

Reviews

Suicidal Behaviour among People with HIV and AIDS.

Global Programme on AIDS – World Health Organisation. 1990.

This extremely slim booklet (13 pages) is the report of a group of researchers in the AIDS field on current knowledge about the association between suicidal behaviour, both fatal and non-fatal, and AIDS and HIV infection. It also contains the group's recommendations about future research needs. The brevity of the document is a reflection of the paucity of information in this area.

It has been claimed that the risk of suicidal behaviour may be increased at various stages in relation to HIV infection and AIDS. The first phase might be when HIV infection is feared, but without testing having been conducted. This would include individuals with 'AIDS phobia'. The second is when a person has been tested and found to be HIV positive. Both possible risk points emphasise the need for proper pre- and post-test counselling. The third risk phase might be when AIDS symptoms first appear. The fourth phase is in the terminal stages of AIDS. One might question whether the prevention of suicide in this fourth stage is a legitimate aim. However, suicidal ideation in AIDS victims may well be due to depression, perhaps secondary to social stigmatisation and loss of family support or to neuropsychiatric complications of the disease. This document reasonably argues that prevention, especially through appropriate treatment for depression, might allow people the chance to evaluate their situation more rationally and sort out their affairs.

While suicidal ideation at some time is probably extremely common (if not universal) in people who are HIV positive and in AIDS sufferers, actual suicidal behaviour is probably more likely in those with certain background characteristics, especially a history of earlier suicidal behaviour. Such factors should be considered when assessing suicidal potential.

So what facts are known about risk of suicidal behaviour in this population? The answer is very little. Studies in the USA have suggested that suicide is 16–36 times more common in people with AIDS than in the general population. However, failure or inability to control for other risk factors for suicide (e.g. drug abuse) may have resulted in an overestimate of the degree of risk specifically attributable to AIDS. On the other hand, many HIV-related suicides are probably not identified, partly because

some suicidal deaths are simply not being recorded as such, and partly because some deaths will be ascribed to complications of the disease without AIDS being mentioned in the Coroners' records. One cannot help wondering if the recent increase in suicides in young males in the UK could in any way be related to HIV infection or AIDS.

The document ends by making strong pleas for more reliable information. Some should come from long-term prospective follow-up studies currently under way. A particularly sensible request is that forensic institutes and pathology departments should do confidential post-mortem testing for HIV seropositivity in anyone dying suddenly of external violence or poisoning or otherwise under unclear or suspicious circumstances. HIV status could then be linked to background information about the deceased persons in order to provide a much fuller picture of the risk factors for suicide in people who are HIV positive or have AIDS.

Psychiatrists are likely to become more familiar with the problem of suicidal behaviour in this population as the number of AIDS cases increases. At present we clearly have very little information on which to base preventive and treatment strategies, or even to plan broad policies.

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Working Out: setting up and running community psychogeriatric teams.

Edited by James Lindesay. 1991. Pp. 64. Copies are available from RDP, 134–138 Borough High Street, London SE1 1LB. £3 inclusive.

This short book summarises the proceedings of two seminars hosted by Research and Development for Psychiatry on the organisation of community teams in old age psychiatry. Two such teams are described although one could only estimate their success by reading between the lines. Other authors discussed factors influencing success, the question of evaluation and the general context within such teams must operate.

Describing one of a number of teams set up in York, Christine Kirk demonstrated the importance of careful ground work, effective and committed leadership and respect for the personal and specialised skills of members of the team. She warned of the