Patients with end-stage renal disease (ESRD) who receive dialysis may experience increased distress and risk of suicide” Chen et al (2017).

Abstract:

BACKGROUND: Patients with end-stage renal disease (ESRD) who receive dialysis may experience increased distress and risk of suicide.

METHODS: This population-based retrospective cohort study linked Taiwan’s national register of ESRD patients on dialysis and the cause-of-death mortality data file. A separate multiple-cause-of-death data file was used to investigate the detailed suicide methods used. Standardized mortality ratios (SMRs) were calculated for the overall patient group and by sex, age, year of initiating dialysis, method of suicide, and time since initiation of dialysis.

RESULTS: Among 63,854 ESRD patients on dialysis, 133 died by suicide in Taiwan in 2006-2012; the suicide rate was 76.3 per 100,000 patient-years. The SMR for suicide was 2.38 (95% confidence interval [CI] 1.99-2.82) in this patient group. Suicide risk was highest in the first year of dialysis (SMR = 3.15, 95% CI 2.39-4.08). The risk of suicide by cutting was
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nearly 20 times (SMR = 19.91, 95% CI 12.88-29.39) that of the general population. Detailed information on death certificates indicated that three quarters of patients who killed themselves by cutting cut vascular accesses used for hemodialysis.

LIMITATIONS: Information on risk factors such as socioeconomic position and mental disorders was unavailable.

CONCLUSION: In a country where the national health insurance program covers most expenses associated with dialysis treatment, the suicide risk in ESRD patients on dialysis still increased nearly 140%. Adequate support for ESRD patients initiating dialysis and the assessment of risk of cutting vascular access as a potential means of suicide could be important strategies for suicide prevention.

Reference:


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