

Publication

Mental disorders and the risk for the subsequent first suicide attempt: results of a community study on adolescents and young adults

JournalArticle (Originalarbeit in einer wissenschaftlichen Zeitschrift)**ID** 4084003**Author(s)** Miché, Marcel; Hofer, Patrizia Denise; Voss, Catharina; Meyer, Andrea Hans; Gloster, Andrew Thomas; Beesdo-Baum, Katja; Lieb, Roselind**Author(s) at UniBasel** [Miché, Marcel](#) ; [Gloster, Andrew](#) ; [Hofer, Patrizia](#) ; [Lieb, Roselind](#) ; [Meyer, Andrea Hans](#) ;**Year** 2018**Title** Mental disorders and the risk for the subsequent first suicide attempt: results of a community study on adolescents and young adults**Journal** European Child and Adolescent Psychiatry**Volume** 27**Number** 7**Pages / Article-Number** 839-848**Mesh terms** Adolescent; Adult; Female; Humans; Longitudinal Studies; Male; Mental Disorders, epidemiology; Prospective Studies; Risk Factors; Suicide, Attempted, psychology; Surveys and Questionnaires; Young Adult

Adolescents and young adults represent the high-risk group for first onset of both DSM-IV mental disorders and lifetime suicide attempt (SA). Yet few studies have evaluated the temporal association of prior mental disorders and subsequent first SA in a young community sample. We examined (a) such associations using a broad range of specific DSM-IV mental disorders, (b) the risk of experiencing the outcome due to prior comorbidity, and (c) the proportion of SAs that could be attributed to prior disorders. During a 10-year prospective study, data were gathered from 3021 community subjects, 14-24 years of age at baseline. DSM-IV disorders and SA were assessed with the Munich-Composite International Diagnostic Interview. Cox models with time-dependent covariates were used to estimate the temporal associations of prior mental disorders with subsequent first SA. Most prior mental disorders showed elevated risk for subsequent first SA. Highest risks were associated with posttraumatic stress disorder (PTSD), dysthymia, and nicotine dependence. Comorbidity elevated the risk for subsequent first SA, and the more disorders a subject had, the higher the risk for first SA. More than 90% of SAs in the exposed group could be attributed to PTSD, and over 30% of SAs in the total sample could be attributed to specific phobia. Several DSM-IV disorders increase the risk for first SA in adolescents and young adults. Several promising early intervention targets were observed, e.g., specific phobia, nicotine dependence, dysthymia, and whether a young person is burdened with comorbid mental disorders.

Publisher Springer**ISSN/ISBN** 1018-8827 ; 1435-165X**edoc-URL** <http://edoc.unibas.ch/57893/>**Full Text on edoc** Available;**Digital Object Identifier DOI** 10.1007/s00787-017-1060-5**PubMed ID** <http://www.ncbi.nlm.nih.gov/pubmed/29027588>**ISI-Number** 000435956400003**Document type (ISI)** Journal Article