



General correspondence

History of attempted suicide and the medical review of systems

Previous studies indicate relationships between borderline personality disorder, characterized by chronic self-harm behaviour, and somatic preoccupation.¹ Therefore, we hypothesized a relationship between a history of suicide attempts and multiple somatic symptoms in the context of a medical review of systems (ROS).

Participants were male and female outpatients, aged 18 or older, seen in a resident-provider internal medicine clinic. We excluded individuals with medical or other symptoms that would preclude their ability to complete a survey.

Of 471 individuals approached, 417 (88.5%) agreed to participate; 367 completed all study measures – 124 male and 243 female, aged 19–97 years ($M = 50.13$, $SD = 15.46$). Most (88.0%) were White (African American, 7.9%; Other, 2.2%; Hispanic, 1.1%; Asian, 0.8%), with 6.6% reporting less than a high school diploma and 28.7% a bachelor's degree or higher.

One author positioned in the clinic lobby, approached incoming patients, assessed exclusion criteria, reviewed the project and invited each to complete an anonymous survey. The survey consisted of: (i) a demographic query; (ii) a query about a past history of suicide attempts ('Have you ever intentionally, or on purpose, attempted suicide?') and (iii) the presence or not of 35 general medical symptoms (i.e. one clinical version of a ROS) adapted from Sinsky;² items were preceded by the statement, 'Have you experienced any of the following symptoms in the past week?', with yes/no response options.

The project was approved by two institutional review boards and completion of the survey was assumed to be implied consent (clarified on the survey cover page).

Forty-nine (13.4%) participants indicated suicide attempts. The number of endorsed ROS symptoms ranged 0–32 ($M = 6.87$, $SD = 5.95$), with 89.9% endorsing at least one symptom. The mean number of such symptoms was greater for those who indicated a history of attempted suicide ($M = 10.29$, $SD = 7.40$) compared with those who denied such a history ($M = 6.35$, $SD = 5.53$), [$F(1,365) = 19.50$, $P < 0.001$]. Age was inversely related to the total number of symptoms endorsed ($r = -0.12$, $P < 0.05$), and those who indicated a history of attempted suicide were younger ($M = 41.83$, $SD = 13.15$) compared with those who denied such a history ($M = 51.40$, $SD = 15.41$), [$F(1,361) = 16.63$, $P < 0.001$]. However, history of attempted suicide remained a statistically significant predictor [$F(1,360) = 15.84$, $P < 0.001$] of the total number of symptoms endorsed even when age was entered as a covariate.

In this sample of internal medicine outpatients, past suicide attempts were associated with a greater number of current physical symptoms – a finding that we believe is unique to the current literature. If valid, multiple current somatic symptoms might be an indistinct marker for past suicide attempts.

Received 22 December 2010; accepted 24 January 2011.

doi:10.1111/j.1445-5994.2011.02512.x

R. A. Sansone,^{1,2} C. Lam² and M. W. Wiederman³

¹School of Medicine, Wright State University, Dayton and

²Kettering Medical Center, Kettering, Ohio and ³Department of

Human Relations, Columbia College, Columbia,

South Carolina, USA

References

- 1 Sansone RA, Tahir NA, Buckner VR, Wiederman MW. The relationship between borderline personality

symptomatology and somatic preoccupation among internal medicine outpatients. *Prim Care Companion J Clin Psychiatry* 2008; 10: 286–90.

- 2 Sinsky CA. Improving office practice: working smarter, not harder. *Fam Pract Manag* 2006; 13: 28–34.