

NIHR Greater Manchester PSTRC

Plain English Publication Summary

Publication: [Self-harm in a primary care cohort of older people: incidence, clinical management, and risk of suicide and other causes of death](#)

Publication details (Vancouver format)

Morgan C, Webb RT, Carr MJ, Kontopantelis E, Chew-Graham CG, Kapur N, Ashcroft DM. Self-harm in a primary care cohort of older people: incidence, clinical management, and risk of suicide and other causes of death. *The Lancet Psychiatry* 2018; 5(11): 905-912.

What are the most important findings/conclusions in this paper? Why are they important?

Rates of self-harm (when somebody intentionally poisons or injures themselves) did not greatly increase or decrease in either older female or male patients between 2001 and 2014. After a self-harm episode, 59% of older patients who had harmed themselves were prescribed an antidepressant drug, with 12% of them prescribed a tricyclic antidepressant.

Older patients who had self-harmed died from unnatural causes around 20 times more frequently than those in the comparison group during the 1 year follow-up period. The risk of dying by suicide was approximately 145 times higher among the patients who had self-harmed. The relatively common prescribing of tricyclic antidepressants - a type of medication that is poisonous in overdose - is concerning. So, in accordance with National Institute for Health and Care Excellence (NICE) guidelines, clinicians are strongly recommended not to prescribe tricyclic antidepressants to patients who have self-harmed. Due to their increased risk of dying by suicide, there is also an urgent need for older adults to be seen quickly and to have extra support available when they consult with a GP or practice nurse following a self-harm episode.

What did you do?

The UK Clinical Practice Research Datalink (CPRD) contains patient records with information relating to both primary and secondary healthcare services. Using the CPRD, we identified 4124 adults aged 65 years and older who had self-harmed during 2001-2014. We calculated self-harm rates and, if the patients had been followed-up for 12 months after a self-harm episode, we also looked at how often they had a psychiatric referral and whether GPs or practice nurses prescribed a psychotropic medication (drugs that are used to treat mental illnesses). We worked out how common or rare mental and physical illness diagnoses were before and after self-harm and we also estimated risks for unnatural causes of death, including suicide. For comparison, we also examined data from a group of patients who had not harmed themselves. Our study design and analysis accounted for patients' age, gender and level of social deprivation in the geographical location of the general practice.

Why did you conduct this research?

Overall, in western countries people are living for longer, but there is not much research about non-fatal self-harm in older people. We wanted to add to the existing research evidence, to help improve care for older people who self-harm. In a study that examined the medical records of older adults registered with a GP in the UK, we aimed to investigate the frequency of self-harm, how these patients were subsequently managed in general practice, how common or rare mental and physical illness diagnoses were among these individuals, and we also estimated risks for unnatural causes of death including suicide.

What was known before your paper was published?

People who harm themselves at any age are then much more likely to die by suicide, although older adults have more suicidal intent when they harm themselves compared to people who self-harm at a younger age. There are not many published population-based studies of self-harm at older age.

What is next? What is the potential impact of the work in this paper? What will change as a result of this paper (or the study it describes)?

The findings of the study were widely disseminated and have had significant impact.

On publication (16th Oct. 2018), the paper had a lot of national and international media coverage by over 148 separate outlets, including:

- BBC Breakfast Television, BBC Radio Manchester, and BBC News in multiple UK regions
- [The Times](#)
- [The Independent](#)
- [The Mirror](#)

The paper's key findings have been:

- Discussed at the National Suicide Prevention Advisory Group and with the Department of Health and Social Care.
- Highlighted in NHS England's national quality improvement project to reduce suicide risk.
- Reported in a published editorial in the *British Journal of General Practice* (<https://bjgp.org/content/69/682/224>), which highlighted inappropriate prescribing of tricyclic antidepressants in primary care to patients who have self-harmed.
- Flagged as a priority concern in a Royal College of General Practitioners (RCGP) Chair of Council's Update in 2019.

Does this paper link in to a particular study / project? If so, please summarise the study and explain how this paper has improved understanding, or will move the study forward.

N/A