Media influence on suicide

Television programme makers have an ethical responsibility

Editor—We agree with Hawton and Williams that training courses for careers in the media offer the potential for improved portrayal of suicide in the media.1 The media, however, clearly can affect many facets of health related behaviour.

We recently reported the effect of the death from cervical cancer of a character (Alma) in the television soap opera Coronation Street on the NHS cervical screening programme in the north west of England.2,3 Our studies showed an excess of 14 000 cervical smear tests performed as a result of the storyline (a 21% increase on the previous year), although only 2000 of them were in women whose test was overdue or who had had no previous smear test. The remaining 12 000 smear tests were performed on women attending for an early, unscheduled test or who were due a smear test anyway and brought their appointment forward.

The large increase in the number of smear tests led to a strain on local laboratories, with the time taken to report results increasing to beyond acceptable quality assurance limits—a factor likely to provoke excess anxiety in women. We also found that many women were prompted to attend for a cervical smear test because the storyline made them worry.

This anxiety generating approach contrasts with current initiatives to encourage women to make an informed choice about screening.

Television programme makers should realise the power of such stories not only to achieve maximal viewing figures but also to cause fear and anxiety, as well as the consumption of scarce healthcare resources. Those responsible for promoting health need to engage programme makers in a full ethical debate.

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Inquiries about cervical cancer to CancerBACUP telephone helpline, April-June 2001

Percentage of total inquiries

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Week beginning

14 April

Alma diagnosed on Sunday 6 May

19 April: “Alma’s Fury” on front page of Sun

Bank holiday weekend

Alma interviewed on breakfast television

Monday 18 June

Alma dies on Sunday 17 June

Inquiries about cervical cancer to CancerBACUP telephone helpline, April-June 2001
Death risk other than from suicide is raised in self harm

Etterro—Jenkins et al report on continuing suicide risk after deliberate self harm.1 They use their findings to argue that clinicians should pay close attention to continuing risk of suicide in people with a history of deliberate self harm. Their findings, in a cohort from the late 1970s, are similar to findings from a 1981 Scottish discharge cohort.2

Using the Scottish linked dataset we followed up a cohort of 8304 people discharged over a 13 year period from Scottish general hospitals after deliberate self harm. We found that the greatest number of deaths from suicide or undetermined cause were in the five years after discharge. In the third five year period, however, the ratio of observed self harm to expected self harm was 5.33 (95% confidence interval 3.26 to 8.23) for men and 9.46 (5.61 to 14.95) for women. Homicides and accidental deaths were also raised.

We endorse the advice by Jenkins et al that clinicians should pay attention to suicide risk but think that their method may have concealed another important clinical implication. They note that people who had consumed alcohol at the time of the initial episode were less likely to be traced. They also censored the 13 deaths in their cohort that were not attributed to definite or probable suicide.

In the Scottish cohort, we examined deaths by suicide and undetermined cause, and deaths by other causes. Altogether 214 people died by suicide or undetermined cause during the follow up period, 196 more deaths than would have been expected at general population rates. Natural causes, therefore, were responsible for more excess deaths than were suicides. We identified a higher risk of digestive system disease, respiratory and circulatory disease, and cancers. The pattern indicates to us that alcohol, as well as unhealthy lifestyles and possibly impaired access to medical care, may be important in this group of people. Clinicians should pay attention to alcohol use and physical health as well as suicide risk in people with a history of deliberate self harm.

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Low dosage tricyclic antidepressants in depression

Giving low dose tricyclics is not justified by evidence

Etterro—The meta-analysis by Furukawa et al must be considered downright naughty.1 While masquerading as a contribution to an academic debate about appropriate antidepressant treatment it actually does little more than endorse the widely held prejudice in favour of using low dose tricyclines in depression. Published in a widely read UK general medical journal, it will inevitably encourage a practice that is not encouraged by either the Royal College of Psychiatrists or the American Psychiatric Association. The subject of optimal dosage of tricyclics remains controversial, but the value of treatment with tricyclic antidepressants at standard dosage compared with placebo is abundantly clear. As Furukawa et al concede but perhaps do not emphasize sufficiently, the evidence for low dose tricyclic antidepressants is of generally poor quality. Many of the trials used in their analysis took place before standardised diagnostic or outcome criteria were commonplace.

What is less clear is the motivation for their undertaking. Fluoxetine is now available in generic preparations for about £7 per month, significantly reducing the financial advantage of older antidepressants. Some evidence supports the use of tricyclics in severe depression, but presumably the authors would not recommend low dose tricyclines in such patients. The chronic severe nature of depression would make it unethical to recommend a treatment without a secure evidence base. Being charitable, one can only hope that the therapeutic advice was added to colour to an otherwise unexceptional meta-analysis.

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Evidence to change current guidelines is insufficient

Etterro—The study by Furukawa et al consists of two separate analyses looking at quite different things so it is difficult to draw any firm conclusions.1 The first meta-analysis of 35 studies indicates that tricyclic antidepressants given at low dosage may improve certain symptoms, some of which may be secondary to...