

# Autism & suicide

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**BACK IN THE  
PREMIER LEAGUE!**

## Common

- Up to 1 in 20 psychiatric patients have autism (Brugha et al, in press)

## Underrecognised

- Around half of autistic adults undiagnosed or misdiagnosed

# Why should autism be the business of mental health services?

## Complex

Both mental and physical health comorbidity extremely common

## Risk

- High rates of self harm, suicide, bullying, abuse, exploitation

# Case example

You see Lizzy, a 25 year old female, in your outpatient clinic. She is single, and lives with her mother. Her presenting complaint is of increased anxiety and low mood following a relationship breakup.

Lizzy has a history of autism diagnosed in adulthood, anxiety and depression, and fibromyalgia. She is a vegan and eats a rather restricted diet. Her sleeping pattern has always been poor. She has few friends or sources of support besides her mother, who herself has been physically poorly recently.

# Premature mortality in autism spectrum disorder

Tatja Hirvikoski, Ellenor Mittendorfer-Rutz, Marcus Boman, Henrik Larsson,  
Paul Lichtenstein and Sven Bölte

## Background

Mortality has been suggested to be increased in autism spectrum disorder (ASD).

## Aims

To examine both all-cause and cause-specific mortality in ASD, as well as investigate moderating role of gender and intellectual ability.

## Method

Odds ratios (ORs) were calculated for a population-based cohort of ASD probands ( $n = 27\,122$ , diagnosed between 1987 and 2009) compared with gender-, age- and county of residence-matched controls ( $n = 2\,672\,185$ ).

## Results

During the observed period, 24358 (0.91%) individuals in the

general population died, whereas the corresponding figure for individuals with ASD was 706 (2.60%; OR = 2.56; 95% CI 2.38–2.76). Cause-specific analyses showed elevated mortality in ASD for almost all analysed diagnostic categories. Mortality and patterns for cause-specific mortality were partly moderated by gender and general intellectual ability.

## Conclusions

Premature mortality was markedly increased in ASD owing to a multitude of medical conditions.

## Declaration of interest

None.

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# Suicide risk in autism

- Two-thirds of autistic adults have contemplated suicide (Cassidy, 2014)
- Rates of self-harm are high (Maddox, 2016)
- Death by suicide is 7-9 times more likely in people with autism than the general population (Hirvikoski et al, 2016)
- Risk is greater in females

# Why are people with autism more likely to die by suicide?

## General risks

- High rates of depression and other comorbid psychiatric diagnoses
- Higher self harm
- High rates of unemployment
- Social isolation, weaker support networks
- Feeling a burden on others
- High rates of bullying/abuse

## Autism specific

- Unmet support needs, Camouflaging (Cassidy 2018)
- ? cognitive rigidity – eg suicide as ‘logical’ option to solve a problem
- ?lack of imagination – unable to conceptualise consequences, including death
- ? Transition points (eg moving from school to university) may increase risk
- ?more lethal methods (pain threshold)

# Case example (2)

Lizzy has a long history of depression and social anxiety. SSRI antidepressants make her 'hyperactive' so she is on no medication at present. She says she often has thoughts of wanting to not be in the world. She used to self harm by cutting when she was younger but hasn't done this for some years.

On mental state examination, Lizzy appears flat in affect with reduced rate, rhythm and volume of speech. She describes her recent relationship breakup in a matter-of-fact way and equally matter-of-factly says 'I have nothing to live for any more'. She says her mood feels 'the same as usual'.



# Risk assessment in autism

- Psychiatric appointment may itself be very stressful
- Autism can affect mental state examination
- Communication issues
- Difficulty describing internal states
- Can sometimes describe extreme risks without congruent affect



# Tips for risk assessment

- Use clear, precise language
- Establish the patient's baseline
- Gather collateral information
- May need to focus more on behavioural changes than self-report



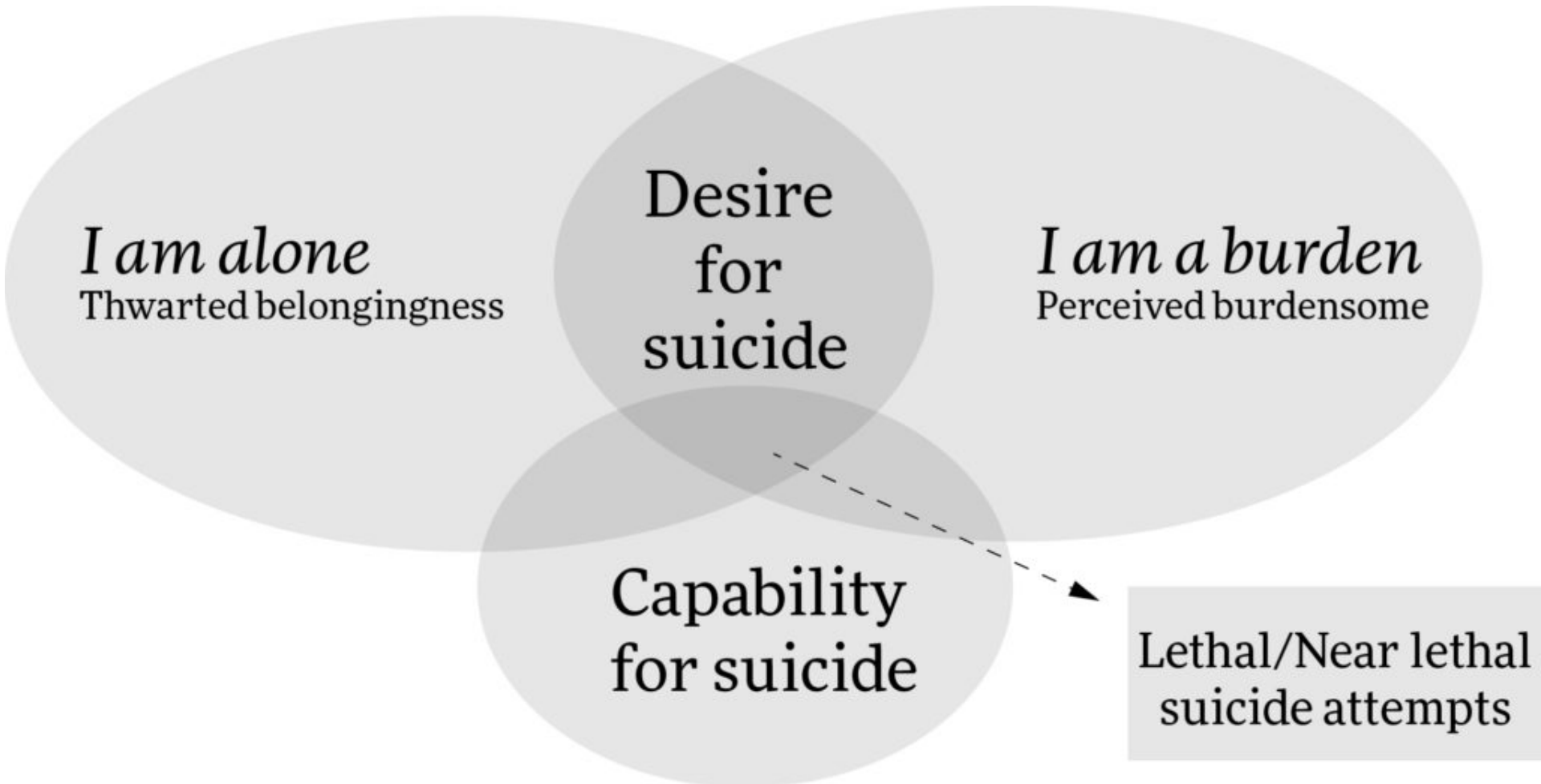
LACK OF UNDERSTANDING  
FROM PROFESSIONALS

# Case example (3)

Lizzy's mother tells you that that over the last two months Lizzy has been more withdrawn. She is talking less, rarely leaving the house, and spending less time on her usual interests (craft and reading). She's eating less than usual and appears to have lost weight.

Mother also suspects that Lizzy has been self harming again recently by cutting her legs. Lizzy has been talking recently about 'being a burden' and thinks she will never be able to live independently.

# Interpersonal model of suicide



# Risk management in autism

- No 'one size fits all' approach
- Modify triggers/precipitants where possible
- 'Scaffolding'
- Be aware of local autism offer
- Harness special interests
- Treat any depression – including reasonable adjustments
- ? Social stories regarding nature of death & impact of suicide

## SECTION FIVE – Managing risk

This is the most important part of the assessment. Suggested actions should be realistic and (if possible) agreed with the service user. Risk reduction strategies may include: work with family/carers; occupational interventions; improved communication strategies; medication; social awareness training; avoidance of trigger factors. Be aware that risk can never be eliminated completely.

How can the likelihood of risky behaviour be reduced?

1) Measures the service user can take:

2) Measures that family/carers can take:

3) Measures that services can take:

# Key points

- All psychiatrists will treat autistic patients
- Risk of death by suicide is up to 10x higher in the autistic population
- Risk factors include psychiatric comorbidity, past self-harm, unemployment, social isolation, female gender, unmet care needs, and camouflaging.
- Assessment of suicide risk can be more difficult
- Manage risk as per non-autistic patients, but have higher index of suspicion and remember reasonable adjustments

# References

- Swedish population register study, Hirvikoski et al:

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