Suicidal ideation

Suicidal ideation, also known as suicidal thoughts, concerns thoughts about or an unusual preoccupation with suicide. The range of suicidal ideation varies greatly from fleeting thoughts, to extensive thoughts, to detailed planning, role playing (e.g., standing on a chair with a noose), and incomplete attempts, which may be deliberately constructed to not complete or to be discovered, or may be fully intended to result in death, but the individual survives (e.g., in the case of a hanging in which the cord breaks).

Most people who have suicidal thoughts do not go on to make suicide attempts, but it is considered a risk factor.

During 2008-09, an estimated 8.3 million adults aged 18 and over in the United States, or 3.7% of the adult US population, reported having suicidal thoughts in the previous year. An estimated 2.2 million in the US reported having made suicide plans in the past year.

Suicidal ideation is generally associated with depression and other mood disorders; however, it seems to have associations with many other mental disorders, life events, and family events, all of which may increase the risk of suicidal ideation. For example, many individuals with borderline personality disorder exhibit recurrent suicidal behavior and suicidal thoughts.

Patients with intracranial tumors suffer from decreased Health related quality of life (HRQoL) and suicidal ideation (SI) regardless of histopathology. SI is associated with higher Beck Depression Inventory (BDI) scores, but not evident depression (BDI \geq 18). Thus, patients should be screened specifically and regularly. Lower HRQoL and greatest prevalence of SI at 6 months may help clinicians to find the right time for careful monitoring of patients at risk ¹⁾.

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