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מושב שלישי : הערכת אובדנות וטיפול באובדנות - מחקר ופרקטיקה
נפגשים.

יו"ר המושב - פרופ' גיל זלצמן

On the Road to Prevention: Increasing Understanding and Prediction of Suicide Risk, Improving Care Delivery and Redirecting Scarce Resources with the *Columbia-Suicide Severity Rating Scale*

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Prevention of suicide depends upon appropriate identification and screening. However, the understanding of suicide and the prediction of suicide risk have been plagued by methodological limitations in the assessment of suicidal ideation and behavior. The variability in suicide definitions and terminology compromise surveillance efforts, international epidemiological comparisons and precise measurement of clinical outcomes. Improved methods of data collection are of critical importance, as debunking false notions of risk and accurately identifying true risk are equally critical across diverse settings from a public health perspective. Dr Posner will discuss an innovative suicide screening tool, the Columbia-Suicide Severity Rating Scale (C-SSRS) which assesses the full range of ideation and behavior and offers standard definitions that are necessary for accurate identification. The C-SSRS has shown robust predictive utility and has been used to optimize research outcomes and surveillance. Notably, it impacts care delivery through guidance for next steps in clinical management (e.g., triggering referrals to mental health professionals). As a result, it positively impacts service utilization through decreasing unnecessary interventions, redirecting scarce resources, and expediting care delivery to those at highest risk. The scale is available in several population-specific editions (e.g., pediatric, military) and in 112 languages demonstrating its flexibility and utility across all sectors of a community for improved identification. The C-SSRS is frequently requested or recommended by various national and international agencies such as the Food and Drug Administration, the WHO and the Joint Commission Best Practices Library and the definitions in the C-SSRS have been adopted by the U.S. Centers for Disease Control. Numerous states, counties and provinces have moved toward system-wide implementation enabling blanket coverage and linking of systems, fostering prevention. Its widespread international use includes the National Suicide Prevention Program in Israel, Health Canada, Israel Ministry of Health, Japanese National Institute of Mental Health and Neurology, the Israeli Defense Forces and the European Medicines Agency (EMA).

כאב עד כלות – טיפול פסיכיאטרי חדשני להתמודדות עם אובדנות

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Suicidality – the thought of ending one's own life – is an antecedent and a critical risk factor for suicide, which claims one million lives every year. It has no short-term pharmacological treatment which is suitable for self-administration by outpatients.

Suicidality is common among those who suffer from depression, and antidepressant medications are often given to suicidal individuals, but attempts to establish their ability to decrease suicide rates have yielded mixed results, and all antidepressants carry an FDA "black box" warning about the possibility of increased suicide risk. Several lines of evidence link suicidality with the separation distress system in the mammalian brain, limbic opioid (endorphin) pathways, physical pain, mental pain and depression. The effects of low-dose (0.1-0.8 mg/day) sublingual buprenorphine, a synthetic opioid with atypical properties that improve its safety profile, were therefore tested in a four-week multicenter, randomized, double-blind, placebo-controlled adjunctive study in suicidal, opioid-naïve patients.

Because of ethical concerns, patients received pharmacological and psychological treatments, including antidepressant medications, at the discretion of their treating clinicians, and in addition took the study medication. Patients who received buprenorphine experienced significant and sustained reductions in their suicidality, while patients who received placebo initially improved but then regressed. The effects of buprenorphine on depressive symptoms were much less pronounced. These findings suggest that suicidality and depression may be partially dissociable neuropsychological phenomena, with related but distinct neural mechanisms. They also provide the first evidence, to our knowledge, for a safe, well-tolerated, rapidly acting pharmacological treatment for suicidality.

אובדנות במתבגרים - מהמחקר הביולוגי והפסיכולוגי ליישום הקליני

פרופ' גיל זלצמן, המרכז לבריאות הנפש גיה ויו"ר המועצה הלאומית למניעת התאבדויות.

ההרצאה תסקור את תופעת ההתאבדויות בבני נוער בעולם ובארץ, את התאוריות הביולוגיות והפסיכולוגיות להתנהגות אובדנית ואת הגישה למניעה ברמה לאומית. יוצגו טיפולים עכשוויים מותאמים לבני נוער שהם מבוססי ראיות. יוצגו מספר מחקרים עדכניים איכותניים וכמותיים כמו מחקרי אוטופסיה פסיכולוגית ומחקרים במודל חיה שמנסים להבין את המנגנון האובדני-דכאוני בצעירים.