



Influencia de la pandemia COVID-19 y el confinamiento en la ideación suicida

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Conflicto de intereses

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Janssen-Cilag	X	X	X
Lundbeck	X		X
Otsuka			X
Pfizer			X
Plan Nacional sobre Drogas	X		
Servier			X

Agenda

- Ha cambiado la prevalencia de IS durante la pandemia COVID-19?
- Qué factores se asocian con riesgo de IS durante la pandemia?
- Qué estrategias se han propuesto para disminuir la suicidabilidad?
- Qué puede pasar en el futuro...?



Agenda

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- Qué puede pasar en el futuro...?

Research Article

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Le Shi and Jian-Yu Que contributed equally to this work.

Prevalence and correlates of suicidal ideation among the general population in China during the COVID-19 pandemic

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Abstract

Background. The coronavirus disease 2019 (COVID-19) pandemic is a major threat to the public. However, the comprehensive profile of suicidal ideation among the general population has not been systematically investigated in a large sample in the age of COVID-19.

Methods. A national online cross-sectional survey was conducted between February 28, 2020 and March 11, 2020 in a representative sample of Chinese adults aged 18 years and older. Suicidal ideation was assessed using item 9 of the Patient Health Questionnaire-9. The prevalence of suicidal ideation and its risk factors was evaluated.

Results. A total of 56,679 participants (27,149 males and 29,530 females) were included. The overall prevalence of suicidal ideation was 16.4%, including 10.9% seldom, 4.1% often, and 1.4% always suicidal ideation. The prevalence of suicidal ideation was higher in males (19.1%) and individuals aged 18–24 years (24.7%) than in females (14.0%) and those aged 45 years and older (11.9%). Suicidal ideation was more prevalent in individuals with suspected or confirmed infection (63.0%), frontline workers (19.2%), and people with pre-existing mental disorders (41.6%). Experience of quarantine, unemployed, and increased psychological stress during the pandemic were associated with an increased risk of suicidal ideation and its severity. However, paying more attention to and gaining a better understanding of COVID-19-related knowledge, especially information about psychological interventions, could reduce the risk.

Conclusions. The estimated prevalence of suicidal ideation among the general population in China during COVID-19 was significant. The findings will be important for improving suicide prevention strategies during COVID-19.



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Psychiatry Research

journal homepage: www.elsevier.com/locate/psychres

Research article

Suicidal ideation during COVID-19 lockdown in Greece: Prevalence in the community, risk and protective factors



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ARTICLE INFO

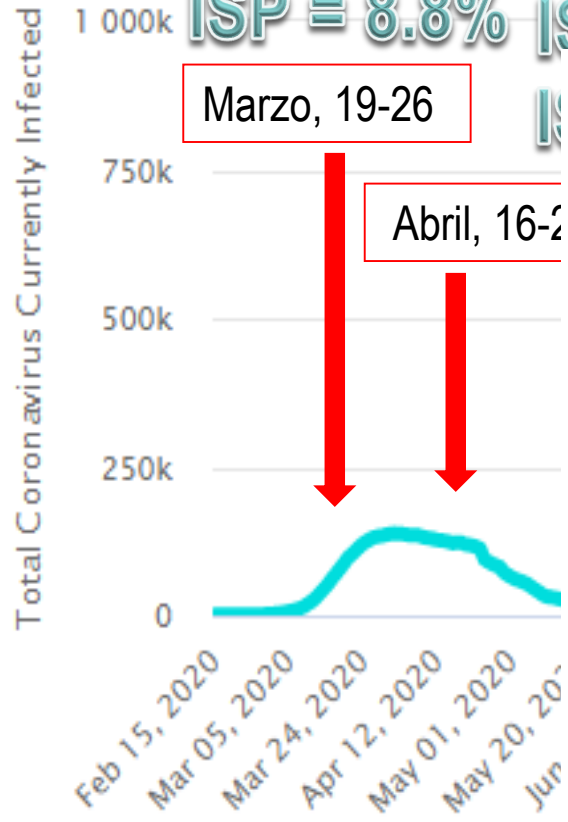
Keywords:

Suicidal ideation
Depression
Resilience
COVID-19
Greece
Online survey

ABSTRACT

The aim of this study was to investigate the prevalence of suicidal ideation in the community as well as the risk and protective factors of suicidal ideation during restriction measures in Greece, after the outbreak of the COVID-19 pandemic. A web-based anonymous survey was conducted during the first lockdown period. Participants completed the Generalized Anxiety Disorder scale (GAD-2), the Patient Health Questionnaire (PHQ-2), the Systemic Clinical Outcome and Routine Evaluation (SCORE-15), the Connor-Davidson Resilience Scale (CD-RISK-2), and a self-report questionnaire for COVID-19 pandemic-related data. From a total of 5,116 adults included in the study, 5.20% reported suicidal thoughts, 14.17% were potential clinical cases of anxiety, and 26.51% of depression. Participants presented significantly higher suicidal ideation rates during the last two weeks of the lockdown compared to its previous two weeks. Unmarried or divorced marital status, mental health history, poor perceived quality of physical health, impaired family functioning, anxiety and depression symptoms were independently associated with higher odds of suicidal ideation, whereas higher resilience, positive feelings with regard to the lockdown measures, relationship with friends, and faith in a Supreme Being were associated with lower suicidal ideation odds. According to the findings, suicidal ideation prevalence might be considered elevated and its increase during the lockdown period alarming. The risk and protective factors identified in the study offer valuable information for the development of preventive strategies against suicidal ideation, especially in times of crisis.

Active Cases in Spain



Active Cases

(Number of Infected People)



ISP = 16.0%

ISA = 9.2%

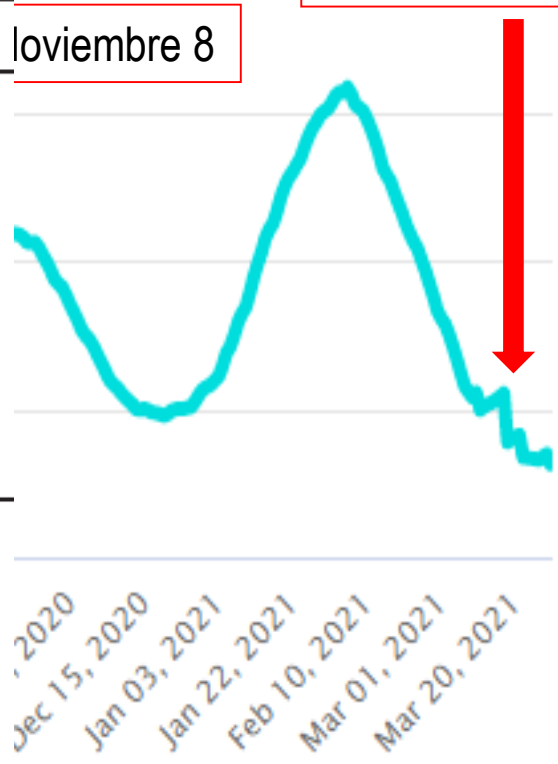


ISP = 10.4%

ISA = 7.3%

Marzo, 16-31

COURAGE (2011/2012)	Total (n=4583)
Suicidal ideation	
Lifetime	3.67 (2.83, 4.51)
12-months	0.89 (0.50, 1.28)
Suicide planning	
Lifetime	1.92 (1.26, 2.59)
12-months	0.44 (0.13, 0.75)
Suicide attempts	
Lifetime	1.46 (0.87, 2.06)
ESEMED (2001/2002)	Total (n=5473)
Suicidal ideation	
Lifetime	4.35 (3.65, 5.05)
12-months	0.69 (0.43, 0.96)
Suicide planning	
Lifetime	1.44 (1.01, 1.88)
12-months	0.19 (0.06, 0.33)
Suicide attempts	
Lifetime	1.48 (1.09, 1.86)





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Prevalence of Passive Suicidal Ideation in the Early Stage of the Coronavirus Disease 2019 (COVID-19) Pandemic and Lockdown in a Large Spanish Sample

	β	SE	Wald	<i>df</i>	<i>P</i>	OR	95% CI
Sex (female)	-.393	.069	31.939	1	.000	.675	.589-.774
Marital status							
Never married (Reference)			14.265	2	.001		
Married/Living as married	-.265	.082	10.359	1	.001	.767	.653-.902
Work status							
Unemployed (Reference)			15.590	6	.016		
Working							
Employed	-.341	.115	8.708	1	.003	.711	.567-.891
Self-employed	-.348	.143	5.905	1	.015	.706	.533-.935
Civil servant	-.430	.141	9.356	1	.002	.650	.494-.857
Income (€)							
No income (Reference)			13.736	6	.033		
Less than 500€	.238	.110	4.713	1	.030	1.269	1.023-1.573
Living situation							
Alone (Reference)			9.960	3	.019		
With one other person	-.224	.098	5.255	1	.022	.799	.660-.968
Dependent children (Yes)	-.543	.096	32.144	1	.000	.581	.482-.701
Elderly dependents (Yes)	.196	.095	4.244	1	.039	1.217	1.010-1.467
Able to enjoy free time (Yes)	-.992	.077	165.632	1	.000	0.371	.319-.431
Personal history of mental disorder							
No lifetime mental disorder (Reference)			140.802	2	.000		
Past mental disorder	.456	.075	36.691	1	.000	1.578	1.361-1.828
Current mental disorder	.839	.072	134.710	1	.000	2.313	2.008-2.665
DASS-21 Subscales							
DASS-Depression (Yes)	2.501	.107	548.686	1	.000	12.193	9.891-15.031
DASS-Anxiety (Yes)	.596	.072	69.341	1	.000	1.815	1.577-2.088
DASS-Stress (Yes)	.602	.068	79.138	1	.000	1.826	1.599-2.085
Constant	-2.995	.293	104.603	1	.000	.050	

Factores asociados con IS activa en diferentes momentos de la pandemia en España

ISA = 3.7%

ISA = 9.2%


ISA = 7.3%

	Survey 1 (April 16-22, 2020)			Survey 2 (October 14 – November 8, 2020)			Survey 3 (March 16-31, 2021)		
	β	P Value	OR (95% CI)	β	P Value	OR (95% CI)	β	P Value	OR (95% CI)
Sex (Female)				-.494	.003	.610 (.441-.843) ¹			
Age							-.029	< .001	.971 (.961-.981) ¹
Changes in income due to COVID-19									
No (reference)		.012						< .001	
Reduction, < 50%	.339	.061	1.404 (.985-2.002)				.338	.016	1.402 (1.066-1.843) ¹
Reduction, 51-100%	.637	.003	1.891 (1.247-2.866) ²				.759	< .001	2.137 (1.417-3.222) ²
Increase	.630	.321	1.878 (.541-6.528)				.351	.097	1.421 (.938-2.152)
Dependent Children									
None (reference)					.001				
One				-.381	.014	.683 (.504-.926) ¹			
More than one				-.464	.002	.629 (.467-847) ¹			
Past history of mental disorder									
No lifetime mental disorder (reference)		< .001			< .001			< .001	
Past mental disorder	.039	.862	1.040 (.669-1.615)	.336	.036	1.400 (1.023-1.916) ¹	.405	.013	1.499 (1.090-2.061) ¹
Current mental disorder	.799	< .001	2.223 (1.557-3.174) ²	1.265	< .001	3.542 (2.839-4.419) ²	1.213	< .001	3.364 (2.631-4.300) ²
Personal history of suicide attempt (Yes)	1.163	< .001	3.199 (2.141-4.780) ²	1.231	< .001	3.424 (2.596-4.515) ²	1.402	< .001	4.065 (2.899-5.698) ³
Able to enjoy freetime (Yes)	-.544	.003	.580 (.407-.827) ²				-.367	.001	.692 (.560-.857) ¹
DASS-21 Depression (Yes)	1.702	< .001	5.486 (3.309-9.095) ³	1.401	< .001	4.061 (2.906-5.675) ³			
DASS-21 Anxiety (Yes)	.882	< .001	2.415 (1.684-3.463) ²	.537	< .001	1.712 (1.354-2.163) ²			
DASS-21 Stress (Yes)	.709	< .001	2.032 (1.149-2.911) ²	.642	< .001	1.900 (1.481-2.438) ²			
Insomnia (Yes)*							1.020	< .001	2.773 (2.214-3.474) ²
Constant	-5.063	< .001	.006	-4.164	< .001	.016	-2.315	< .001	.099

ARTICLE



COVID-19 pandemic: demographic and clinical correlates of disturbed sleep among 6,041 Canadians

Felix Osiogo^{a,b}, Reham Shalaby^a, Sapara Adegboyega^{a,b}, Marianne Hrabok^{a,c}, April Gusnowski^b, Wesley Vuong^b, Shireen Surood^b, Andrew J. Greenshaw^a and Vincent I. O. Agyapong^{a,b} 

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ABSTRACT

Objectives: Psychological burdens of the COVID-19 pandemic are likely to impact sleep negatively. We investigate prevalence and correlates of disturbed sleep among subscribers to Text4Hope a daily supportive text message program launched in Alberta to support residents to deal with stress, anxiety, and depression.

Methods: A survey link was sent to Text4Hope subscribers to assess demographic and clinical variables, including disturbed sleep, stress, anxiety, and depression using the third question on the Patient Health Questionnaire-9 (PHQ-9), Perceived Stress Scale, Generalised Anxiety Disorder 7-item scale, and PHQ-9, respectively. Data were analysed using univariate and logistic regression analyses.

Results: Overall, 6041 out of 32,805 Text4Hope subscribers completed the survey (18.4% response rate). Prevalence of disturbed sleep was 77.8%. Subscribers aged 41–60 years were twice as likely to present with sleep disturbance compared to individuals ≤ 25 years (OR 1.89, 95% CI: 1.27–2.81). Individuals with moderate/high anxiety and stress symptoms and those with passive death wish/suicidal ideation had higher probability for sleep disturbance [(OR 4.05, 95% CI: 3.33–4.93), (OR 2.42, 95% CI: 1.99–2.94), and (OR 2.39, 95% CI: 1.69–3.38)], respectively.

Conclusion: As the pandemic continues, more Canadians are likely to develop sleep problems, an important consideration for planning mental health services.

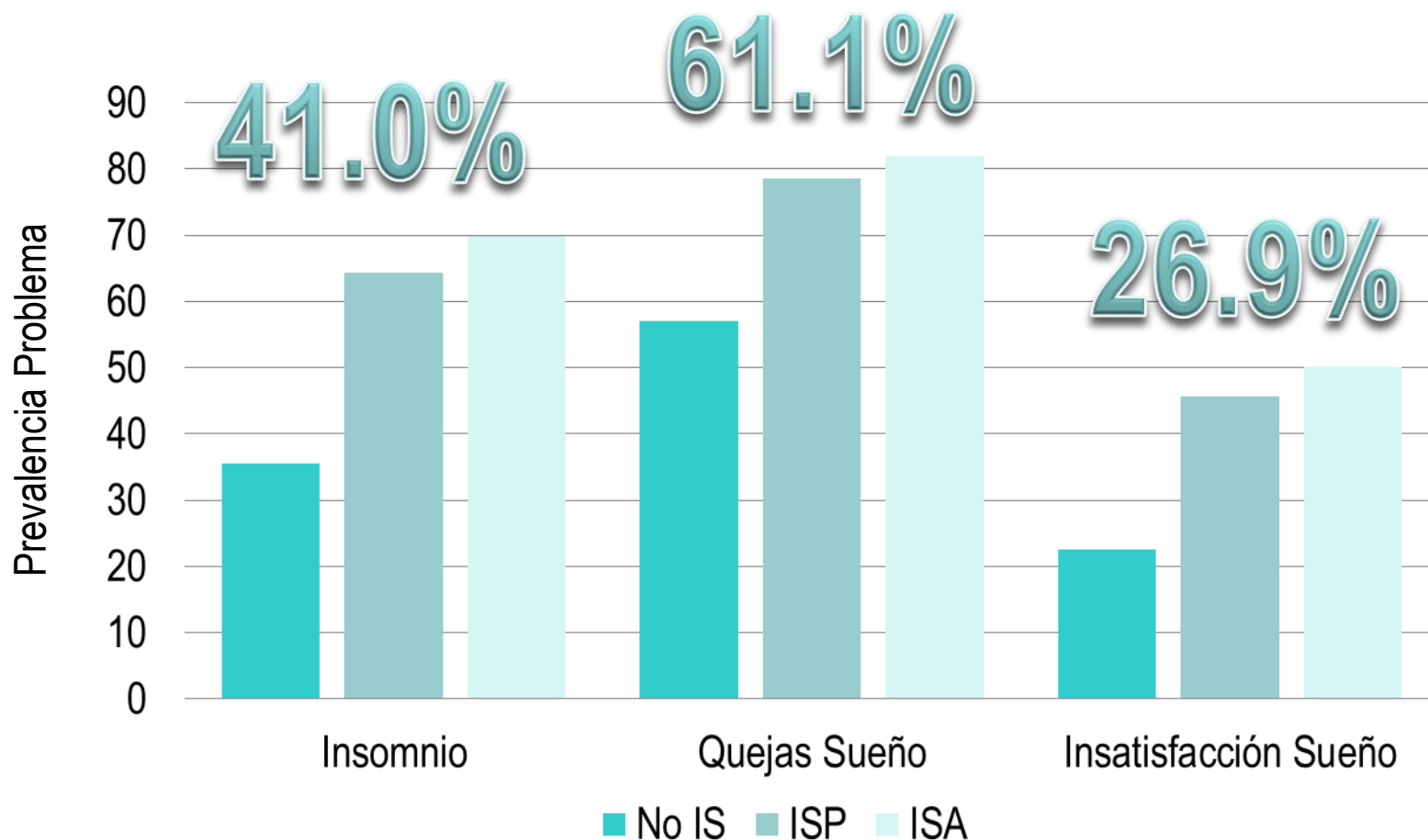
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KEYWORDS

COVID-19; sleep; pandemic; stress; anxiety; isolation

Sueño e ideación suicida tras 1 año de pandemia en España





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Contents lists available at ScienceDirect

Sleep Medicine Reviews

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CLINICAL REVIEW

Sleep problem, suicide and self-harm in university students: A systematic review



Kirsten Russell ^a, Stephanie Allan ^b, Louise Beattie ^c, Jason Bohan ^c, Kenneth MacMahon ^d,
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Insomnia

Nightmares

Parasomnias

Suicidal ideation

Suicide

Self-harm

Students

College

University

SUMMARY

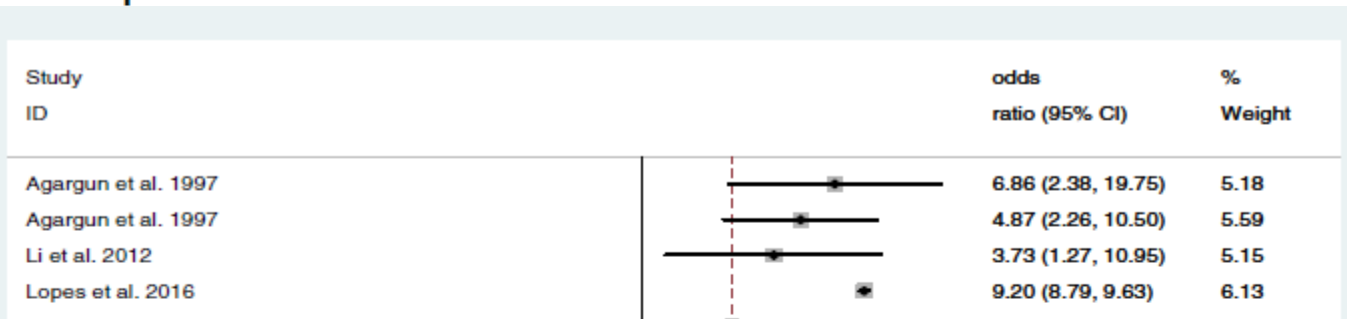
Suicide and self-harm behaviours represent public health concerns, and university students are a particularly high risk group. Identifying modifiable risk factors for the development and maintenance of suicidal thoughts and behaviours is a research priority, as prevention is crucial. Research examining the relationship between poor sleep and self-harm/suicidality within university students is, for the first time, systematically evaluated, critically appraised, and synthesised. **This literature consistently demonstrates that insomnia and nightmares are associated with elevated suicide risk of suicidal thoughts and behaviours within this subpopulation of young adults.** However, as findings are predominantly derived from cross-sectional investigations, the directionality of this relationship is not yet clear. While research investigating the psychological processes driving these relationships is in its infancy, preliminary findings suggest that thwarted belongingness, socio-cognitive factors and emotional dysregulation could be partly responsible. Methodological limitations are highlighted and a research agenda suggesting the key directions for future research is proposed. Continued research in this area - employing longitudinal designs, and testing novel theoretically derived hypotheses - will be crucial to the development of suicide prevention and intervention efforts.

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RESEARCH ARTICLE

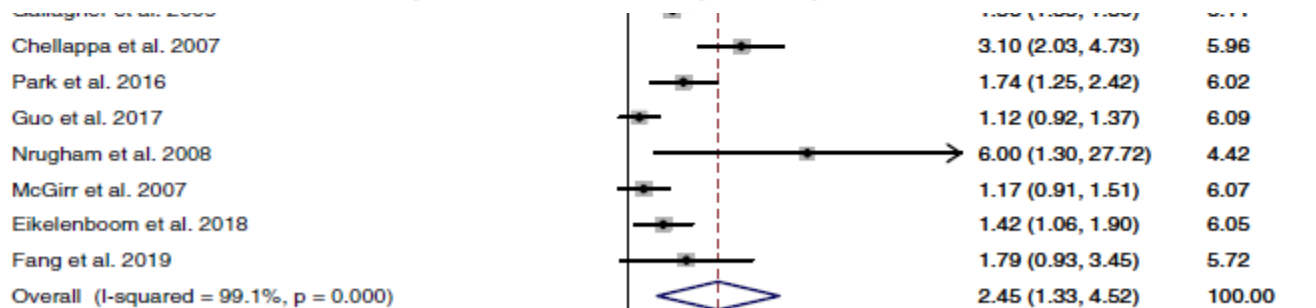
Open Access

Systematic review and meta-analysis of the relationship between sleep disorders and suicidal behaviour in patients with depression



Suicidal behavior type

Suicidal ideation	13	194,419	2.32 (1.11 4.88)	99.2	< 0.001
Suicide attempts	7	193,834	2.41 (1.45 4.02)	87.7	< 0.001
Completed suicide	2	163,668	1.24 (1.00 1.53)	0	0.445



NOTE: Weights are from random effects analysis





Anxiety: 23.2%
Depression: 22.8%
Insomnia: 38.9%

Prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic: A systematic review and meta-analysis



Sofia
Elen

^a Dept of
^b West of
^c Nation
^d Pulmo

A R T

Keywords:
Corona
COVID-
Health
Mental
Depress
Anxiety
Insomni

		Anxiety	Depression
Gender	Female	29.06% 95% CI 20.21-38.78 $I^2 = 99%$	26.87% 95% CI 15.39-40.09 $I^2 = 99.56%$
	Male	20.92% 95% CI 11.86-31.65 $I^2 = 98%$	20.34% 95% CI 11.57-30.75 $I^2 = 98%$
HCW group	Doctors	21.73% 95% CI 15.27-28.96 $I^2 = 97%$	25.37% 95% CI 16.63-35.20 $I^2 = 98%$
	Nurses	25.80% 95% CI 19.20-33.00, $I^2 = 98%$	30.30% 95% CI 18.24-43.84 $I^2 = 99.52%$

of healthcare
to monitor rates
inform tailored
prevalence of de-

Two reviewers
individual study
specific mental

participants. Anxiety
with a prevalence
ICPs and nurses
initially, insomnia

food and sleep
risks and adjust



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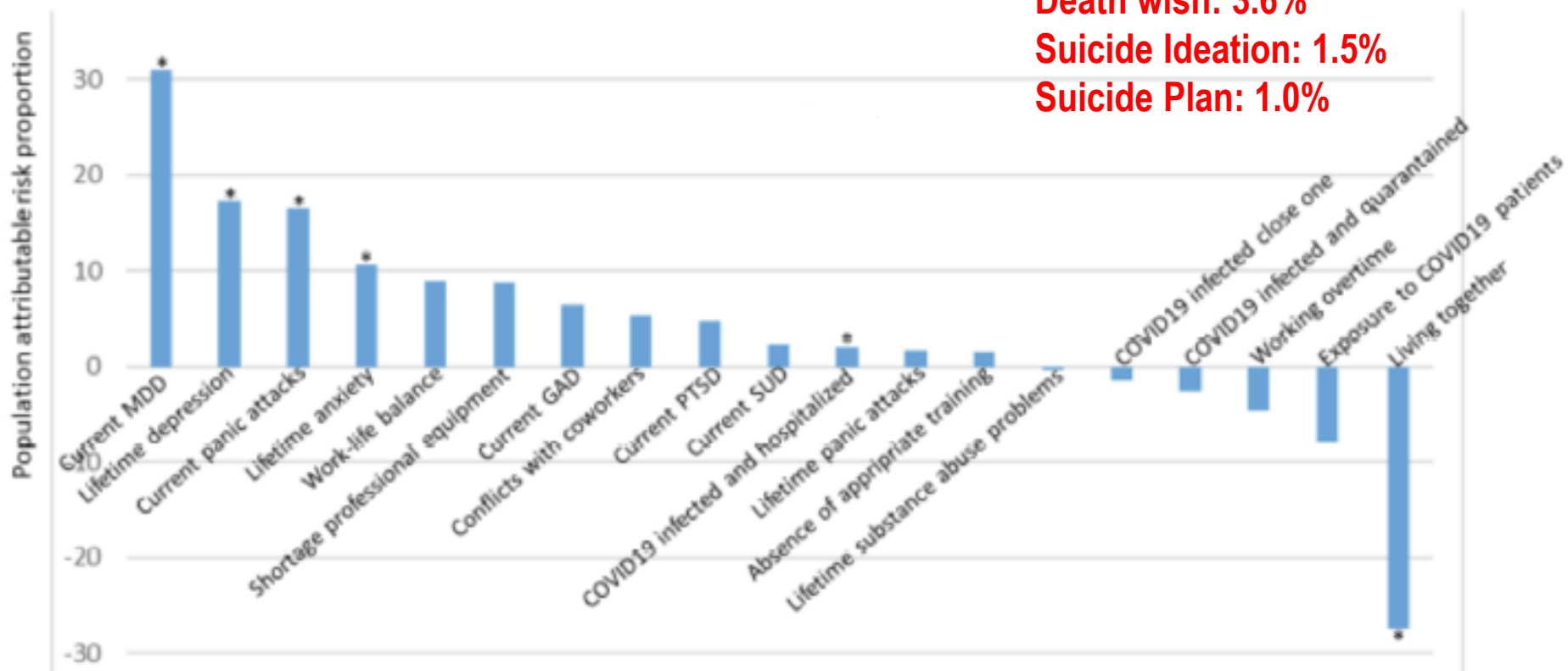
Journal of Affective Disorders

journal homepage: www.elsevier.com/locate/jad



Short communication

Suicidality among healthcare professionals during the first COVID19 wave



The Case of The Case of and

¹HKJC Centre for Suicid

Abstract. *Background:* Previc in 2003. The peak coincided wi of how the SARS outbreak res Qualitative data analysis to un qualitative study based on the C number of suicide deaths amon the disease and had fears of di stress over fears of being a bur anxiety at the time of the SAR *Conclusions:* We recommend careful account when developi is important to alert family me

Common problem	Example
Fear of contract- ing SARS	<ul style="list-style-type: none"> (i) One victim started to pay more attention to news related to SARS. The victim was very afraid of contracting SARS and did several rounds of cleaning every day. (ii) One victim experienced pain due to recur- rent cancer but did not go to the hospital for a checkup because of the fear of con- tracting SARS. (iii) One victim, whose mental condition was previously stable, worried about contract- ing SARS and became a burden to the hospital and society. The victim pos- sessed a sense of hopelessness, worthless- ness, and guilt.
Experienced so- cial isolation	<ul style="list-style-type: none"> (i) One victim was advised by the family member not to go outside during the time of SARS. Although the family member went by and visited the victim every oth- er day, the victim felt bored at home.
Disruption of nor- mal social life	<ul style="list-style-type: none"> (i) One victim used to go to mainland China for a massage. During the SARS epidem- ic, this victim changed the usual practice of going to mainland China.
Burden among older adults with long-term illnesses	<ul style="list-style-type: none"> (i) One victim had gastrointestinal pain for a long time, and the condition worsened during the SARS period. In addition, the SARS epidemic made this victim anxious and gave him insomnia. (ii) One victim could not stand the illness and did not want to be a burden during the SARS period.

Research Trends

Outbreak ome (SARS) n Hong Kong

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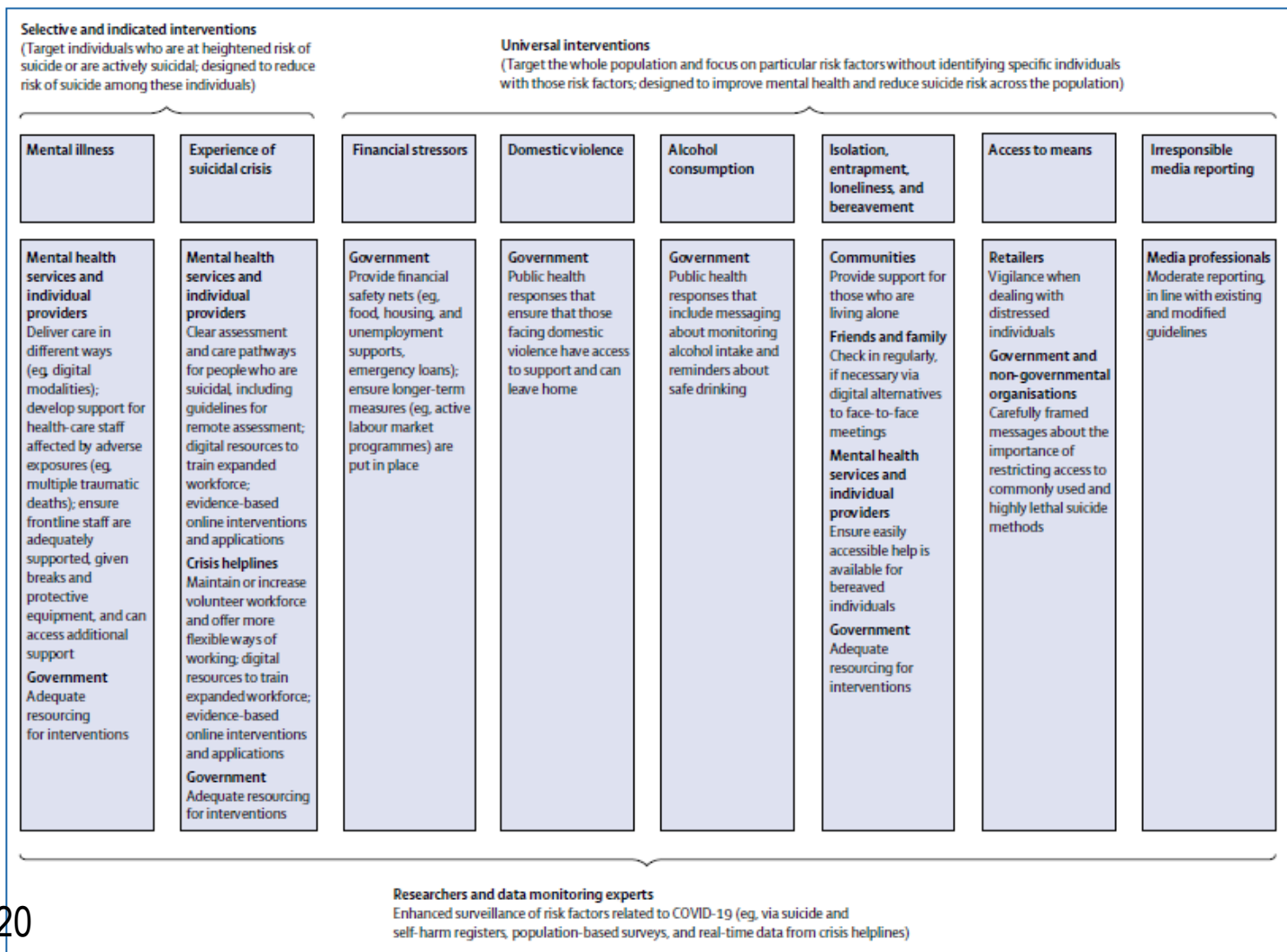
ong those aged 65 and over we examine the mechanism g Kong. *Methods:* We used de. Furthermore, we used a een SARS and the excessive y to be afraid of contracting ore closely associated with agement, mental stress, and high rate of suicide deaths. older adults, be taken into e community. In addition, it esses or anxieties.



Agenda

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Suicide prevention during COVID-19





Article

Mental Health Outreach via Supportive Text Messages during the COVID-19 Pandemic: Improved Mental Health and Reduced Suicidal Ideation after Six Weeks in Subscribers of Text4Hope Compared to a Control Population

Abstract: Background: In March 2020, Alberta Health Services launched Text4Hope, a free mental health text-message service. The service aimed to alleviate pandemic-associated stress, generalized anxiety disorder (GAD), major depressive disorder (MDD), and suicidal propensity. The effectiveness

Clinical Variables of Interest	p-Value	Odds Ratio	95% CI for OR	
			Lower	Upper
Moderate/High Stress ^a	<0.001	0.56	0.41	0.75
GAD likely ^b	<0.001	0.55	0.44	0.68
MDD likely ^c	<0.001	0.50	0.47	0.73
Experienced Suicidal Ideation/Self Harm Thoughts	<0.001	0.59	0.45	0.77
Experienced Sleep Disturbances	0.150	0.77	0.60	1.01

^a Moderate or High Stress defined as PSS ≥ 14 ^b Likely GAD defined as GAD-7 ≥ 10 ^c Likely MDD defined as PHQ-9 ≥ 10 .

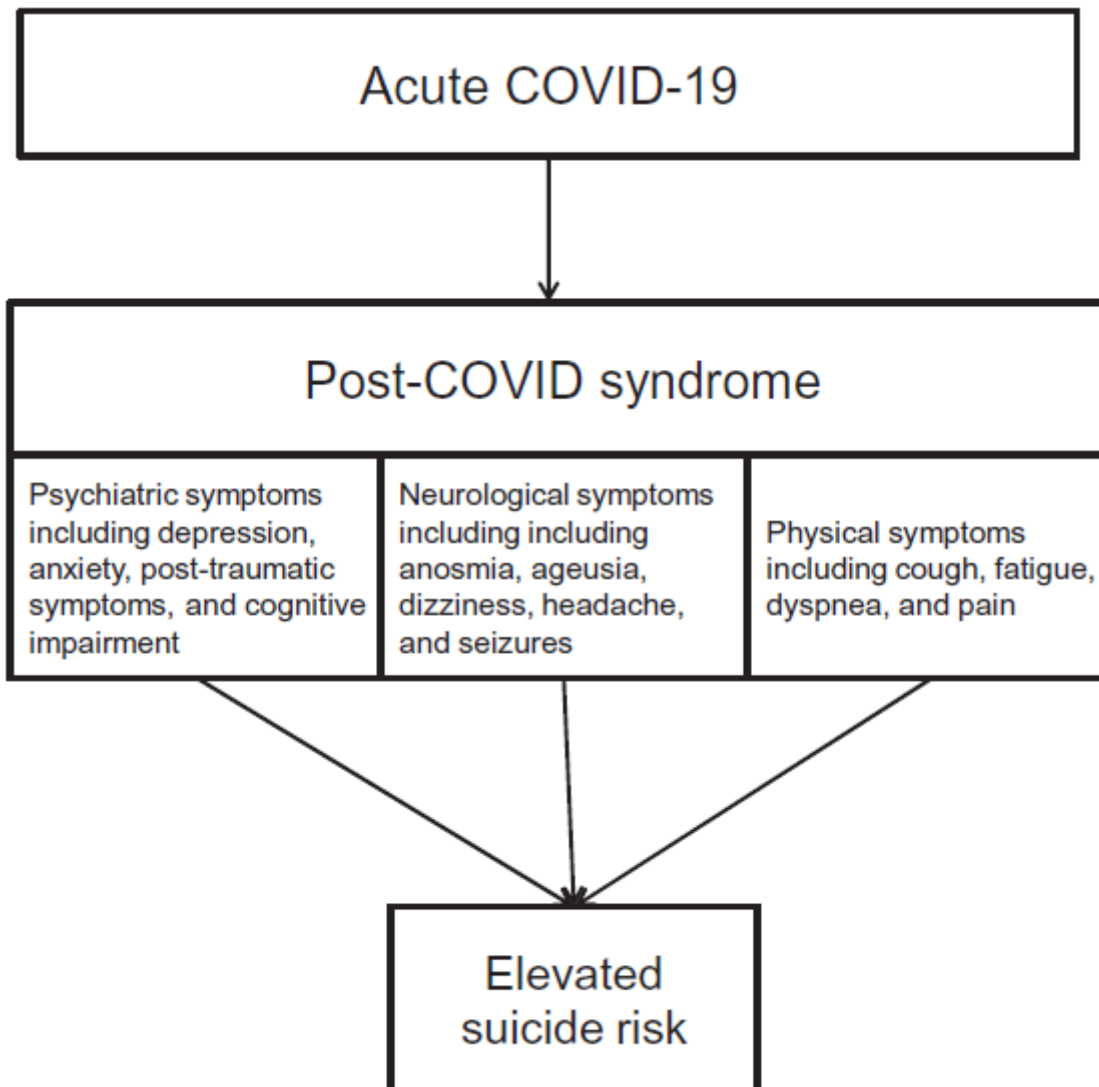
= 0.55; 95% CI = 0.44–0.68), and likely MDD (OR = 0.50; 95% CI = 0.47–0.73). The mean Composite Mental Health score, the sum of mean scores on the PSS, GAD-7, and PHQ-9 was 20.9% higher in the CG. **Conclusions:** Text4Hope is an effective population-level intervention that helps reduce stress, anxiety, depression, and suicidal thoughts during the COVID-19 pandemic. Similar texting services should be implemented during global crises.



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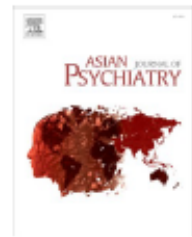
Síndrome post-COVID y riesgo suicida





Contents lists available at ScienceDirect

Asian Journal of Psychiatry

journal homepage: www.elsevier.com/locate/ajp

Review article

Suicide during COVID-19 and other major international respiratory outbreaks: A systematic review

Karine Kahil^{a,1}, Mohamad Ali Cheaito^{b,1}, Rawad El Hayek^c, Marwa Nofal^d, Sarah El Halabi^e, Kundadak Ganesh Kudva^f, Victor Pereira-Sanchez^g, Samer El Hayek^{a,*}

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COVID-19
Mental health.

ABSTRACT

Coronavirus disease 2019 (COVID-19) was recently declared a pandemic by the WHO. This outbreak threatens not only physical health but also has significant repercussions on mental health. In recent world history, major infectious outbreaks were associated with severe mental health sequelae, including suicide. In this study, we systematically review the literature on suicidal outcomes during major international respiratory outbreaks, including COVID-19. We reviewed descriptive and analytic articles addressing suicide during major international respiratory outbreaks. We searched PubMed, Medline, Embase, Scopus, and PsycInfo databases and then utilized an independent method for study selection by a pair of reviewers. Two reviewers completed data abstraction and conducted a narrative summary of the findings. Our search generated 2,153 articles. Nine studies (three descriptive, five analytical, and one with mixed methodology) were eligible. The included studies were heterogeneous, divergent in methods, and with a low degree of evidence. Deducing an association between pandemics, suicide, and suicide-related outcomes remains thus poorly supported. Future research with better methodological characteristics, the use of longitudinal studies, and a focus on suicide as the primary outcome would allow for an in-depth understanding and formulation of the scope of this problem.



Suicide trends in the early months of the COVID-19 pandemic: an interrupted time-series analysis of preliminary data from 21 countries

Findings We sourced data from 21 countries (16 high-income and five upper-middle-income countries), including whole-country data in ten countries and data for various areas in 11 countries). Rate ratios (RRs) and 95% CIs based on the observed versus expected numbers of suicides showed no evidence of a significant increase in risk of suicide since the pandemic began in any country or area. There was statistical evidence of a decrease in suicide compared with the expected number in 12 countries or areas: New South Wales, Australia (RR 0.81 [95% CI 0.72–0.91]); Alberta, Canada (0.80 [0.68–0.93]); British Columbia, Canada (0.76 [0.66–0.87]); Chile (0.85 [0.78–0.94]); Leipzig, Germany (0.49 [0.32–0.74]); Japan (0.94 [0.91–0.96]); New Zealand (0.79 [0.68–0.91]); South Korea (0.94 [0.92–0.97]); California, USA (0.90 [0.85–0.95]); Illinois (Cook County), USA (0.79 [0.67–0.93]); Texas (four counties), USA (0.82 [0.68–0.98]); and Ecuador (0.74 [0.67–0.82]).

Interpretation This is the first study to examine suicides occurring in the context of the COVID-19 pandemic in multiple countries. In high-income and upper-middle-income countries, suicide numbers have remained largely unchanged or declined in the early months of the pandemic compared with the expected levels based on the pre-pandemic period. We need to remain vigilant and be poised to respond if the situation changes as the longer-term mental health and economic effects of the pandemic unfold.

Conclusiones

- Incremento de prevalencia de IS durante COVID-19
- Factores de riesgo:
 - Dificultades financieras
 - Aislamiento / soledad
 - Violencia doméstica
 - AP trastorno mental (presente / pasado)
 - Alteraciones del sueño...
- Necesidad de incremento de estrategias de intervención (grupos de riesgo), potenciación de vínculos sociales / capacidad de resiliencia