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<th>Media influence on suicide. Media's role is double edged</th>
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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. 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. 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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Letters

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

3 April: “Alma’s Fury” on front page of Sun
Bank holiday weekend Alma diagnosed on Sunday 6 May
Monday 18 June Alma interviewed on breakfast television
Alma dies on Sunday 17 June

Percentage of total inquiries 24

Week beginning

Inquiries about cervical cancer to CancerBACUP telephone helpline, April-June 2001
Media's role is double edged

Entwistle—The alarming escalation of charcoal burning suicide in Hong Kong supports Hawton and Williams’s call for guidelines on the reporting of suicide.1 We previously reported on the emergence of this new method of suicide in Hong Kong.2

In November 1998 a 35 year old woman committed suicide by burning charcoal in a barbeque grill in her sealed and cramped apartment. Compared with jumping, which accounts for most local suicide deaths, suicide by burning charcoal was romanticised as an easy and comfortable way of dying. The incident was pictorially reported in the media. Two months after its appearance charcoal burning became the third commonest method of suicide in Hong Kong,3 where carbon monoxide poisoning was previously uncommon.2 In 2001 it replaced hanging as the second commonest method of suicide, accounting for 25% of all deaths from suicide.

People committing suicide by charcoal burning were often middle aged and were portrayed as debt ridden because Hong Kong was experiencing its first recession in over a decade.4 The media portrayed Hong Kong people committing suicide by charcoal burning as being financially destitute. TheOMIC report,5 which highlighted the trend, was added to add colour to an otherwise dull situation.6 7

The influence of the media on suicide is contentious and has not been taken seriously in public health.8 In the case of suicide by charcoal burning in Hong Kong, concerns have been raised by researchers and healthcare workers about the potentially contagious impact of media reporting. However, news editors have expressed reservations and remain unconvinced about the guidelines published by the World Health Organization on suicide reporting.

The first suicide intervention and prevention centre in China, funded by the Chinese government, was opened in December 2001 in Beijing. Media publicity was rightly adopted as one of the key strategies for raising public awareness.9 None the less, given that the handy use of pesticides claimed most of the suicide deaths in rural China, the possible effect of such publicity deserves monitoring too.

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Death risk other than from suicide is raised in self harm

Entwistle—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 index 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 expected. Nine other categories of illness, however, accounted for 780 deaths, 344 more 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

Entwistle—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 tricyclics 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 emphasise 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 tricyclics 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 an otherwise unexceptional meta-analysis.

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Competing interests: HMJ has received a small grant for a research study on olanzapine by Eli Lilly.


Evidence to change current guidelines is insufficient

Entwistle—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