Struggling in Silence: Physician Depression and Suicide

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American Foundation for Suicide Prevention
Suicide and Other Illness Rates Among Physicians

Suicide
- Little attention to problem
- Suicide rate is higher than among the general population, especially among women physicians
- Suicide rates in physicians are not changing
- Depression is a major risk factor

Smoking
- Heightened attention to problem
- Mortality rates from smoking-related cancer, heart disease and stroke are lower than for the general population
- Smoking-related deaths have declined 40%–60% since 1960
Suicide Rates Among Physicians

Standardized Mortality Rate
Actual/Expected

- Male physicians/age matched males in the general population 1.41
- Female physicians/age matched females in the general population 2.27

Schernhammer E, Colditz G, Am J Psych, 2004
Schernhammer E, NEJM, 2005
Schernhammer E, Colditz G, Am J Psych, 2004
Suicide and Occupation Study in Denmark

Methods

- Subjects who died by suicide from 1991–1997 while aged 25–60 and for each, 25 controls of same gender who were born in the same year: 3,195 suicides (898 females), 63,900 controls

Results

- Highest risk of suicide is among medical doctors 2.73
- Higher risk of suicide by poisoning in physicians
- Higher risk in females working in male-dominated occupations
- Particularly high-risk in doctors who have been admitted to the hospital with a psychiatric disorder

Agerbo et al., Psych Med, 2007
Suicide and Occupation Study in Denmark

Suicide, five highest occupational rate ratios:

<table>
<thead>
<tr>
<th>Occupation</th>
<th>DISCO-88*</th>
<th>RR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Highest</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical doctors</td>
<td>2221</td>
<td>2.73 (1.77–4.22)</td>
</tr>
<tr>
<td>A residual group without occupation</td>
<td>9999</td>
<td>2.47 (1.87–3.28)</td>
</tr>
<tr>
<td>Nursing associate professionals</td>
<td>3231</td>
<td>2.04 (1.34–3.11)</td>
</tr>
<tr>
<td>Elementary occupations (largely unskilled manual</td>
<td>9</td>
<td>1.99 (1.47–2.68)</td>
</tr>
<tr>
<td>workers)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plant and machine operators and assemblers</td>
<td>8</td>
<td>1.84 (1.22–2.76)</td>
</tr>
</tbody>
</table>

*DISCO: Danish version of the International Classification of Occupations

Agerbo et al., Psych Med, 2007
Additional Facts

- In the general population, the male suicide rate is four times that of females; in physicians the rates are equal.

- Physicians have higher rates of completion to attempts which may result from greater knowledge of lethality of drugs and easy access to means.

Nordentoft M, Laegeforeningens Forlag Kobenhavn 2007, pp. 22
Risk Factors For Suicide

Major risk factors include mental disorders:

- Major depressive disorder
- Bipolar disorder, depression
- Alcohol abuse
- Drug abuse
- Other disorders
Epidemiology of Depression in Physicians

- The lifetime rate of depression in women physicians was 39 percent compared to 30 percent in age matched women with PhD’s, both being higher than the general population figures.

- The lifetime rate of depression in male physicians (13%) may be similar to rate of depression in men in the general population, or it may be elevated. Data from Denmark using population-based case controls and hospital or outpatient care for a first-time ever diagnosis of depression (broadly define) show that male physicians have an elevated rate of care.

- One-year prevalence rates of depression are higher in medical students (15%–30%), interns (30%), and residents than in the general population.

References:
- Welner et al., Arch Gen Psych, 1979
- Clayton et al., J Ad Dis, 1980
- Frank & Dingle, Am J Psych, 1999
- Wieclaw et al., Occup Environ Med, 2006
- Center et al., JAMA, 2003
- Valko & Clayton, Am J Psych, 1975
- Kirsling & Kochar, Psychol Rep, 1989
Depression Symptoms in Medical Students and Residents: A Multischool Study

- Assessment of 2,475 students and residents at six medical schools during the 2003-2004 school year
  - 95% of medical students agreed to participate; 64% of residents agreed
    (overall acceptance rate of 89%)

- Medical schools that took part in the study:
  - University of Hawaii
  - University of Iowa
  - University of Cincinnati
  - University of Southern California
  - University of Texas Southwestern
  - University of Washington

Goebert et al, Academic Medicine, 2009
Reynolds and Clayton, Academic Medicine, 2009
Medical Students and Residents (con’t)

- Included schools of various sizes and levels of diversity
  - 52% of respondents were women

- Ethnic breakdown of respondents, by %*
  - Caucasian 29.5
  - Asian 5.6
  - Hispanic 3.1
  - African American/black 1.3
  - Pacific Islander and Native American/Alaskan Native 0.8

- Average hours of sleep per night, all groups = 6.57

*number represents the percentage of the total sample that answered survey questions
Medical Students and Residents (con’t)

- Percentage of respondents who indicated that they experienced the following:
  - Major depression 12.0%
  - Mild to moderate depressive symptoms 9.2
  - Suicidal thoughts* 5.7
  - Receiving mental health treatment 7.0
  - Personal history of depression 17.0
  - Family history of depression 30.0

*thoughts over the previous two weeks that they would be better off dead or thoughts of hurting themselves
In terms of total percentage of respondents, 25% of the medical students vs. 12% of residents indicated that they had experienced depression (either major or mild/moderate).

1st, 2nd and 3rd year medical students indicated higher rates of depression than 4th year students.

Women indicated higher rates of depression than their male counterparts.

Those with a personal or familial history of depression indicated higher current rates of depression.

Neither ethnicity nor the # of hours residents were on-call were significant factors in determining rates of depression.
Suicidal Ideation

- The following factors have been found to increase the likelihood of suicidal ideation:
  - More severe depression
  - Previous episodes of depression
  - Family history of depression

- Suicidal ideation was found to be highest in:
  - Medical students
  - African American/black respondents
Depression in Medical Faculty

- A survey of physician well-being and health behaviors at an academic health center found that nearly 30 percent of respondents (attendings and house staff) reported past or present depressive symptoms. This correlated with female gender, younger age, living alone, and not having a primary care physician.

Reinhardt et al., Med Educ Online, 2005
Women Physicians and Addiction

- 969 impaired physicians from 4 state physician health programs
  Female: 125  Male: 844
  Alcohol was primary abused substance for all

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th>Men</th>
<th>p</th>
<th>OR*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, average</td>
<td>39.9</td>
<td>43.7</td>
<td>&lt;0.0001</td>
<td></td>
</tr>
<tr>
<td>Med for psych problem</td>
<td>76.5</td>
<td>64.0</td>
<td></td>
<td>1.84</td>
</tr>
<tr>
<td>Past suicidal ideation</td>
<td>52.0</td>
<td>30.0</td>
<td></td>
<td>2.51</td>
</tr>
<tr>
<td>Current suicidal ideation</td>
<td>11.47</td>
<td>4.8</td>
<td></td>
<td>2.54</td>
</tr>
<tr>
<td>Made attempt under influence</td>
<td>20.0</td>
<td>5.1</td>
<td></td>
<td>4.64</td>
</tr>
<tr>
<td>Made attempt not under influence</td>
<td>14.0</td>
<td>1.7</td>
<td></td>
<td>9.67</td>
</tr>
<tr>
<td>Abused sedatives</td>
<td>11.4</td>
<td>6.4</td>
<td></td>
<td>1.87</td>
</tr>
</tbody>
</table>

*OR (odds ratio) >1.5 = statistically significant results

Wunsch et al., J Add Dis, 2007
Another Risk Factor: Family History of Mood Disorders

- Several of the studies with interns and physicians indicate that depressed physicians, compared to appropriate controls, had positive family histories of depression and more previous depressions.

Waterman, Jt Comm J Qual Patient Saf, 2007
Clayton et al., JAD, 1980
Valco & Clayton, Am J Psych, 1975
The Pharos, Winter 2008
Another Important Issue

- There is little evidence that stressors in general are linked to elevated rates of suicide in physicians

- Exception:
  - A study of suicidal ideation among women physicians working in university hospitals in Sweden and Italy (67% response rate) found that about 14% reported suicidal thoughts in the last 12 months
  - Between 64 - 72% of those had considered an actual plan for suicide
  - Suicidal thoughts correlated with recently experiencing a degrading incident of harassment at work and lack of opportunities to discuss stressful situations at work

- Between 55 – 67% of women admitted to self-diagnosis and self-treatment

Gross et al., Arch Intern Med, 2000
Fridner et al, Gender Medicine, 2009
Physicians and Healthcare

- 35% of physicians do not have a regular source of healthcare
- 50% of residents have no primary care provider
- Residents postpone or avoid seeking care, especially if they have issues with drugs or alcohol, HIV/AIDS or STI’s, depression, anxiety, eating disorders or cancer

Gross et al., Arch Intern Med, 2000
Dunn et al, Academic Medicine, 2009
Access of Care and Barriers to Care

- Low rates of seeking help among medical students:
  - Only 22 percent of those screening positive for depression used mental health services
  - Only 42 percent of those with suicidal ideation received treatment

- Reasons:
  - Lack of time (48%)
  - Lack of confidentiality (37%)
  - Stigma (30%)
  - Cost (28%)
  - Fear of documentation on academic record (24%)
  - Fear of jeopardizing their career
  - Lack of accessibility of care

Goebert et al, Academic Medicine, 2009
Access of Care and Barriers to Care (con’t)

Among **practicing physicians**, barriers to seeking mental health care include:

- Discrimination in medical licensing
- Hospital privileges
- Health insurance
- Malpractice insurance
- Not wanting to hinder professional advancement

Miles SH, JAMA, 1998
APA, Am J Psych, 1984
Goebert et al, Academic Medicine, 2009
Additional Barriers to Adequate Mental Health Care for Physicians

- Professional attitudes that broadly discourage admission of health vulnerabilities
- Professional attitudes and lack of knowledge about psychiatric illnesses
- Physician-patients’ concerns about breaches of confidentiality by the treating clinician
- Compromised treatment due to collegial relationships; deference from the treating clinician may give more freedom to the physician-patient to control the focus of therapy and to self-medicate
Licensing and Physician Mental Health

- Invited analysis of all State Medical Boards on policies regarding mental illness
- 35/50 responded
- 37 percent indicated that a diagnosis of mental illness was sufficient for sanctioning (although only 69% of these asked about it)
- 40 percent indicated that the diagnosis of substance abuse was sufficient for sanctioning and the majority had questions about it
- Survey urged that sanctioning be on basis of impairment for physical or psychiatric illness
- Arkansas and 18 other states focus on impairment

Hendin et al., Fed Bull, 2007
Suicide Inquiry in Primary Care

Using standardized depressed patients with 154 participating physicians. In 36 percent of 298 encounters, suicide was explored. It was significantly more likely to happen when:

- The “patient” portrayed major depression
- The “patient” made a request for an antidepressant
- The evaluation took place in an academic setting
- The physician had personal experience with depression

Feldman et al., Annuals of Family Med, 2007
Recommendations

1) Early education about depression and suicide in physicians, being particularly aware of the high suicide rate among women physicians

2) Use of AFSP films, *Struggling in Silence* and *Out of the Silence*, in training and in hospital settings for all personnel

3) Use of AFSP Interactive Screening Program (ISP) in medical schools, training programs and hospitals

4) Be knowledgeable about access to care and have informed EAP’s (Employee Assistance Programs)

5) Consider all mention of suicidal thinking serious. All attempts demand action and treatment
Recommendations (con’t)

6) Facilitate appropriate support groups for medical schools, residency programs, faculty and hospital staff

7) Be sensitive to issues of harassment. Encourage having a designated person to investigate complaints

8) Change state licensing to sanctioning only on disability from any illness

9) Include at least one psychiatrist on state licensing boards