Psychosocial intervention following suicide attempt: a systematic review of treatment interventions

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Authors’ objectives
To assess the effectiveness of interventions for suicide attempters by a systematic review of randomised controlled trials (RCTs).

Searching
MEDLINE was searched from 1966 to December 1995, and PsycLIT from 1974 to December 1995, using the search terms provided. Only publications in the English language were included.

Study selection
Study designs of evaluations included in the review
RCTs were included. The follow-up varied from 4 to 24 months, with the number of contacts ranging from 1 to 18.

Specific interventions included in the review
Psychosocial and psychotherapeutic interventions. These were grouped into four categories: psychiatric management of poor compliance with aftercare, guaranteed in-patient shelter, psychosocial crisis intervention, and cognitive-behavioural treatment.

Participants included in the review
Suicide attempters. Attempted suicide was defined as including deliberate self-poisoning and deliberate self-harm. Studies on mentally handicapped people, or people with learning disabilities, were excluded. The trials included participants with a range of psychiatric morbidities, including the following: depression, alcohol and/or drug and substance use, neurosis, personality disorder, reactive disorder, mood disorder, anxiety disorder, depressive disorder, psychiatric disturbance, positive cases according to the general health questionnaire, and dysthymia.

Outcomes assessed in the review
The primary outcome was the incidence of repeated suicide attempts.

How were decisions on the relevance of primary studies made?
The authors do not state how the papers were selected for the review, or how many of the authors performed the selection.

Assessment of study quality
Information on the methodological aspects of the studies was reported, and used when assessing the strength of evidence provided by the review. In particular, the method of ascertainment and the use of intention to treat analyses were reported. The authors do not state how the papers were assessed for validity, or how many of the authors performed the validity assessment.

Data extraction
The data extracted were: the number of patients who made repeated suicide attempts; the number of patients in each treatment condition; information on the study design; and details of the experimental interventions.

Methods of synthesis
How were the studies combined?
The studies were combined using a random-effects meta-analysis.

**How were differences between studies investigated?**
Homogeneity was tested statistically using the Q statistic. The studies were grouped according to the therapeutic background and treatment protocol of the intervention.

**Results of the review**
Fifteen RCTs (2019 participants) were included.

There were 6 studies (n=1,023) of psychiatric management of poor compliance with aftercare.

There were 2 studies (n=317) of guaranteed in-patient shelter.

There were 2 studies (n=480) of psychosocial crisis interventions.

There were 4 studies (n=122) of cognitive-behavioural treatment.

Psychiatric management of poor compliance with aftercare (6 studies): the summary relative risk (RR) was 0.81 (95% confidence interval, CI: 0.6, 1.2), based on 5 homogeneous studies (1 study was excluded as it contributed to heterogeneity).

Guaranteed in-patient shelter (2 studies): there was no significant reduction in the RR (summary RR 0.5, 95% CI: 0.2, 1.1).

Psychosocial crisis intervention (2 studies): the summary RR was 0.9 (95% CI: 0.5, 1.3).

Cognitive-behavioural treatment (4 studies): the summary RR was 0.5 (95% CI: 0.3, 0.8).

**Authors’ conclusions**
No clear evidence was found for a reduction in repeated suicide attempts when using interventions which seek to increase compliance with aftercare, or which guarantee in-patient shelter in the event of an emergency or psychosocial crisis. Only cognitive-behavioural therapy appeared to significantly reduce the incidence of repeated suicide attempts. However, some aspects of the available trials on this intervention leave room for uncertainty about the magnitude of effect, and the extent to which the results may be extrapolated to other subgroups of patients.

**CRD commentary**
Overall, this was a methodologically sound review. The authors’ conclusions are reasonable given the lack of strong evidence. It is possible that relevant trials may have been excluded by confining the search to English language publications. The authors themselves acknowledged the possibility of publication bias.

**Bibliographic details**

**PubMedID**
9259223

**Indexing Status**
Subject indexing assigned by NLM

**MeSH**
Analysis of Variance; Case Management /standards; Chi-Square Distribution; Cognitive Therapy /standards;
Confidence Intervals; Crisis Intervention /standards; Health Services Accessibility; Humans; Models, Statistical; Psychiatry /methods /standards; Randomized Controlled Trials as Topic; Recurrence; Risk; Suicide, Attempted /prevention & control /psychology; Treatment Outcome

**AccessionNumber**
11997000979

**Date bibliographic record published**
31/03/1999

**Date abstract record published**
31/03/1999

**Record Status**
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.