

Alcohol consumption and suicidal behaviour in bipolar disorder

Betina M Cardoso^{1,2,3}, Fabiano A Gomes^{1,3}, Keila M Cerese^{1,1}, Maurício Kunz^{1,3}, Ana Cristina Andreazza¹, Márcia K Sant'Anna^{1,4}, Flávio Pechansky^{2,3,5}, Aida Santin³ and Flávio Kapczinski^{1,2,3,4}

¹Laboratório de Psiquiatria Experimental do Centro de Pesquisas do Hospital de Clínicas de Porto Alegre, Porto Alegre, Brazil,

²Programa de Pós-Graduação em Medicina, Psiquiatria da Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil,

³Serviço de Psiquiatria, Programa de Atendimento do Transtorno de Humor Bipolar do Hospital de Clínicas de Porto Alegre, Porto Alegre, Brazil, ⁴Programa de Pós-Graduação em Bioquímica, Departamento de Bioquímica, Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil, ⁵Centro de Pesquisas em Álcool e Drogas da Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil

Background and Aims: Bipolar Disorder (BD) is highly associated with completed suicides and suicide attempts. BD is also the axis I disorder associated with the higher risk of co-morbid substance use disorder (SUD). We investigated the association between alcohol consumption and suicidal behavior in BD patients.

Methods: One hundred seventy five BD subjects diagnosed according to the Structured Clinical Interview for DSM-IV (SCID) were included. SUD were diagnosed using DSM IV criteria. The sample consisted in 151 BDI, 15 BDII, 9 BDNOS. Demographic data and suicide attempts were assessed using a standardized protocol.

Results: Lifetime rate of suicide attempts for the entire sample was 50.3%. A lifetime co-morbid alcohol abuse or dependence was associated with suicide attempts: BD patients with co-morbid alcohol abuse had a 67.4% lifetime rate (LR) of attempted suicide, those without had a 44.2% LR ($\chi^2 = 7.304$; $df = 1$; $p = 0.007$), BD patients with co-morbid alcohol dependence had a 69.0% LR of attempted suicide, those without had a 46.6% LR ($\chi^2 = 4.852$; $df = 1$; $p = 0.028$). Comparing alcohol consumption patterns (abuse/dependence) regarding to suicide attempts, we found no statistical difference ($\chi^2 = 0.081$; $df = 1$, $p = 0.776$).

Conclusions: In our sample of outpatient BD subjects, both lifetime co-morbid alcohol abuse and dependence were associated with a higher rate of suicide attempts, with no difference between the consumption patterns. The anxiety comorbidity may be one of the risk factors contributing to the higher suicide attempts rate, according to previous data of our group.