week

  130 people die by suicide every day

  1 person dies by suicide every 11 minutes

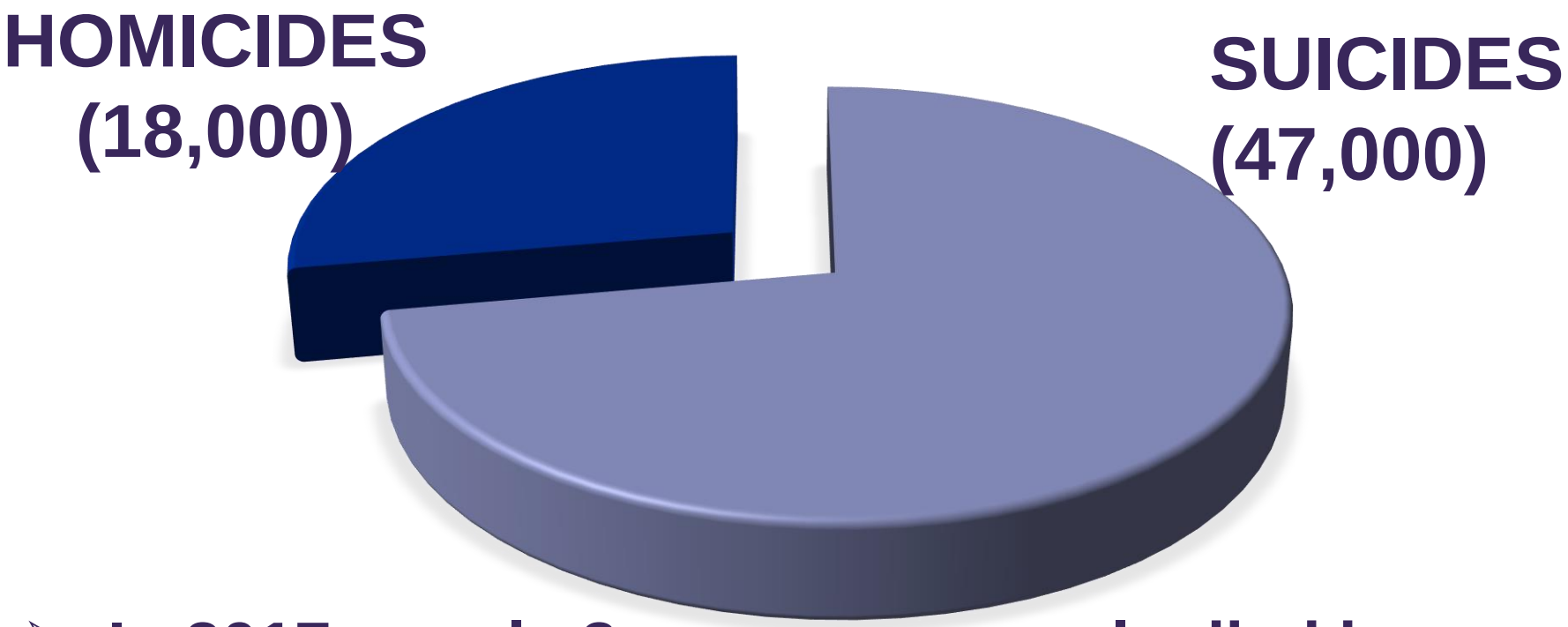
- For every person who dies by suicide, approximately 25 people will attempt suicide

- Almost 10 million U.S. adults each year have suicidal thoughts

Source: AFSP 2019; CDC 2015; NIMH 2015

SUICIDE OVERVIEW

- Do more people die by homicide or suicide?



- In 2017, nearly 3x as many people died by suicide.

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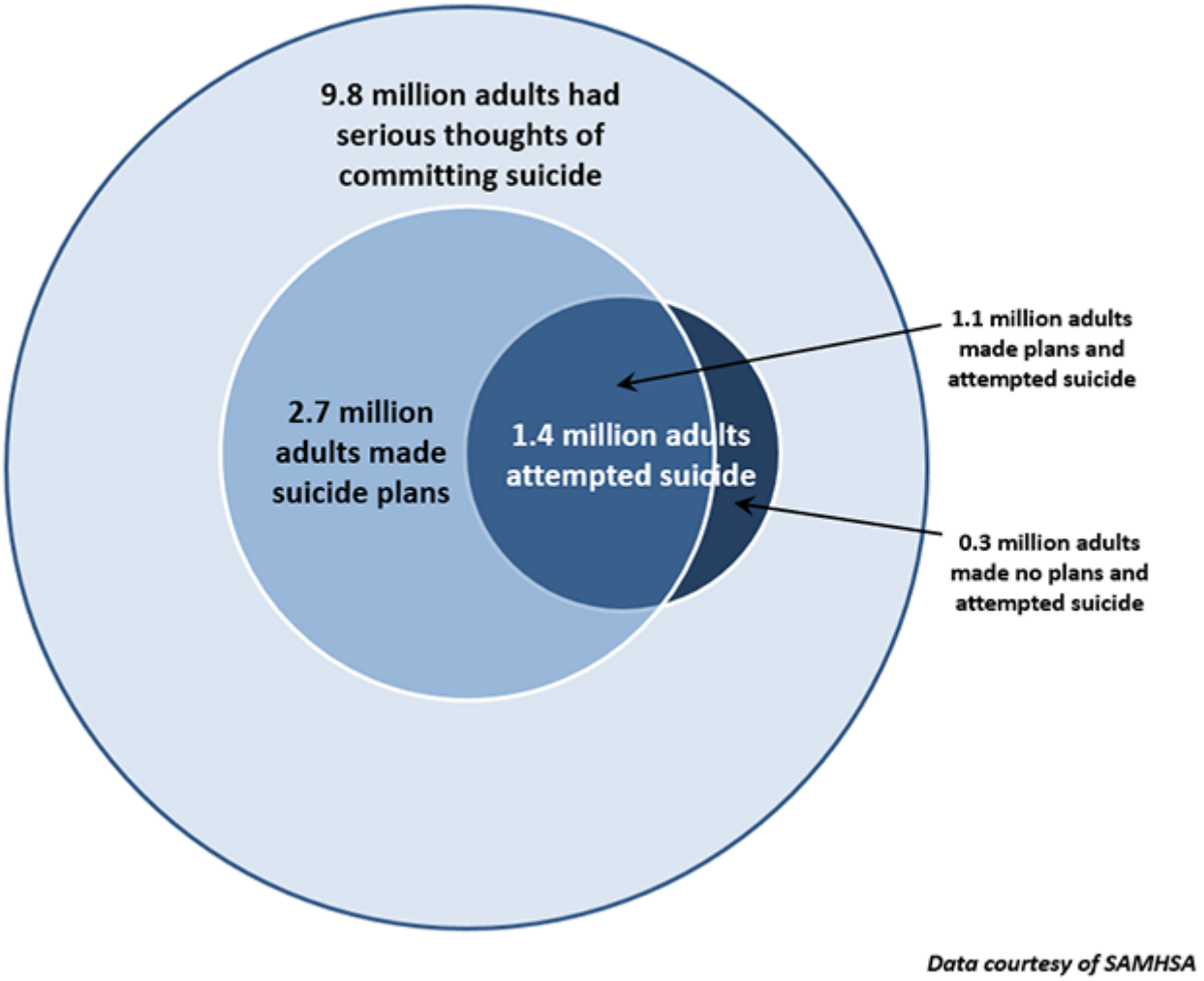
Figure 9. Past Year Suicidal Thoughts and Behaviors Among U.S. Adults (2015)



Data courtesy of SAMHSA

There were about 50,000 suicides and about the same number of Opioid OD's in the last year

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RISKS AND LETHALITY OF SUICIDE AND OVERDOSE DEATHS OVERLAP

- **Risk of Attempt**
  - **Previous attempt**
  - Family History of Suicide
  - **Psychiatric disorder**
  - Alcohol/Drug disorder
  - **Alcohol/Drug Intoxication**
  - **Opioid Use Disorder**
  - Loss
  - **Hopelessness/end of rope**

- **Risk of Lethality**
  - **Male 4/1 over females**
  - Guns 70%
    - Access
  - Older >70
  - **Opioid Use Disorder**
  - **Alone/Loss of support**
  - Alcohol + other drugs
  - Serious illness
    - Medical
    - Psychiatric

PREVIOUS ATTEMPT IS A A MAJOR SUICIDE RISK

- 4 yr cohort study: 20-25% of suicide victims made suicide attempts in the previous year before death. (Cooper J et al., 2005)
  - Suicide risk of 29- 54 X for men and 50 - 77-X for women with previous attempts as compared to the general population.
  - Suicide rates were highest during the first 6 months after an attempt.
  - Violent, more severe and multiple attempts are correlated with eventual suicide.

Content provided by American Psychological Association (APA)

SUICIDE: GENETIC CONTRIBUTION

- **Twin studies and controlled family studies**:

- Rate of 23.5% Mono Zyg vs DiZig 0.135% Risk Ratio 175. (Baldessarini & Hennen, 2004)
- Relatives of suicide completers were 10 times more likely to attempt or complete suicide (Kim CD et al., 2005)
- Adoption studies
  - Relative Suicide risk =7 x greater for biological versus adoptive relatives of index cases. (Wender, PH et al. 1986)

Content provided by American Psychological Association (APA)

SO HOW TO SCREEN?

- Research vs Clinical
- Detailed vs Brief

Columbia Suicide Screening Scale Am J Psychiatry. 2011 Dec;168(12):1266-77.

1. Wish to be Dead Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. Have you wished you were dead or wished you could go to sleep and not wake up?
Yes - No

2. Non-Specific Active Suicidal Thoughts General non-specific thoughts of wanting to end one's life/commit suicide (e.g., "I've thought about killing myself") without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period. Have you actually had any thoughts of killing yourself?
Yes No □ □

3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would say, "I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it…and I would never go through with it." Have you been thinking about how you might do this?
Yes No □ □

4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan Active suicidal thoughts of killing oneself and subject reports having some intent to act on such thoughts, as opposed to "I have the thoughts but I definitely will not do anything about them." Have you had these thoughts and had some intention of acting on them?
Yes No □ □

5. Active Suicidal Ideation with Specific Plan and Intent Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?
Yes No □ □

INTENSITY OF IDEATION

INTENSITY OF IDEATION The following features should be rated with respect to the most severe type of ideation (i.e., 1-5 from above, with 1 being the least severe and 5 being the most severe). Ask about time he/she was feeling the most suicidal. Lifetime - Most Severe Ideation: _____
Type # (1-5)

_____

Description of Ideation
of Ideation

SUICIDE SCREENING

Ever been seriously suicidal? 0 1 2+

Last time was _____

Ever made a suicide attempt? 0 1 2+

Last time was _____

Currently having suicidal thoughts? Yes No

If yes:

Do you have a plan? Yes No

Evaluate – How imminent and lethal is the plan?

"I will get drunk and wait outside until lightning hits me"

vs.

"I have a loaded gun at home and know how to use it and when I drink I get brave"

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ADDICTION & SUICIDE DEATH

- Approximately **one-third** of suicides have alcohol in their bodies at the time of death.
- Approximately **one-fifth** of suicides have opioids in their bodies (including heroin and prescription painkillers such as hydrocodone, methadone, oxycodone).
- With the Opioid Epidemic there are **Gray areas between accidental and intentional OD**

Yuodelis-Flores AJA 2015

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IS SUICIDE ALSO ADDICTIONS TERRITORY?

- **Alcohol strongest predictor of completed suicide over 5-10 years after attempt, OR= 5.18…vs. demog or psych disorders (Beck J Stud Alc 1989)**

- 40-60% of completed suicides across USA/Europe are alcohol/drug affected (Editorial: Dying for a Drink: Brit Med J. 2001)

- **700% increased risk of Suicide Attempts in matched pop.**
- **4.5% of alcohol Dep attempted suicide within 5 years of DX compared to controls**
  - **vs 0.8% in non-alcohol Dep matched comparison group p<.0001** Preuss/Schuckit Am J Psych 03

ROLE OF ALCOHOL USE DISORDER IN SUICIDAL BEHAVIOR

Prospective cohort study in Denmark following 18,000 people over 26 years:

- 8-fold increase in suicide deaths among individuals with an AUD diagnosis compared to those without AUD.
- Among US suicide victims who were psychiatrically hospitalized, AUD in middle aged males had the highest contribution to risk of suicide in follow up

Qin, P., *The impact of psychiatric illness on suicide: Differences by diagnosis of disorders and by sex and age of subjects.* Journal of Psychiatric *Research, 2011.*

Content provided by American Psychological Association (APA)

ROLE OF ALCOHOL IN SUICIDAL BEHAVIOR: ACUTE ALCOHOL INTOXICATION

After controlling for acute drug use and negative life events:

- Individuals are at increased risk for SA soon after drinking (OR=6.34)
- Higher levels of drinking increase risk over lower levels of drinking (OR=6.13) or not drinking at all (OR=16.19) before an attempt.

Bagge et al., 2013

ASI Item	Overall	Males	Females	Test Statistic*
Attempted Suicide (%)	27%	13%	28%	35.42**
Violent behavior problems (%)	43%	40%	46%	3.29***
Assault Charges (mean number)	0.29	0.46	0.15	4.46**
Weapons charges (mean number)	0.13	0.21	0.07	4.09**

**p < 0.00001 ***0.1 ≤ p <0.05

Zweben, et al., 2004

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OPIOID RELATED DEATH

- Opiates have the highest death rate of any psychoactive illicit-substance
-
- The 2016 CDC report indicates about **42,000 Overdose deaths** were reported, including heroin, Prescription Drugs and Fentanyl

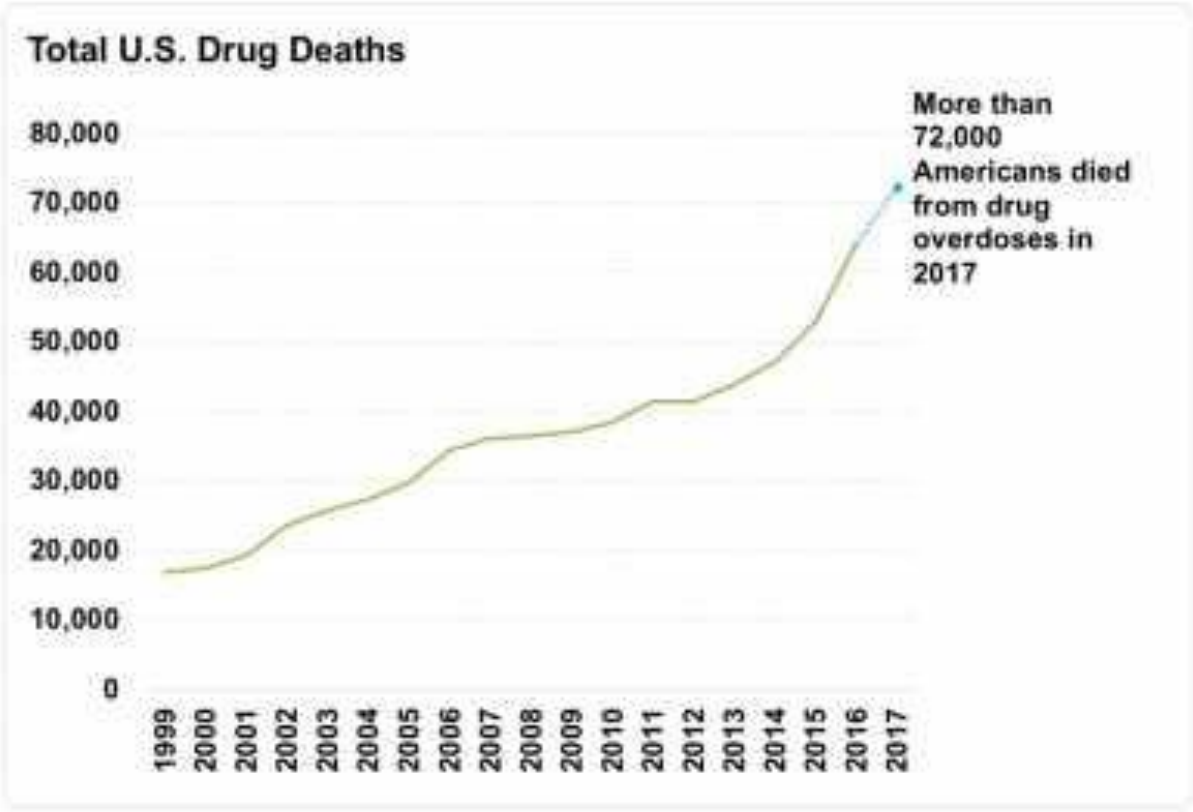
- Mortality rate of opioid users 14 times that of general population
- 46% to 70% of opioid users experience one or more non-lethal overdoses during their lifetime
- Opiate users who were recently release from prison are at higher risk of overdose

Hulse, English, Mline, & Holman, 1999; Seymour et al. 2000, CDC

Total U.S. Drug Deaths* -

More than 72,000 Americans died from drug overdoses in 2017, including illicit drugs and prescription opioids—a 2-fold increase in a decade.

Source: CDC WONDER



Content provided by American Psychological Association (APA)

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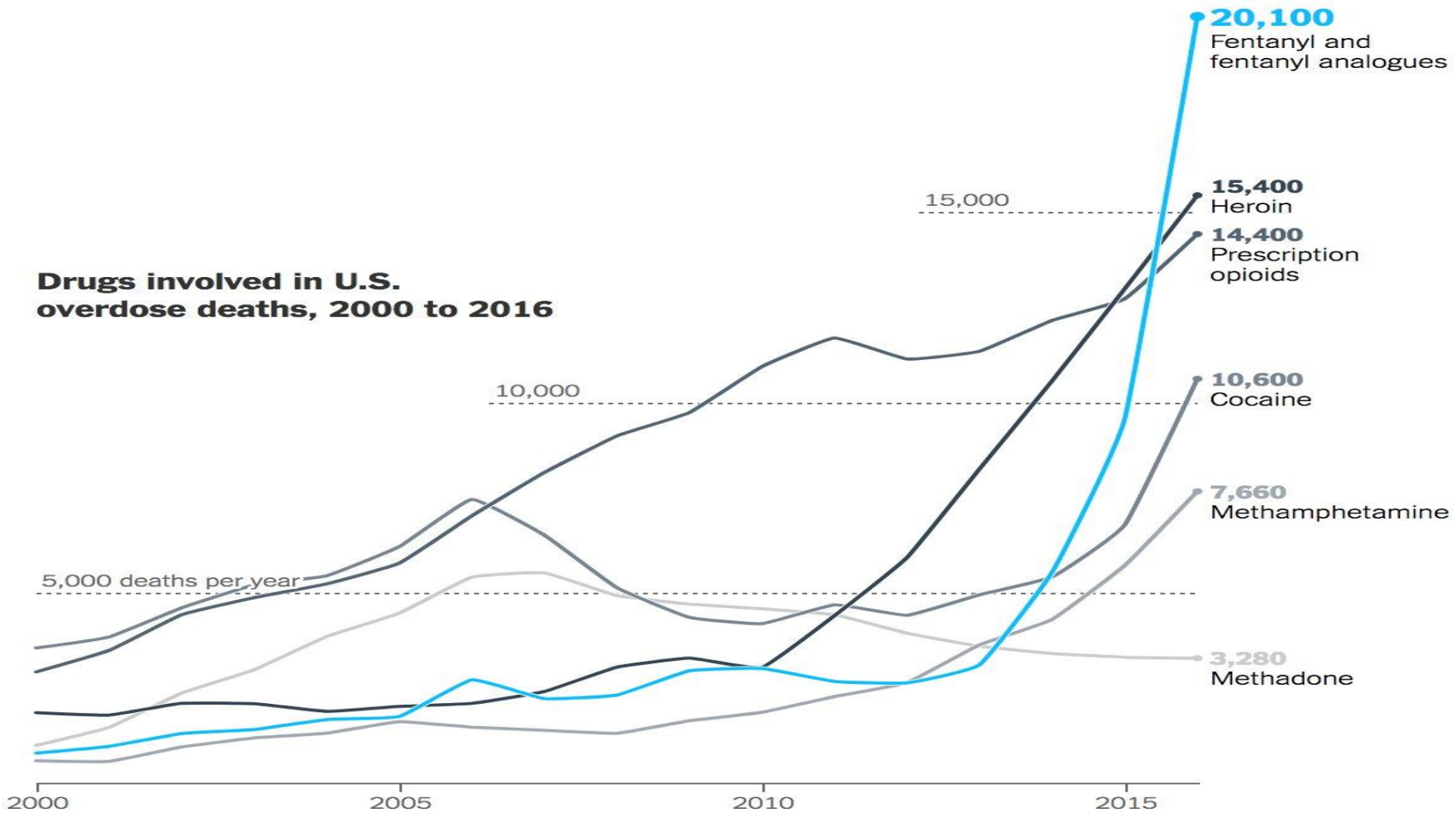
Fentanyl-Related Deaths Surpassed Heroin or Rx Opioids in 2016



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CDCDCC MMWR Report

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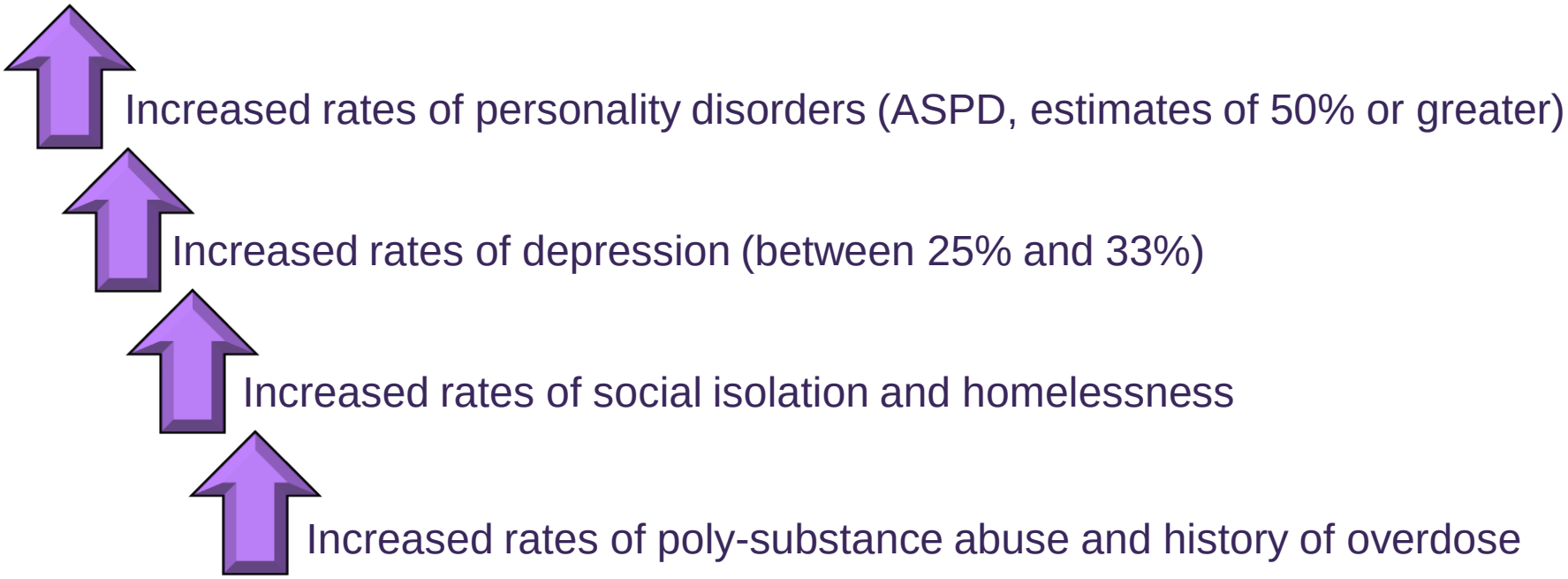
PREVALENCE OF SUICIDE RISK FACTORS IN OPIATE USE DISORDER ADULTS

- The while the risk factors for suicide in opiate users are similar to that in the general population, the prevalence the these risk factors is especially high in opiate abusing adults.



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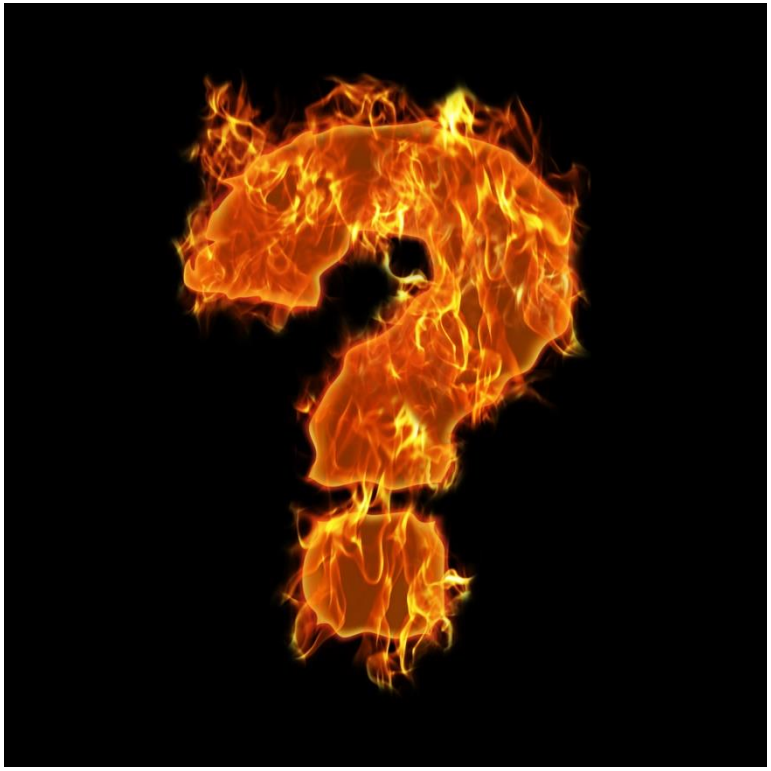
SUMMARY

- So far we know that
- 1. All of the key substances, but especially alcohol and opioids, when used heavily or as SUD's increase Suicide Risk 5-15 X
- Opioids, because of their inherent lethality pose the greatest risk in Suicides or OD's
- Both "accidental" OD deaths and Suicide Deaths have been increasing over the last 20 years

Suicide and SUDS:

Determining Intent



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ACCIDENTAL OVERDOSE, PLANNED HEAVY USE OR PLANNED LETHALITY ?

FULLY ACCIDENTAL

JUST BLOT OUT WORRIES

WHO CARES IF I WAKE

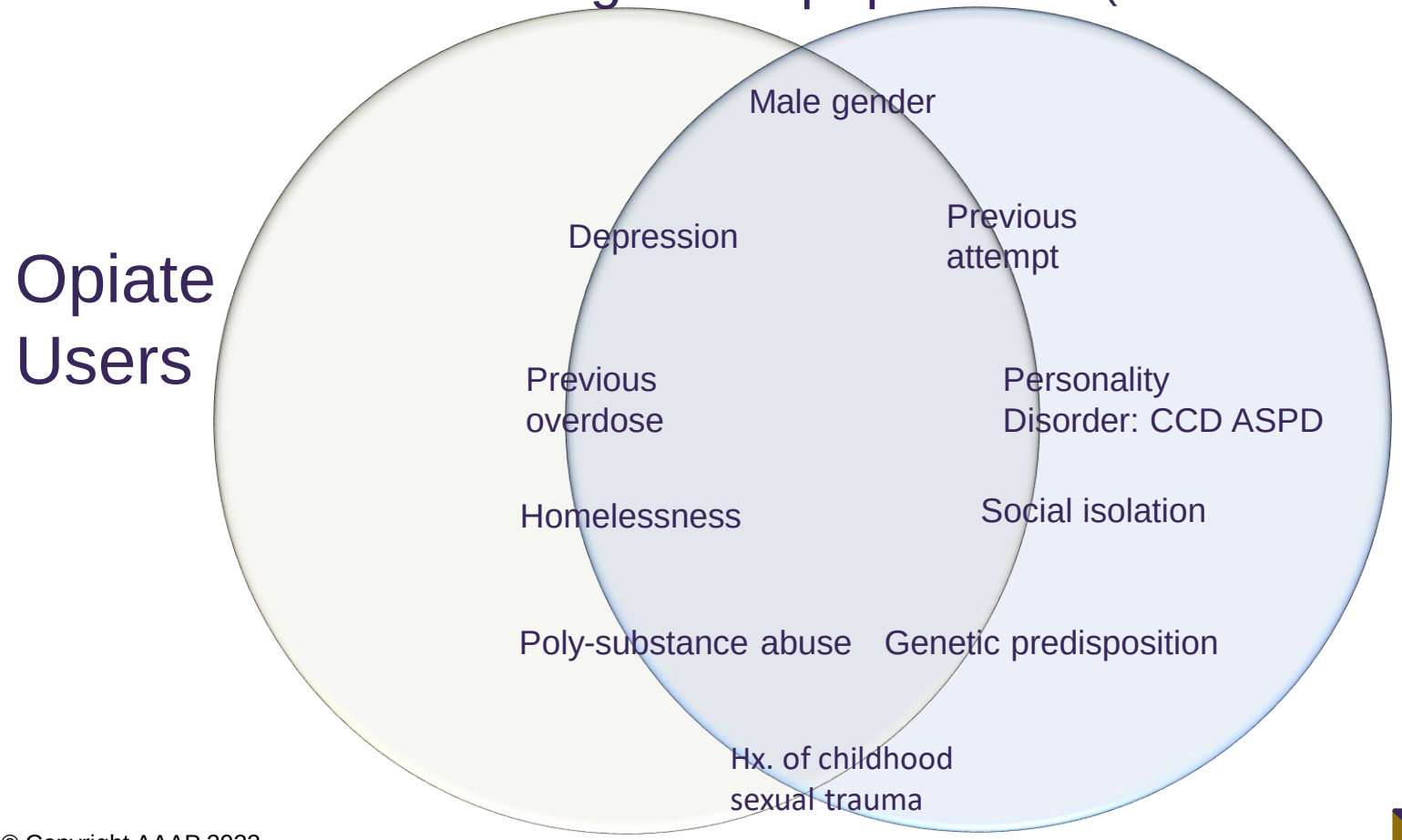
LETHAL PLAN

WHY DIFFERENTIATE INTENT?

- Treatment
  - Suicide intervention?
  - Substance use intervention?
  - Co-occurring disorder intervention?
  - OD prevention?
  - OD reversal?
- Research
  - We do not understand the scope of this problem.
  - What if they have both?

SHARED RISK FACTORS BETWEEN OPIATE USERS AND ADULTS WHO MADE SUICIDE ATTEMPTS

- Risk factors for suicide in opiate users parallel risk factor or suicide in the general population. (Darke and Ross, 2002)



RISKS AND LETHALITY OF SUICIDE AND OVERDOSE DEATHS OVERLAP

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  - Serious illness
    - Medical
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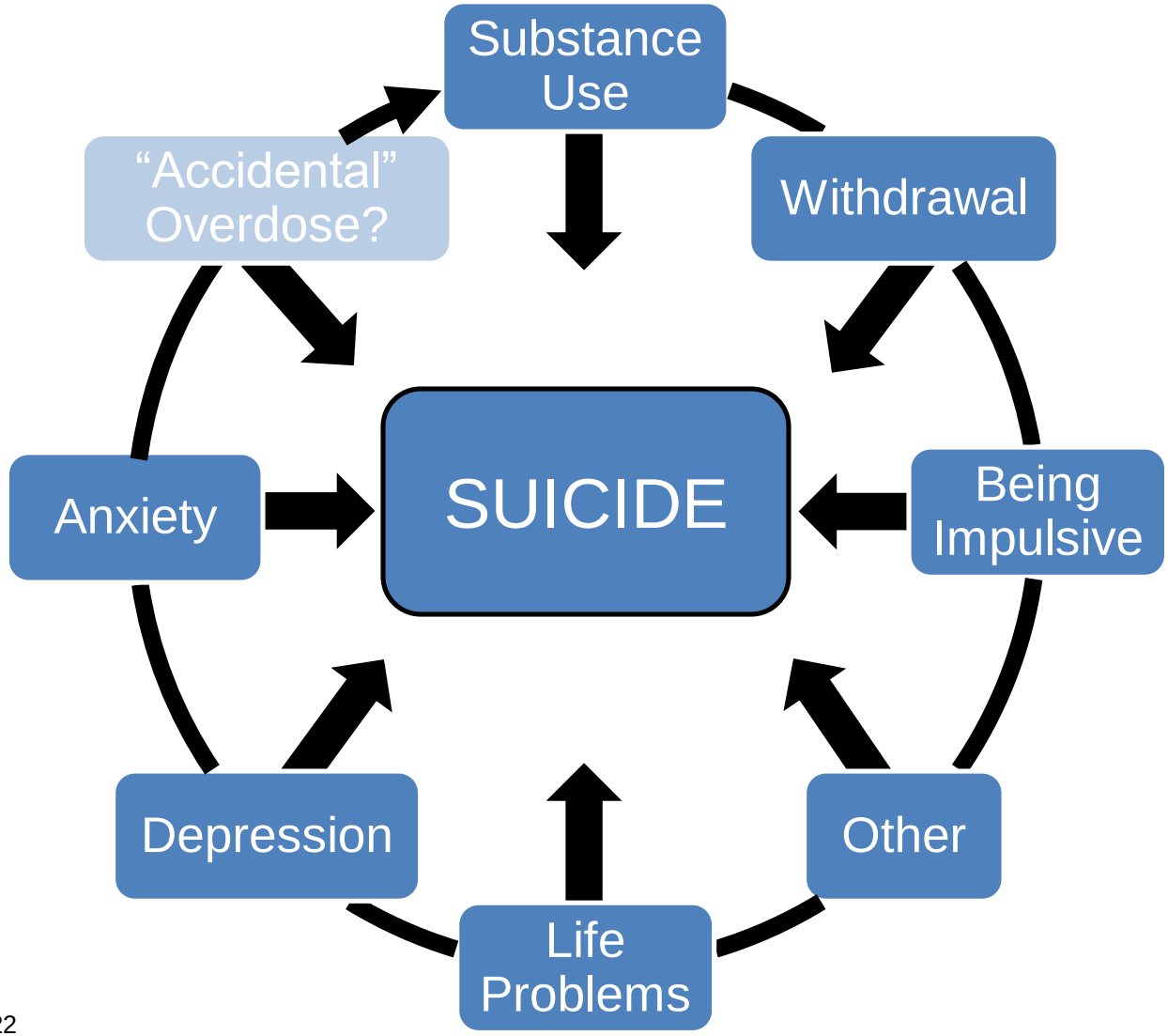
ADDICTION & SUICIDE: HOW ARE THEY RELATED?



DISCERNING SUICIDE IN DRUG INTOXICATION DEATHS: PAUCITY AND PRIMACY OF SUICIDE NOTES AND PSYCHIATRIC HISTORY

IAN R. H. ROCKETT, ET AL , PLOS 2017

- A suicide note, prior suicide attempt, or affective disorder was documented in less than one-third of suicides and one-quarter of undetermined deaths.

- The prevalence gaps were larger among drug intoxication cases than gunshot/hanging cases. [OR]= **41.14**

- Without psychological/psychiatric evidence contributing to manner of death classification, **suicide by drug intoxication in the US is likely profoundly under-reported**

Opioid OD's Determining Intent:

Comparative toxicology of Intentional and Unintentional overdose (Darke, Duflou, Path, Torok, 2010)

- Results of 977 autopsies between 1998 and 2008 conducted at Department of Forensic Medicine in Sydney, Australia.

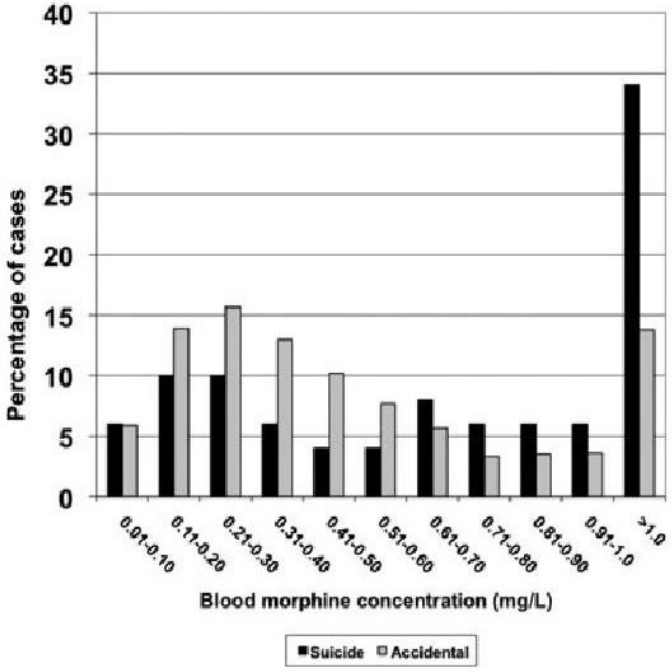


FIG. 1—*Blood morphine concentrations of intentional and accidental fatal heroin overdose.*

Median concentrations of blood morphine levels were higher in intentional overdose deaths than in accidental deaths, this difference is particularly apparent at higher dosages.

- other characteristics of these high dosage suicide victims include:
  - **Presence of Methadone**
  - **Presence of anti-depressants**
  - **Lack of alcohol**

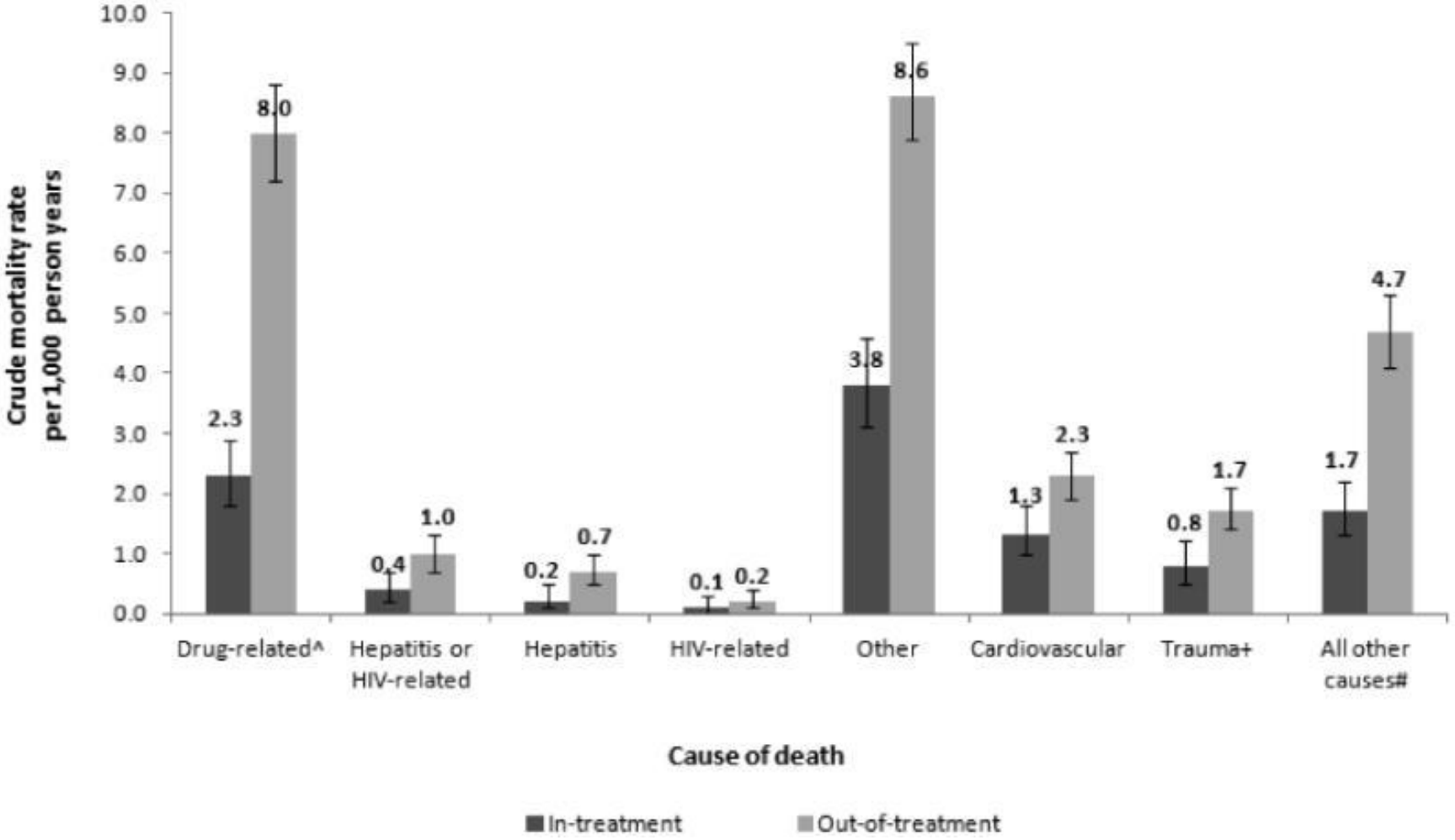
EVIDENCE BASED OPIOID OD PREVENTION

- **Methadone:** opiate replacement therapies reduce opiate overdose risk by 75%
- Buprenorphine/Nx- probable decrease
- **Naloxone:** ER administered Naloxone, peer administered Naloxone (I.M., I.V., S.Q., intra-nasil).
- **? Medically supervised injection facilities:** report 0 fatal overdose deaths. ?
- **? Educational programs:** presented at needle exchange programs
- **? Protocols:** limiting police intervention in during overdose emergencies
- ? **Safety Cards** for Suicidal Risk issues

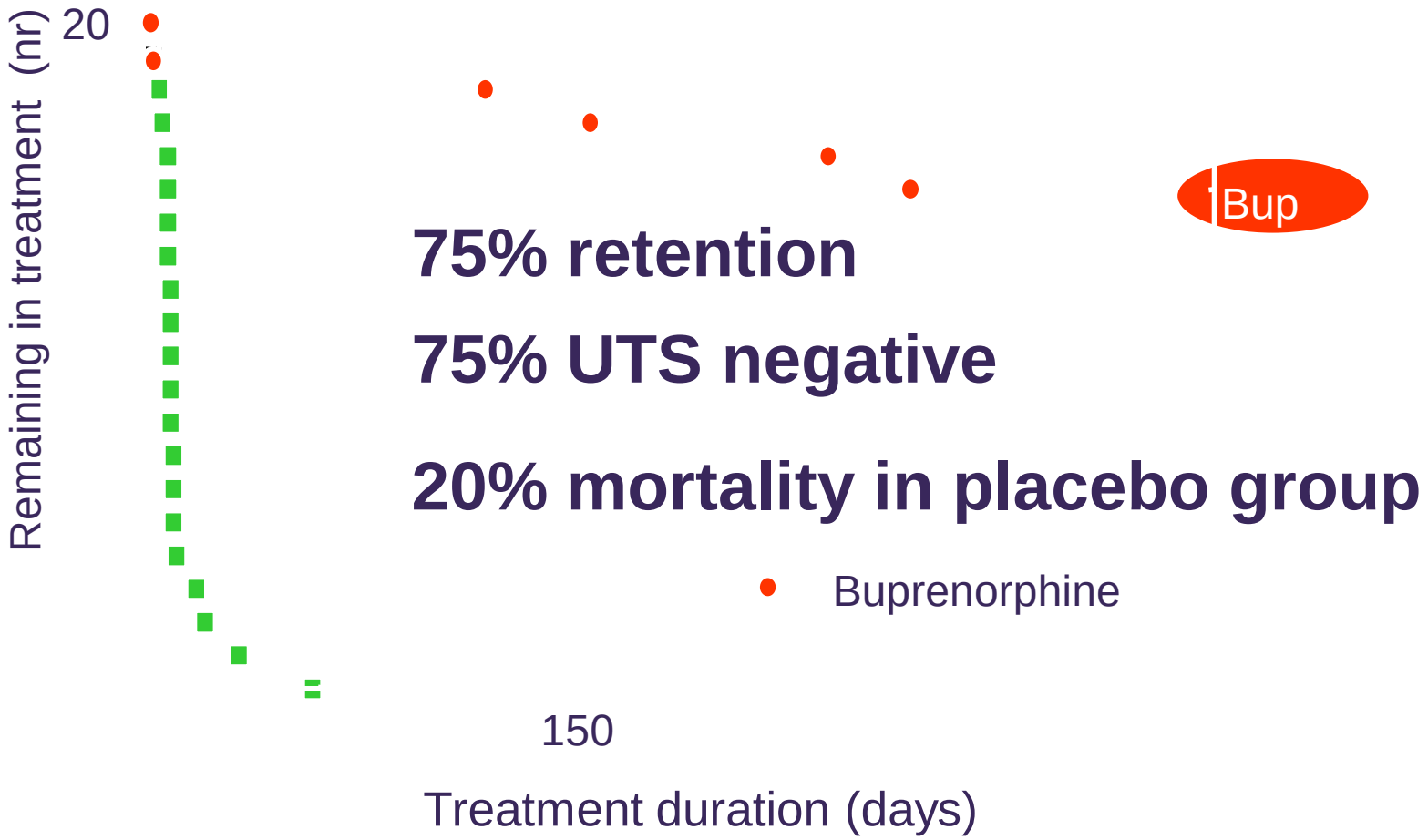
Gunne and Gronbladhm, 1981; Bammer, 2000; McGregor, Ali Christie, Darke, 2001

Evans et al: Addiction. 2015 Jun; 110(6): 996–1005.Addiction. 2015 Jun; 110(6): 996–1005

Crude mortality rates by cause of death according to in-treatment and out-of-treatment periods (California 2006-2010)



Treatment Retention and Mortality Bup vs Placebo in Heroin Addiction



1. American Journal of Public Health (AJPH)
2. **May 2013**

Opioid Agonist Treatments and Heroin Overdose Deaths in Baltimore, Maryland, 1995–2009

Robert P. Schwartz MD et al

- Adjusting for heroin purity and the number of methadone patients, there was a statistically significant inverse relationship between heroin overdose deaths and patients treated with buprenorphine (*P* = .002).

- *Conclusions.* Increased access to opioid agonist treatment was associated with a reduction in heroin overdose deaths. Implementing policies that support evidence-based medication treatment of opiate dependence may decrease heroin overdose deaths.

. 2016 May;157(5):1079-84. doi: 10.1097/j.pain.0000000000000484.

Opioid Dose and Risk of Suicide.

Ilgen MA[1], Bohnert AS, Ganoczy D, Bair MJ, McCarthy JF, Blow FC.
Author information

Abstract
Data were from Veterans Affairs health care system treatment records and the National Death Index. Records analyzed were those of Veterans Affairs patients with chronic pain receiving opioids in fiscal years 2004 to 2005 (N = 123,946).

The main outcome measured was suicide death, by any mechanism, and intentional overdose death during 2004 to 2009.

Controlling for demographic and clinical characteristics, higher prescribed opioid doses were associated with elevated suicide risk. Compared with those receiving ≤20 milligrams/day (mg/d),

1. **20 - 50 mg/d, = 1.48**
2. **50 - <100 mg/d, = 1.69**
3. **for 100+ mg/d = 2.15.**

4. **Is this opioid caused?**
5. **Pt characteristics caused– ie higher dose for those doing less well?**

SUMMARY

- Opioids are associated with highly increased Suicide and Overdose Deaths
- It is often unclear if an OD death is fully accidental and there are often gray areas of intent
- With more and more fentanyl in the opioid (and cocaine), marketplace, more OD's and suicide deaths are occurring
- **Being in active opioid addiction treatment on medications is most likely the BEST prevention for either OD, Suicide, or other substance related death**

OPIOID OD PROTECTION: NALOXONE

PureRadiancePhoto / Shutterstock.com

Naloxone

- *Sprayed into the nose or injected*
- *Reverses Opioid overdose*
- *Available free at many pharmacies/needle exchanges*
- *Carry some for you or others*

- *"Good Samaritan regulations"*
  - *no one will be prosecuted for calling in an OD*

PARS 2017

RESPONDING TO AN OPIOID OD

1. Rouse and Stimulate
2. Call 9-1-1
3. Give naloxone (Narcan)- more for fentanyl
4. Assist breathing
5. Care for the Person

https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA16-4742

CAN ADDICTION TREATMENT AFFECT SUICIDALITY?

Cohort	suicide attempts	
	year prior	year after
Adults		
> 25 yo (n=3524)	23%	4%
18-24 yo (N=651)	28%	4%
Adoles (n=236)	23%	7%

Karageorge: National Treatment Improvement Evaluation study 2001
Substances- alcohol, cocaine, meth, cannabis

Alcohol Consumption, Alcoholics Anonymous membership, and Suicide Mortality Rates, Ontario, 1968-1991.

Mann RE, Zalcman RF, Smart RG, Rush BR, Suurvali H.

Method: We studied the impact of alcohol consumption levels, AA membership rates, and unemployment rates on suicide mortality rates in Ontario from 1968 to 1991.

Results:

Total alcohol consumption was significantly and positively related to total and female suicide mortality rates.

AA membership rates were negatively related to total and female suicide rates.

(J. Stud. Alcohol 67: 445-453, 2006).

Unfortunately….

- Both Lethal Suicide Rates and Drug Alcohol OD rates have continued to climb
- No clear prevention strategies, other than Addiction Treatment, for either condition, or their overlaps have been shown effective for large scale use
- Staying in Treatment is Key

THEREFORE– SOME PRACTICAL INTERVENTIONS FOR EITHER OR BOTH OD AND SUICIDE ARE:

1. PREVENTION OF IATROGENIC OPIOID ADDICTION
2. PROVIDE SOCIALLY SUPPORTIVE ADDICTION TREATMENT
3. OPIOID MEDICATION ASSISTED TREATMENT
   >METHADONE
   >BUPRENORPHINE
   >LONG ACTING INJ. NALTREXONE (PROBABLE)
4. NALOXONE NASAL SPRAY-POST HOC FOR EITHER ACCIDENTAL OR SUICIDAL OD
5. HARM REDUCTION COUNSELING AROUND OPIOID USE-
   A. DON'T USE ALONE, HAVE NALOXONE AT HAND, TRY SMALL AMT FIRST,
6. BETTER SUICIDE SCREENING, INTERVENTION AND PREVENTION IN ABSTINENCE AND OPIOID TREATMENT SETTINGS
7. USE OF SAFETY PLANS FOR SUICIDE AND OD?

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Suicide /OD Screening --Common issues

Ever been seriously suicidal? 0 1 2+

Ever OD'd 0 1 2+

Last time was _____

Ever made a suicide attempt? 0 1 2+

Ever nearly died from OD ? 0 1 2+

Last time was _____

Currently having suicidal thoughts? Yes No

Currently at risk for OD? – fentanyl ? Yes No

If yes:

Do you have a suicide plan? Yes No

Use OD to blot out Probs ? Yes No

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Send to

JAMA Psychiatry2018 Sep 1;75(9):894-900. doi:

Comparison of the Safety Planning Intervention With Follow-up vs Usual Care of Suicidal Patients Treated in the Emergency Department.

Patients in the SPI+ condition were less likely to engage in suicidal behavior

3.03% vs 5.29% during the 6-month follow-up period.

The SPI+ had **45% fewer suicidal behaviors (P = .03)**

SPI+ had **double the odds of mental f/u health** visit (P < .001)

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SAFETY CARD FOR YOURSELF OR OTHERS:

➢ **Warning signs** signal increased suicide risk and can be **direct** or **indirect**.

➢ **Direct Warning Signs**

Suicidal communication such as writing or talking about suicide

Seeking access to suicide methods such as buying a gun

Stocking up lethal Drugs

Making preparations for death - such as giving away prized possessions

If observed, these signs require immediate action!

➢ **Indirect Warning Signs**

1. Relapse or increase in **drug/alcohol use**
2. Increased **isolation/withdrawal** from others
3. **Hopelessness**
4. Talking about **being a burden** to others
5. Increased **anxiety**, **agitation**
6. Unable to **sleep** or sleeping all the time
7. Dramatic **changes in mood**/extreme mood swings
8. Feeling **trapped** – like there's no way out
9. **No reason for living**; no sense of purpose in life
10. **Rage**, **anger**, seeking **revenge**
11. Acting **reckless** or engaging in risky activities (seemingly without thinking)

Step 1: Take Warning Signs seriously

Step 2: Tell someone who can help

- Addiction or mental health counselor
- Doctor, social worker, nurse
- A trusted friend, family member, sponsor

People I can call:

Name_____

#_____

Name_____

#_____

Name_____

#_____

Name_____

#_____

National Suicide Prevention Lifeline
1-800-273-8255

Washington Poison Center
1-800-222-1222

If you are worried about the person's immediate safety

- *Don't leave the person alone*
- ***Call 911** or go to a local hospital or emergency room*

Step 3: Secure the environment

- Lock up firearms/give them to someone else for safekeeping
- Secure/monitor medications or pills that may be used to overdose
- Get rid of drugs and alcohol
- Naloxone Spray

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Therefore….
If we are in the Addictions Business……

- We are in the Overdose Prevention business
- We are in the Suicide Prevention business
- ----These two cause more death in our pts than HIV, Hep C, Cancer, and Cardiovascular combined (ref CDC, AFSP)

- However, we can get much better at:
  - Screening for Risk
  - Prevention Strategies
  - Intervention Strategies
  - Advocacy

UW PACC

REFS

- Best review: Yuodelis-Flores “Addiction and Suicide”, Am J Addict. 2015

- American Foundation for Suicide Prevention https://afsp.org/about-suicide/suicide-statistics/
- Michael Bostwick, et al: Suicide Attempt as a Risk Factor for Completed Suicide: Even More Lethal Than We Knew. *American Journal of Psychiatry*, 2016
- CDC suicide risk https://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html
- NIDA Overdose: https://www.drugabuse.gov/news-events/news-releases/2018/05/nearly-half-opioid-related-overdose-deaths-involve-fentanyl

CASE VIGNETTE

- Judy is a 32 yo female who comes to your practice with past Hx of alcohol dep, depression and is currently using IV Heroin for the last 3 years. She wants to get on “Suboxone” and comes to your office stable, having taken suboxone for 2 days from a friend
- You ask why is she seeking treatment now and has she ever been in treatment before?

  She reports street use of “Suboxone” which helped, a year ago. But increasing use of Heroin now, more depression and a suicide attempt by OD of high dose heroin/fentanyl a month ago when her boyfriend got sick of her use and left.
- What else do you need to know?

CASE VIGNETTE – QUESTION #1

Your best next question is…?

A. How high did you get when you OD'd
B. Don't your feel guilty about trying to kill yourself?
C. Are you feeling suicidal or at risk for OD right now?
D. Would you like to try one of the new antidepressants?
E. How about you try another doctor who takes risky patients like you?

…..Agree…. Disagree?

CASE VIGNETTE – ANSWER #1

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CASE VIGNETTE-CONT.

You ask if she is suicidal or at risk for OD right now and she says:

“No, I am not suicidal right now but it has been a problem in the past more than once. I have heard that medicine “suboxone” can help depression too.”

CASE VIGNETTE – QUESTION #2

Your best response is…?

A. Actually I only use one of the other brands of the product, all which contain buprenorphine

B. Wow that sound tough, and yes Buprenorphine- the active medicine in "suboxone" often helps both mood and use--- tell me about other times you have been suicidal, made attempts or have had accidental or on purpose OD's.

C. What is your work history?

D. Ever been tested for HIV or Hep C?

E. Have you ever been on antidepressants?

……Agree…. Disagree?

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CASE VIGNETTE-CONT.

She reports 3 past suicide attempts; a month, 6 months and 2 years ago– all by what she thought would be lethal IV OD's. She has also had 3 completely accidental OD's, probably related to fentanyl, and a couple OD's when she just didn't care, wanted to sleep and block out thinking, but wasn't actually suicidal. Has been revived with naloxone 2 times.

You ask her again about current suicide or OD risk. She says she is hopeful for treatment and denies suicidal or OD thoughts or plans-----But right now she says she is starting to get some withdrawal symptoms and its getting hard to talk

CASE VIGNETTE – QUESTION #3

Now what is the best strategy ?

A. Tell her motivated patients can do a good history right through withdrawal and this will be a test of her motivation

B. Tell her you need to do HIV and Hep C tests before you can prescribe

C. Tell her you would need a chest xray and BP before doing anything

D. Prescribe 3 days of BupNx 12 mg a day stat, and tell her to come back for a more thorough work up tomorrow or the next day

E. Give her clonidine and tell her to come back later for induction

…***Agree…Disagree?***

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RESOURCES

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- Yuodelis-Flores C, Ries RK "Addiction and Suicide" American Journal on Addictions 2015
- CDC https://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html/