

APPENDIX A. SEARCH STRATEGIES

OVID MEDLINE searched from 2005 – November 18, 2011	
Suicide	“Suicide”[Mesh] OR “Suicide, Attempted”[Mesh] OR suicid*
Risk	“Risk”[Mesh] OR “Risk Assessment”[Mesh] OR “Risk Factors”[Mesh] OR risk[Title/Abstract]
Screening	“mass screening”[Mesh] OR “Validation studies”[Publication Type] OR Screening[title] OR screen[title] OR assessment[title] OR assessments[title] OR questionnaire[title] OR questionnaires[title] OR instrument[title] OR instruments[title] OR tool[title] OR tools[title] OR scale[title] OR scales[title] OR measure[title] OR measures[title]
Prevention	Prevent* OR depression OR health education OR health promotion OR public opinion OR mass screening OR family physicians OR medical Education OR primary healthcare OR antidepressive agents OR psychotherapy OR schools OR adolescents OR methods OR firearms OR overdose OR poisoning OR gas poisoning OR mass media
Suicide Prevention	(“Suicide/prevention and control”[Mesh] OR Suicide, Attempted/prevention and contril”[Mesh]) NOT (case report* OR editorial* OR letter)
Suicide Prevention OR (Suicide AND (Risk OR Screening OR Prevention))	

PsycINFO, Cochrane and HAPI Search November 18, 2011

Limited from 2005 – November 18, 2011

Search Strategy:

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- 1 exp Attempted Suicide/ or exp Suicide Prevention/
 - 2 (prevent* or depression or health education or health promotion or public opinion or mass screening or family physicians or medical education or primary health care or antidepressive agents or psychotherapy or schools or adolescents or methods or firearms or overdose or poisoning or gas poisoning or mass media).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]
 - 3 suicide.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]
 - 4 2 and 3
 - 5 1 or 4
 - 6 exp Case Report/
 - 7 editorial.mp.

- 8 letter.mp.
- 9 6 or 7 or 8
- 10 5 not 9
- 11 exp Attempted Suicide/ or exp Suicide/ or suicide.mp.
- 12 (suicide or suicidal or suicides or suicidality).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]
- 13 11 or 12
- 14 exp Risk Assessment/ or risk.mp. or exp Risk Factors/
- 15 exp Screening/
- 16 exp test validity/
- 17 screening.m_titl.
- 18 screen.m_titl.
- 19 assessment.m_titl.
- 20 assessments.m_titl.
- 21 questionnaire.m_titl.
- 22 questionnaires.m_titl.
- 23 instrument.m_titl.
- 24 instruments.m_titl.
- 25 tool.m_titl.
- 26 tools.m_titl.
- 27 scales.m_titl.
- 28 measure.m_titl.
- 29 measures.m_titl.
- 30 risk.mp.
- 31 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26 or 27 or 28 or 29 or 30
- 32 13 and 31
- 33 10 or 32

APPENDIX B. STUDY SELECTION FORM

VA ESP Suicide Prevention Study Selection Process: Coding

Step 1: Importing citations

- Enter database name, search date, and other details into Custom 1.

Step 2: Title/Abstract level coding

- The objective of the title/abstract review phase is to eliminate obviously irrelevant publications. Abstracts that lack an explicit reference to suicidal self-directed violence (e.g., suicidality, behaviors, attempts, and suicides) will be excluded at this phase. Reviewers will provide decision and characteristic codes and these will be recorded in Custom 3 of the EndNote library.
 - Decision codes:
 - **R**=Retrieve
 - **E**=Exclude
 - **B**=Retrieve for Background
 - Characteristic codes: Our first priority is retrieval of systematic reviews, especially those focusing on Veteran or military populations. Our second priority is retrieval of primary studies in Veteran or military populations. For ease of identifying these subsets of publications in the ENL, reviewers should add either or both of the following codes when applicable:
 - **SR**=systematic review
 - **V**=Veteran or military population

Step 3: Full-text level coding

- Record final decision to include study in review, and any other study characteristics of interest
 - **Characteristics of interest (recorded in Custom Fields):**
 - Population: Veteran and/or military, or non-Veteran or non-military
 - Risk Article Type: Risk factors, or risk assessment
 - Study Design: Systematic Review, clinical trial (randomized or nonrandomized), observational study, or other
 - **Full-text exclusion codes to be entered into Custom 4:**
 - 1=Non-English language
 - 2=Ineligible country (only including US, UK, Canada, New Zealand, Australia)
 - 3=Ineligible outcome
 - 4=Study does not evaluate risk factors or assessments
 - 5=Ineligible publication type (e.g., letter, editorial, publication available only as abstract, non-systematic review, etc.)
 - 6=Ineligible systematic review due to limitations in quality
 - 7=Nonsystematic regulatory agency analysis
 - 8=Risk factor articles that did not account for major potential confounders
 - 9=Primary articles about risk, not a Veteran or military population
- Full-text coding to be completed in the format of a label affixed to each publication in the format shown below. Reviewer 1 will circle relevant characteristics and inclusion decision and list an exclusion code when applicable. Reviewer 2 will verify Reviewer 1's decisions and circle Agree or Disagree. All disagreements will be resolved using a consensus process and consensus decisions recorded.
- Label:
 - Pop: Vet-Mil / Non-Vet-Mil
 - Risk: Risk / Assess / NA
 - Design: SR / CT / Obs / Other
 - Rev1: Include / Exclude – Code: _____
 - Rev2: Agree / Disagree Consensus: _____

APPENDIX C. CRITERIA USED IN QUALITY ASSESSMENT OF SYSTEMATIC REVIEWS

Criteria	Operationalization of Criteria ^a
<p>1. Were the search methods reported? <i>Were the search methods used to find evidence (original research) on the primary questions stated?</i> “Yes” if the review states the databases used, date of most recent searches, and some mention of search terms.</p>	<p>The purpose of this index is to evaluate the scientific quality (i.e., adherence to scientific principles) of research overviews (review articles) published in the medical literature. It is not intended to measure literary quality, importance, relevance, originality, or other attributes of overviews.</p> <p>The index is for assessing overviews of primary (“original”) research on pragmatic questions regarding causation, diagnosis, prognosis, therapy, or prevention. A research overview is a survey of research. The same principles that apply to epidemiological surveys apply to overviews: a question must be clearly specified, a target population identified and accessed; appropriate information obtained from that population in an unbiased fashion; and conclusions derived, sometimes with the help of formal statistical analysis, as is done in “meta-analyses”. The fundamental difference between overviews and epidemiological studies is the unit of analysis, not the scientific issues that the questions in this index address.</p> <p>Since most published overviews do not include a methods section, it is difficult to answer some of the questions in the index. Base your answers, as much as possible, on information provided in the overview. If the methods that were used are reported incompletely relative to a specific question, score it as “can’t tell,” unless there is information in the overview to suggest either the criterion was or was not met.</p>
<p>2. Was the search comprehensive? <i>Was the search for evidence reasonably comprehensive?</i> “Yes” if the review searches at least 2 databases and looks at other sources (such as reference lists, hand searches, and queries experts).</p>	
<p>3. Were the inclusion criteria reported? <i>Were the criteria used for deciding which studies to include in the overview reported?</i></p>	
<p>4. Was selection bias avoided? <i>Was bias in the selection of studies avoided?</i> “Yes” if the review reports how many studies were identified by searches, numbers excluded, and gives appropriate reasons for excluding them (usually because of pre-defined inclusion/exclusion criteria).</p>	
<p>5. Were the validity criteria reported? <i>Were the criteria used for assessing the validity of the included studies reported?</i></p>	
<p>6. Was validity assessed appropriately? <i>Was the validity of all the studies referred to in the text assessed using appropriate criteria (either in selecting studies for inclusion or in analyzing the studies that are cited)?</i> “Yes” if the review reports validity assessment and did some type of analysis with it (e.g., sensitivity analysis of results according to quality ratings, excluded low-quality studies, etc.)</p>	

Criteria	Operationalization of Criteria ^a			
<p>7. Were the methods used to combine studies reported? <i>Were the methods used to combine the findings of the relevant studies (to reach a conclusion) reported?</i> “Yes” for studies that did qualitative analysis if there is some mention that quantitative analysis was not possible and reasons that it could not be done, or if ‘best evidence’ or some other grading of evidence scheme used.</p>	<p>For Question 8, if no attempt has been made to combine findings, and no statement is made regarding the inappropriateness of combining findings, check “No” if a summary (general) estimate is given anywhere in the abstract, the discussion, or the summary section of the paper; and if it is not reported how that estimate was derived, mark “No” even if there is a statement regarding the limitations of combining the findings of the studies reviewed. If in doubt, mark “Can’t tell”.</p> <p>For an overview to be scored as “Yes” in Question 9, data (not just citations) must be reported that support the main conclusions regarding the primary question(s) that the overview addresses.</p> <p>The score for Question 10, the overall scientific quality, should be based on your answers to the first nine questions. The following guidelines can be used to assist with deriving a summary score: If the “Can’t tell” option is used one or more times on the preceding questions, a review is likely to have minor flaws at best and it is difficult to rule out major flaws (i.e., a score of 4 or lower). If the “No” option is used on Question 2, 4, 6 or 8, the review is likely to have major flaws (i.e., a score of 3 or less, depending on the number and degree of the flaws).</p>			
<p>8. Were the findings combined appropriately? <i>Were the findings of the relevant studies combined appropriately relative to the primary question the overview addresses?</i> “Yes” if the review performs a test for heterogeneity before pooling, does appropriate subgroup testing, appropriate sensitivity analysis, or other such analysis.</p>				
<p>9. Were the conclusions supported by the reported data? <i>Were the conclusions made by the author(s) supported by the data and/or analysis reported in the overview?</i></p>				
<p>10. What was the overall scientific quality of the overview? <i>How would you rate the scientific quality of this overview?</i></p>				
<p><i>Scoring</i> Each Question is scored as Yes, Partially/Unclear or No</p>				
<p>Extensive Flaws 1</p>	<p>Major Flaws 2</p>	<p>Minor Flaws 3</p>	<p>Minimal Flaws 4</p>	<p>Minimal Flaws 5</p>

^a Table created using information from Oxman & Guyatt, J Clin Epidemiol. 1991;44(11):1271-8 and Furlan, Clarke, et al., Spine. 2001 Apr 1;26(7):E155-62.

APPENDIX D. CRITERIA USED IN QUALITY ASSESSMENT OF PRIMARY STUDIES RELATED TO ASSESSING RISK OF ENGAGING IN SUICIDAL SELF-DIRECTED VIOLENCE^a

Domain	Description
1. Adequate description of population	Study describes inclusion criteria for selecting patients, demographics (at least age), and setting (primary care vs. hospital vs. other).
2. Non-biased selection	Study either reports enrolling (or attempting to enroll) a consecutive series of patients meeting inclusion criteria, or a random sample.
3. Low loss to follow-up/missing data?	Was there important differential loss to follow-up or overall high loss to follow-up? Numbers should be given for each group.
4a. Standardized method of risk factor assessment and scoring clearly described or referenced.	Standardized, reproducible methods of assessment and scoring must be reported or referenced.
4b. Unbiased risk factor assessment by independent assessors?	Study describes unbiased risk factor assessment by independent assessors.
5a. Adequate outcome measurement?	Study clearly describes standardized and reproducible methods to identify/define the events - suicide attempt or behavior - in the entire population of eligible participants regardless of initial risk assessment.
5b. Unbiased outcome measurement by independent assessors?	Study clearly describes unbiased methods to identify/define the events - suicide attempt or behavior - by independent assessors.
6. Adequate accounting for potential confounders?	Potential confounders are accounted for by a comparable control group or statistical methods of adjustment.

^a Modified from Hayden et al. 2006 and Harris et al. 2001.^{9, 10}

APPENDIX E. CRITERIA USED IN QUALITY ASSESSMENT OF PRIMARY STUDIES RELATED TO ADDITIONAL RISK FACTORS TO PREDICT SUICIDAL SELF-DIRECTED VIOLENCE^a

Domain	Description
1. Adequate description of population	Study describes inclusion criteria for selecting patients, demographics (at least age), and setting (primary care vs. hospital vs. other).
2. Non-biased selection	Study either reports enrolling (or attempting to enroll) a consecutive series of patients meeting inclusion criteria, or a random sample (was any group of patients systematically excluded?)
3. Low loss to follow-up/missing data adequately described? (Yes/Partly/No/Unsure)	Was there low overall missing data and no differences between comparison groups in missing data? Was there an adequate description of the handling of missing data? Numbers should be given for each group.
4. Adequate/unbiased risk factor measurement? (Yes/Partly/No/Unsure)	Study describes reproducible and appropriate methods for measuring prognostic factors. Note the inadequate factors as applicable (e.g., depression without description of measurement method or use of inferior method such as self-report).
5. Adequate/unbiased outcome measurement? (Yes/Partly/No/Unsure)	Study clearly describes reproducible and appropriate methods to identify/define the events - suicide attempt or behavior. Were methods objective or self-report?
6. Was the sample size adequate (including adequate number of outcome events)? (Yes/No/Unsure)	Study has adequate participant numbers to assess differences in suicide rates based on risk factors. Studies of higher risk populations (psychiatric disorders, prior suicide attempts) may need fewer people to have adequate sample size.
7. Adequate statistical adjustment	Study performs statistical adjustment or controls for one or more potential confounders using acceptable statistical methods (must include 1 of the following: suicidal ideation, any mental health diagnosis, prior suicide attempt, substance abuse).
8. Number of required confounders adjusted for in analysis	Count of the confounders reported in #7 (total possible = 4).
9. External validity	Is the population relevant to the population of interest? Describe.

^a Modified from Hayden et al. 2006 and Harris et al. 2001.^{9, 10}

APPENDIX F. QUALITY RATING OF SYSTEMATIC REVIEWS USING OXMAN AND GUYATT⁸ CRITERIA

Author, Year of systematic review	Search methods reported	Comprehensive search	Inclusion criteria reported	Selection bias avoided	Validity criteria reported	Validity assessed appropriately	Methods used to combine studies reported	Findings combined appropriately	Conclusions supported by data	Overall scientific quality (range 1-7; higher score is better)
Bhui 2007 ⁷¹	Yes - no search dates (lists only publication dates)	Yes	Yes	Unclear - study design not addressed; study comparing rates among ethnic groups	Yes - used 5 criteria from their own previously published work; dual review	Yes	Unclear - no exclusions made on the basis of quality	No - only two studies included in meta-analysis	Yes	5
Borschmann 2011 ⁷²	Yes	Yes	Yes	Yes	No	No	NA	NA - no pooling	Yes	3
Bowers 2010 ⁷³	Partially - no end date for search	Yes	No	No	No	No	Unclear	Unclear	No quantitative conclusions	2
Bridge 2007 ⁷⁴	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	7
Burrows 2010 ⁷⁵	Partially - dates not reported	Yes	Yes	No - numbers of studies identified, screened, and excluded not reported	No	No	NA - no pooling	NA - no pooling	Yes	3
Calabria 2010 ⁷⁶	Yes	Yes	Yes	Excluded reviews, case series, and irrelevant studies	Yes	McGrath and Saha method, Delphi method	Unclear if any studies were excluded because of poor quality but all included studies scored ≥ 6	Only 2 studies included in meta-analysis with suicide as outcome	Yes	6
Calati 2011 ⁷⁷	Partially - end date only	Yes	Yes	No report of total number identified	Yes	Yes	Unclear if any excluded because of quality	Yes	Yes	5
Carpenter 2011 ⁷⁸	No	No	No	No	No	No	Yes	Yes	Unclear	1
Chen 2010 ⁷⁹	Yes	Partially - no hand searching or reference lists	Yes	Yes	Yes	Yes	Yes	Yes	Yes	6
Goldman-Mellor 2010 ⁸⁰	Yes	Yes	Yes	Yes	Yes	Unclear	Unclear - not used in analyses	Unclear - no meta-analysis	Unclear	4
Hammerness 2006 ⁸¹	Yes	Yes	Yes	Yes	No	No	NA	NA - no pooling	Yes	3
Haw 2005 ⁸²	Yes	Yes	Yes	2 independent reviewers for abstracts but no report of decisions	No	Unclear	Yes	Unclear	Yes	5

Author, Year of systematic review	Search methods reported	Comprehensive search	Inclusion criteria reported	Selection bias avoided	Validity criteria reported	Validity assessed appropriately	Methods used to combine studies reported	Findings combined appropriately	Conclusions supported by data	Overall scientific quality (range 1-7; higher score is better)
Hawton 2005 ⁸³	Yes	Yes	Yes	Yes	Yes - but design only	No	Yes	Yes	Yes	6
Hor 2010 ⁸⁴	Yes	Partially - no hand searching	Yes	Yes	Yes	Yes	Yes	No - did not do meta-analysis	Unclear	5
Innamorati 2011 ⁸⁵	Yes	Partially - no hand searching	Yes - but vague	Unclear	No	No	No - narrative summary	Unclear	Unclear	1
Kallert 2008 ⁸⁶	Yes	Yes	Yes	Yes	Yes	Partially - reports details of validity assessment, but no analysis based on findings	NA	NA - no pooling	Yes	6
Kim 2008 ⁸⁷	Partially - dates not reported	No - databases only	Yes	No - only reports number of articles reviewed at full-text level	No	NA	NA	NA - no pooling	Yes	3
King 2008 ⁸⁸	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	7
Large 2011 ⁸⁹	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	7
Lemon 2009 ⁹⁰	Partially	Yes	Yes	No - only reports number of articles reviewed at full-text level	No	No	Yes	Yes	Yes	4
Maniglio 2011 ⁹¹	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	7
McMillan 2007 ⁹²	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	3
Mironova 2011 ⁹³	Yes	Yes	Yes	Yes	No - "Formal quality assessment rules were not applied, given the lack of consensus and evaluation tools to assess observational studies."	No	NA	NA - no pooling	Yes	3
O'Connor 2009 ⁹⁵ & O'Connor 2009 ⁹⁴	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	7
Perry 2010 ⁹⁶	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	7
Platt 2010 ⁹⁷	Yes	Yes	Yes	Yes	Yes	Yes	No - no mention	NA - no pooling	Yes	6
Rhodes 2011 ⁹⁸	Yes	Yes	Yes	Yes	No (same as Mironova 2011) ⁹³	No	NA	NA - no pooling	Yes	3
Rowell 2008 ⁹⁹	Yes	Yes	Yes	Yes	Yes	No - design only	No	No	No	2

Author, Year of systematic review	Search methods reported	Comprehensive search	Inclusion criteria reported	Selection bias avoided	Validity criteria reported	Validity assessed appropriately	Methods used to combine studies reported	Findings combined appropriately	Conclusions supported by data	Overall scientific quality (range 1-7; higher score is better)
Sakinofsky 2007 ¹⁰¹ & Sakinofsky 2007 ¹⁰⁰ & Sakinofsky 2007 ¹⁰²	Yes	Yes	No	Unclear	Yes	Yes - but weak criteria	NA	NA	Unclear	3
Spiegel 2007 ¹⁰³	Yes	Yes	Yes	Yes	No	No	No	No	Yes	3
State of Victoria Department of Health 2010 ¹⁰⁴	Yes	Yes	Yes	Yes	Yes	Yes	No - no mention	Yes	Yes	6
Van Lieshout 2010 ¹⁰⁵	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	7
Weich 2009 ¹⁰⁶	Yes	No - databases only	Yes	Yes	Yes	Yes	Yes	Yes	Yes	5
Williams 2009 ¹⁰⁷ & Williams 2009 ¹⁰⁸	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	7

APPENDIX G. DATA ABSTRACTION FOR PRIMARY STUDIES OBTAINED FROM GOOD QUALITY SYSTEMATIC REVIEWS^a

Author, Year of systematic review	Objective of systematic review	Time period and databases searched in systematic review	Potentially eligible studies for the current risk report	Excluded studies for the current risk report	Eligibility criteria in systematic review
Bridge 2007 ⁷⁴	To assess the efficacy and risk of reported suicidal ideation/suicide attempt of antidepressants for treatment of pediatric MDD, OCD, and non-OCD anxiety disorders	PubMed (1988 to July 2006), Relevant US and British regulatory agency reports, Published abstracts of important scientific meetings (1998-2006), Clinical trial registries	<ul style="list-style-type: none"> - Berard 2006 - Emslie 2006 - Emslie 2007 - March 2007 - Rynn 2007 <p>All non-Veteran, non-military populations</p>	<p>Studies before 2005:</p> <ul style="list-style-type: none"> - Birmaher 2003 - Emslie 1997 - Emslie 2002 - Geller 2001 - Geller 2004 - Keller 2001 - Liebowitz 2002 - March 1998 - March 2004 - POTS Study Team 2004 - Riddle 2001 - RUPP Anxiety Study Group 2001 - Rynn 2001 - Simeon 1990 - Wagner 2003 - Wagner 2004 - Wagner 2004 (Paroxetine) <p>Does not report suicide separately from other outcomes:</p> <ul style="list-style-type: none"> - von Knorring 2006 - Wagner 2006 <p>Ineligible countries:</p> <ul style="list-style-type: none"> - Berard 2006 (Belgium, Italy, Spain, Netherlands, South Africa, United Arab Emirates, Argentina, Mexico) 	Placebo-controlled trials of antidepressants in children and adolescents (age <19 years) with MDD, OCD, and non-OCD anxiety disorders

Author, Year of systematic review	Objective of systematic review	Time period and databases searched in systematic review	Potentially eligible studies for the current risk report	Excluded studies for the current risk report	Eligibility criteria in systematic review
Calabria 2010 ⁷⁶	To evaluate cannabis-related mortality	January 1990 to January 2008	No eligible studies	<p>Studies before 2005:</p> <ul style="list-style-type: none"> - Beautrais 1999 - Fergusson 2002 - Kung 2003 - Wilcox 2004 <p>Not about suicide:</p> <ul style="list-style-type: none"> - Aldington 2008 - Andreasson 1990 (Sweden) - Bedard 2007 - Blows 2005 - Chacko 2006 - Drummer 2004 - Efird 2004 - Hashibe 2006 - Laumon 2005 (France) - Llewellyn 2004 - Rosenblatt 2004 - Sasco 2002 - Sidney 1997 - Zhang 1999 	Studies with a focus on mortality associated with cannabis use or dependence. General population studies between January 1990 and January 2008 were of most interest.
Chen 2010 ⁷⁹	To assess the evidence for an association between sexual abuse and lifetime diagnosis of psychiatric disorders	MEDLINE, EMBASE, CINAHL, Current Contents, PsycINFO, ACP Journal Club, CCTR, CDSR, and DARE between January 1980 and December 2008	<ul style="list-style-type: none"> - Brezo 2008 - Fergusson 2008 - Pearce 2008 <p>All studies reviewed and excluded according to specific inclusion/exclusion criteria for risk report</p>	<p>Studies before 2005:</p> <ul style="list-style-type: none"> - Brown 1999 - De Bellis 1994 - Dinwiddle 2000 - Ernst 1993 - Fergusson 2000 - Florentine 1999 - Garnefski 1992 - Harvey 1994 - Plunkett 2001 - Rimsza 1988 <p>Ineligible country:</p> <ul style="list-style-type: none"> - Chowdry 2008 (India) 	Longitudinal observational studies that compared individuals who had a history of sexual abuse with a control group

Author, Year of systematic review	Objective of systematic review	Time period and databases searched in systematic review	Potentially eligible studies for the current risk report	Excluded studies for the current risk report	Eligibility criteria in systematic review
Hawton 2005 ⁶³	To determine main risk factors for suicide and nonfatal suicidal behavior in patients with bipolar disorder	MEDLINE (1966 to December 2003), EMBASE (1980 to December 2003), Biological Abstracts (1985 to December 2003)	No eligible studies	<p>Studies before 2005:</p> <ul style="list-style-type: none"> - Angst 2002, Angst and Preisig 1995, Angst 1986 - Black 1988, Black 1987 - Brown 2000 - Cassano 1992, Perugi 1988 (Italy) - Coryell 2003, Coryell 2001, Coryell 1992 - Coryell 2003, Coryell 2001, Coryell 1992, Coryell 1989, Coryell 1987, Endicott 1985 - Dalton 2003 - Dunner 1976 - Feinman and Dunner 1996 - Goldring and Fieve 1984 - Grunebaum 2001, Oquendo 2000 - Hantouche 2003 (France) - Hoyer 2002 (Denmark) - King 2001 - Lenzi 1999 (Italy) - Leverich 2003, Leverich 2002a, Leverich 2002b, Dittmann 2002, Suppes 2001, McElroy 2001 (various including the Netherlands and Germany) - Linkowski 1985 (Belgium) - Lopez 2001 (Spain) - MacKinnon 2003 - Maj 1994 (Italy) - Nordstrom 1995 (Sweden) - Osby 2001 (Sweden) - Perugi 1997, Perugi 2000 (Italy) - Potash 2000 - Serretti 2002a, Serretti 2002b (Italy) - Stallone 1980 - Steblaj 1999 (Slovenia) - Tasi 1999 (Taiwan) - Tasuang 1978 - Tondo 1999 (Italy) - Tsai 2002 (Taiwan) - Ucok 1998 (Turkey) - Vieta 1997, Vieta 2001, Vieta 2000, Vieta 1999 (Spain) - Wu 1993 - Young 1993 	Investigations of patients with bipolar disorder in which suicide (13 studies) or attempted suicide (23 studies) was reported as an outcome

Author, Year of systematic review	Objective of systematic review	Time period and databases searched in systematic review	Potentially eligible studies for the current risk report	Excluded studies for the current risk report	Eligibility criteria in systematic review
Kallert 2008 ⁸⁶	To answer the question: What is the outcome of general psychiatric inpatient care for patients admitted involuntarily compared to patients admitted voluntarily?	Medline (up to March 2006), German PSYINDEXplus (1977 to December 2006)	No eligible studies	Studies before 2005: <ul style="list-style-type: none"> - Gale 1980 - Read 1993 - Roy 1995 	Studies that a) assessed outcomes of involuntary admission and subsequent treatment and outcomes of voluntary admission and subsequent treatment; b) made a statistical comparison between both groups or reported each group's results separately so that a statistical comparison could be computed; c) conducted on general psychiatric wards; d) used either admissions or patients as unit of assessment; e) published in 1980 or later; f) in English or German language; g) reported data on included outcomes
King 2008 ⁸⁸	To establish whether lesbian, gay, and bisexual people are at higher risk of mental disorder, substance misuse, suicide, suicidal ideation and deliberate self-harm than heterosexual people and to quantify this risk	Medline, Embase, PsycINFO, CINAHL, Cochrane Library, Web of Knowledge, Applied Social Sciences Index and Abstracts, International Bibliography of the Social Sciences, Sociological Abstracts, the Campbell Collaboration and grey literature databases (January 1966 to April 2005)	No eligible studies	Studies before 2005: <ul style="list-style-type: none"> - Bagley 1997 - Cochran 2000 - Faulkner 1988 - Fergusson 1999 - Gilman 2001 - Mathy 2002 - Matthews 2002 - Remafedi 1988 - Robin 2002 - Russell 2001 - Skegg 2003 	Papers that provided valid definition of sexual orientation and mental health outcomes

Author, Year of systematic review	Objective of systematic review	Time period and databases searched in systematic review	Potentially eligible studies for the current risk report	Excluded studies for the current risk report	Eligibility criteria in systematic review
Large 2011 ⁸⁹	To estimate the strength of the association between suicide of psychiatric in-patients and demographic, historical, symptomatic, diagnostic and treatment factors	Medline, PsycINFO, Embase, SINAHL	<p>– Hunt 2007</p> <p>Non-Veteran, non-military population</p>	<p>Studies before 2005:</p> <ul style="list-style-type: none"> – Beisser 1961 – Gaertner 2002 – Gale 1980 – Havaki-Kontaxaki 1994 (Greece) – King 2001 – Klinkisch 2003 (Germany) – Krupinski 1998 (Germany) – Modestin 1988 (Switzerland) – Modestin 1989 (Switzerland) – Modestin 1992 (Switzerland) – Modestin 1998 (Switzerland) – Powel 2000 – Read 1993 – Roy 1995 – Schlosser 1982 – Schlosser 1998 – Shah 1997 – Sharma 1998 – Spiegl 2002 (Germany) – Steblaj 1999 (Slovenia) – Taiminen 1993 (Finland) – Walkfersdorf 2003 (Germany) – Wolfersdorf 2003 (Germany) <p>Ineligible countries:</p> <ul style="list-style-type: none"> – Dong 2005 (Hong Kong, China) – Li 2008 (China) – Neuner 2008 (Germany) – Neuner 2010 (Germany) 	<p>1) Reported characteristics of a sample of psychiatric in-patients who had died by suicide either as an inpatient or while on approved or unapproved leave from a mental health facility; 2) Reported characteristics of a control group of psychiatric in-patients who did not commit suicide and who were in-patients in the same or similar mental health facilities at close to the same time as the suicide cases; and 3) Case-control, nested case-control or cohort control design</p>
Maniglio 2011 ⁹¹	To address the best available scientific evidence on the role of child sexual abuse in the etiology of suicide and non-suicidal self-injury	AMED, Cochrane Reviews, EBSCO, ERIC, MEDLINE, PsycINFO, ScienceDirect (January 1966 to December 2008)	No eligible studies	<p>Studies before 2005:</p> <ul style="list-style-type: none"> – Neumann 1996 (review) – Paolucci 2001 (review) – Rind 1998 (review) <p>Not about suicide:</p> <ul style="list-style-type: none"> – Klonsky 2008 (non-suicidal self-injury, review) 	<p>1) Appeared in peer-reviewed journals; 2) published in full; 3) were critical reviews of the literature; 4) were not dissertation papers, editorials, letters, conference proceedings, books, and book chapters; 5) reviewed studies sampling human subjects; 6) investigated medical, neurobiological, psychological, behavioral, sexual, or other health problems following childhood sexual abuse; 7) had primary and sufficient data derived from longitudinal, cross-sectional, case-control, or cohort studies. Only reviews that examined suicidal and non-suicidal forms of self-injury following sexual abuse were included.</p>

Author, Year of systematic review	Objective of systematic review	Time period and databases searched in systematic review	Potentially eligible studies for the current risk report	Excluded studies for the current risk report	Eligibility criteria in systematic review
O'Connor 2009 ⁹⁵ & O'Connor 2009 ⁹⁴	To conduct a systematic review about the benefits and harms of screening adult patients for depression in a primary care setting, the benefits of depression treatment in older adults, and the harms of depression treatment with antidepressant medications	MEDLINE, CCRCT, CDSR, DARE, PsycINFO (1998 to 2007)	<ul style="list-style-type: none"> - Martinez 2005 - Simon 2006 <p>All non-Veteran, non-military populations</p>	<p>Studies before 2005:</p> <ul style="list-style-type: none"> - Fergusson 2005 - Jick 1995 - Khan 2003 - Storosum 2001 <p>Regulatory reviews/analyses of selected drug company data:</p> <ul style="list-style-type: none"> - Briefing document 2006 - Committee on Safety of Medicines 2009 - Gunnell 2005 - Hammad 2006 - Levenson 2006 - Saperia 2006 - Stone 2006 	For harms, focused on already-synthesized evidence, supplemented by large observational studies
Perry 2010 ⁹⁶	To assess the validity of screening instruments to identify the risk of suicide and self-harm behavior in offenders	11 databases between January 1980 and June 2001 and between January 1980 and November 2004	No eligible studies	<p>Studies before 2005:</p> <ul style="list-style-type: none"> - Arbola-Florez 1988 - Arbola-Florez 1989 - Daigle 1999 - Earthrowl 2002 - Wichmann 2000 <p>Not about suicide:</p> <ul style="list-style-type: none"> - Perry 2005 (did not assess suicide as an outcome) 	Papers that included an assessment of risk for suicide or self-harm behavior using a screening tool
Platt 2010 ⁹⁷	To understand the contribution that access to a means of suicide has on suicide rates within veterinarians	MEDLINE (1950 to May 2008), EMBASE (1980 to May 2008), AMED (1982 to May 2008), BNI (1985 to May 2008), CINAHL (1982 to May 2008), PsycINFO (1806 to May 2008), SCOPUS (to May 2008), Web of Science (1945 to May 2008) and IBSS (1951 to May 2008)	<ul style="list-style-type: none"> - Jones-Fairnie 2008 - Mellanby 2005 - Stark 2006 <p>All studies reviewed and excluded according to specific inclusion/exclusion criteria for risk report</p>	<p>Studies before 2005:</p> <ul style="list-style-type: none"> - Blair 1980 - Blair 1982 - Botts 1996 - Charlton 1993 - Charlton 1995 - Fasal 1966 - Jeyaretnam 2000 - Kelly 1998 - Kinlen 1983 - Lange 1992 - Mammerickx 1985 - Milham 2001 - Miller 1995 - Schnurrenberger 1997 <p>Ineligible countries</p> <ul style="list-style-type: none"> - Agerbo 2007 (Denmark) - Hem 2005 (Norway) 	Included information on suicide, mental illness, stress and other related issues, in relation to veterinary surgeons or studies of veterinary medicine

Author, Year of systematic review	Objective of systematic review	Time period and databases searched in systematic review	Potentially eligible studies for the current risk report	Excluded studies for the current risk report	Eligibility criteria in systematic review
State of Victoria Department of Health 2010 ¹⁰⁴	To outline known risk factors for suicide, examine effectiveness of assessment instruments and interventions for preventing suicide, suicidal behavior and suicidal ideation	MEDLINE, EMBASE, AMED, PsycINFO (January 1997 to February 2009)	<ul style="list-style-type: none"> - Barbui 2009 - Bridge 2007 - Brown 2005 - Carter 2005 - Carter 2007 - Cooper 2005 - Donald 2006 - Evans 2005 - Fergusson 2005 - Hawton 2005 - Mann 2005 - McMain 2007 - McMillan 2007 - Nock 2006 <p>Bridge 2007 and Hawton 2005 (both systematic reviews) are included in current risk report. All other studies were reviewed and excluded according to specific inclusion/exclusion criteria for risk report.</p>	<p>Studies before 2005:</p> <ul style="list-style-type: none"> - Agerbo 2002 - Arsenault-Lapierre 2004 - Beck 1999 - Cedereke 2002 - Evans 2004 - Guthrie 2001 - Harris 1997 - Hawton 2000 - Horowitz 2001 - Huey 2004 - Marshall 2001 - Motto 2001 - Nimeus 2000 - Prinstein 2001 - Rotheram-Borus 2000 - van der Sande 1997 - van der Sande 1997 <p>Ineligible countries:</p> <ul style="list-style-type: none"> - Qin 2005 (Denmark) - Tidemalm 2008 (Sweden) - Vaiva 2006 (France) <p>Regulatory reviews:</p> <ul style="list-style-type: none"> - Gunnell 2005 	English language, human, suicide-related outcome, sample size >6, no duplication, emergency department or other acute care setting
van Lieshout 2010 ¹⁰⁵	To compare efficacy, acceptability and safety of mood stabilizer monotherapy with combination and antidepressant treatment in adults with acute bipolar depression	Medline (1950 to January 2008), Embase (1980 to 2008), PsycINFO (1967 to January 2008), CINAHL (1982 to January 2008), CCRCT and CDSR (to 2008)	<ul style="list-style-type: none"> - Calabrese 2005 <p>Non-Veteran, non-military population</p>	<p>Studies before 2005:</p> <ul style="list-style-type: none"> - Calabrese 1999 - Tohen 2003 <p>Not about suicide:</p> <ul style="list-style-type: none"> - Davis 2005 - Ghaemi 2007 (suicidal ideation only) - Thase 2006 	Randomized controlled trials of mood stabilizer therapy
Williams 2009 ¹⁰⁷ & Williams 2009 ¹⁰⁸	To assess the health effects of routine primary care screening for MDD among children and adolescents aged 7 to 18 years	DARE, CDSR, Medline, PsycINFO (1998 to May 2006)	<ul style="list-style-type: none"> - Olfson 2006 <p>Non-Veteran, non-military population</p>	<p>Studies before 2005:</p> <ul style="list-style-type: none"> - Martin 2004 - Valuck 2004 <p>Ineligible countries:</p> <ul style="list-style-type: none"> - Sondergard 2006 (Denmark) <p>Regulatory review:</p> <ul style="list-style-type: none"> - Hammad 2006 - Kaizar 2006 	Systematic reviews, meta-analyses, and evidence-based guidelines on depression screening, treatment, or associated harms in children and adolescents. For harms, used evidence from randomized controlled trials preferentially, then well-designed non-randomized controlled trials and high-quality observational studies with sample sizes of at least 1,000.

^a Good quality systematic reviews were defined as scoring 6 or higher (on a 7-point scale) according to the Oxman and Guyatt 1991 criteria.⁸

APPENDIX H. SUMMARY OF SYSTEMATIC REVIEW RESULTS RELATED TO ASSESSING RISK OF SUICIDE FROM GAYNES ET AL., MANN ET AL., AND NICE REVIEWS⁴⁻⁶

	Gaynes 2004 ⁵	Mann 2005 ⁴	NICE 2011 ⁶
Scope			
Search dates	1966-October 2002	1966-June 2005	Up to January 2011
Populations included	Population of interest was primary care patients with previously unidentified suicide risk. Included randomized controlled trials were conducted in high-risk groups as identified by a deliberate self-harm episode, diagnosis of borderline personality disorder, or admission to a psychiatric unit.	Not specified	Adults, children, and young people with previous self-harm behavior
Suicide-related outcomes included	Attempted suicide and death by suicide	Attempted suicide and death by suicide	Primary outcome was repetition of self-harm; also included suicide outcomes.
Settings/countries included	For screening, primary care settings No exclusions based on country	Included settings not specified. No exclusions based on country	No exclusions by country
Additional inclusion/exclusion criteria	For screening, required comparison with a gold standard. Excluded clinical trials targeting patients with chronic psychotic illnesses.		For risk assessment, prospective cohort studies
Main conclusions: Risk assessment tools			
	No studies address the overarching question of whether screening for suicide risk in primary care patients improves outcomes.	Screening for depression in localized geographic areas results in more treatment of depression and lower suicide rates. Further consideration needs to be given to determining the cost-effectiveness of screening general populations vs identified at-risk populations for reducing suicide rates, the predictive validity and reliability of specific screening instruments, and the appropriateness of standard suicide screening instruments across different cultures.	<i>Tools to predict suicide:</i> 6 studies (all cohort designs) looked at predicting a fatal outcome such as suicide in people who have self-harmed. Limitations are high false positive rates in scales with the highest sensitivity, use of small samples of mainly people with suicidal ideation, and long follow-up periods to increase prevalence. Because of these limitations, the use of scales to predict the risk of suicide cannot be recommended in clinical practice. <i>Tools to predict repetition of self-harm:</i> The strongest evidence was from prospective cohort studies, conducted mostly in participants who presented to an emergency department following self-harm. All the scales had relatively low positive predictive values ranging from 12% to 60%. This means that many individuals were wrongly identified as people who would repeat self-harm, thus limiting the clinical utility of these scales and possibly resulting in unnecessary intervention in some individuals.

APPENDIX I. DATA ABSTRACTION FOR PRIMARY STUDIES RELATED TO ASSESSING RISK OF ENGAGING IN SUICIDAL SELF-DIRECTED VIOLENCE AMONG MILITARY AND VETERAN POPULATIONS

Author, Year	Population, Setting, Sample Size	Study Design	Outcome	Risk Factors/ Covariates Included in Assessment Calculation	Results	Validation of Assessment Tool	Appropriate for Primary Care Settings
Breshears 2010 ¹³	154 Veterans with TBI who received care at a VA for at least five years; no history of neurologic disease or non-TBI.	Prospective cohort	Suicide and suicidal behavior	Mental health diagnoses, age, gender, level of education, age at TBI, race/ethnicity, years since TBI, TBI severity, history of substance abuse, Negative Impression scale	Hierarchical multiple regression results: SPI and Suicidal Ideation Scale subscales from the PAI incrementally contributed to prediction of post-PAI suicidal behavior beyond pre-PAI suicidal behavior alone; only SPI remained a significant predictor when other risk factors were included in the model. SPI cutoff score of ≥ 15 , sensitivity was 0.909 and specificity was 0.951, with a false positive rate of 5%.	PAI validity information cited	No; PAI is over 100 items and requires a computer program to score. Recommended use is by psychologists as part of an assessment.
Hartl 2005 ¹⁴	630 male Veterans with a primary PTSD diagnosis who consecutively entered the residential treatment program for PTSD at the Palo Alto VA between July 1994 and December 2000. Patient referred to the program by medical and mental health staff in the Pacific Northwest. Mean age 51 (Standard deviation [SD] 4.55, range 26-76). 60% Caucasian, 13% Hispanic, 90% Vietnam era Veterans, 86% had served in combat. 72% had a history of incarceration.	Prospective cohort	Suicide attempt	Suicide attempt in the past four months and ever, BDI score, substance use, demographics, combat history	The single best predictor of a suicide attempt after discharge was having attempted suicide in the 4 months prior to intake (χ^2 [df1,296]=15.03, $p < 0.001$). Among those who had not attempted suicide shortly before intake, the next optimal predictor was patients' BDI scores (BDI ≥ 46 vs < 46): χ^2 (df 1252)=10.54, $p < 0.001$. Sensitivity for this model calculated at 0.63, with a specificity of 0.80. In a replication sample, the model resulted in sensitivity of 0.11 and specificity of 0.84.	BDI validity information cited. Replication sample results reported in this paper	Yes; BDI is frequently used in primary care contexts, is brief, and easy to administer and score.
Hendin 2010 ¹⁵	283 in- and outpatients at a VAMC with affective or affective plus substance abuse or anxiety disorders.	Prospective cohort	Suicide and suicidal behavior	Depression and disability/functioning	The ASQ increased odds of prediction of future suicidal behavior by 2.4 in a logistic regression model adjusting for sex, substance abuse, and severity of depression. Using a cutoff of ≥ 3 , the ASQ resulted in sensitivity of 0.60 and specificity of 0.74.	Article cites pilot testing of the measure in a sample of 254, and reports reliability of 0.77 and a single factor structure for the current sample	Yes; 7-item questionnaire.

Author, Year	Population, Setting, Sample Size	Study Design	Outcome	Risk Factors/ Covariates Included in Assessment Calculation	Results	Validation of Assessment Tool	Appropriate for Primary Care Settings
Nademin 2008 ¹⁶	60 active duty members of the Air Force who died by suicide over a 10 year period and 122 active duty members of the Air Force matched on age, race, gender, and marital status.	Retrospective cohort	Suicide	Gender, race, marital status	IPS total score associated with 1.27 increased odds of suicide when comparing groups after adjustment for age, gender, race, and marital status.	Measure responses were self-report (comparison group) vs estimated by assessors (sample who died by suicide), therefore validity and comparability of surveys is questionable given the sample. IPS included as appendix; other surveys were cited and reliability information reported.	IPS is 34 items; Acquired Capability to Suicide Scale is 20 items; Interpersonal Needs Questionnaire is 25 items. All too long for brief screening in a primary care setting and more appropriately used as part of an in-depth psychological assessment.
Tiet 2006 ¹⁷	34,251 people seeking substance abuse treatment at 150 VAMCs nationally.	Cross-sectional	Suicide attempt	Age, education, gender, race, marital status, employment status, psychiatric diagnoses, suicide history	Decision tree provided comparing rates of suicide attempts for patients grouped according to suicide attempt/ ideation history, recent alcohol abuse, recent cocaine abuse, violent behavior, hallucinations, and employment status, as these variables were the significant predictors of suicide attempt in the population studied.	ASI validity information cited.	ASI is a structured, clinical interview designed to be conducted as part of an intake for a substance abuse treatment program. The clinical interview is lengthy, must be completed by a provider trained in substance abuse treatment, and is not appropriate for brief screening or primary care settings.

APPENDIX J. RISK OF BIAS RATINGS FOR PRIMARY STUDIES RELATED TO ASSESSING RISK OF ENGAGING IN SUICIDAL SELF-DIRECTED VIOLENCE AMONG MILITARY AND VETERAN POPULATIONS^a

Author, Year	1. Adequate description of population	2. Non-biased selection	3. Low loss to follow-up/ missing data?	4a. Standardized method of risk factor assessment and scoring clearly described or referenced	4b. Unbiased risk factor assessment by independent assessors?	5a. Adequate outcome measurement?	5b. Unbiased outcome measurement by independent assessors?	6. Adequate accounting for potential confounders?	Overall assessment of potential for bias (Low/Unclear/High)
Breshears 2010 ¹³	Yes	Unclear - does not specify consecutive patients, and chart review used to determine which patients met inclusion criteria	Unclear - included only patients with sufficient information in the medical record to confirm TBI and assess injury severity	Unclear - all risk factors were assessed via chart review, though the PAI scoring and reporting is likely standardized even in patients' charts	Unclear - no description of assessor independence or blinding	No - chart review was used as the reference standard for post-PAI suicidal behavior	Unclear - no description of assessor independence or blinding	Yes - though study design was retrospective chart review, all PAI assessments occurred prospectively in relation to suicide-related events, and therefore all potential participants were prospectively assessed as part of one cohort	High
Hartl 2005 ¹⁴	Yes	Yes - consecutive admissions	Unclear - missing data not reported, but used information typically collected at the outset of most treatment programs	Unclear - questionnaires at intake, but the questionnaires themselves were not described or cited. Did not report how patients' war zone trauma exposure was collected. Treatment-related variables are likely to be most accurate for readmissions to this program, less so for admissions from other programs.	Unclear - no description of assessor independence or blinding	Unclear - suicide attempts assessed by the Northeast Program Evaluation Center survey, which is adequately cited, though suicide attempt items are reportedly added to the survey and not standard items	Unclear - no description of assessor independence or blinding	Yes - prospective assessment of a single cohort	High
Hendin 2010 ¹⁵	Yes	Unclear - no description of consecutive or random sample of patients	Yes - 240/283 patients completed both assessments	Yes - standardized procedures and assessment tools described	Yes - states that research assistant assessors were independent	Yes - standardized procedures and assessment tools described. All patients were assessed at follow-up regardless of assessed risk.	Unclear - no description of assessor independence or blinding for outcome assessment	Yes - prospective study design of a single population	Unclear

Author, Year	1. Adequate description of population	2. Non-biased selection	3. Low loss to follow-up/ missing data?	4a. Standardized method of risk factor assessment and scoring clearly described or referenced	4b. Unbiased risk factor assessment by independent assessors?	5a. Adequate outcome measurement?	5b. Unbiased outcome measurement by independent assessors?	6. Adequate accounting for potential confounders?	Overall assessment of potential for bias (Low/Unclear/High)
Nademin 2008 ¹⁶	Yes	Unclear - abstract states that the study had random sample of people who died by suicide; unclear description for comparison group	Yes - 5% missing data from suicide cases (3/60) and 3% from controls (4/122)	Unclear - psychological autopsy format used to assess mental state and situation based on review of records containing primarily third-person reports. However, used a standardized coding template (Suicide Death Investigation Template) developed by the authors and administered by trained coders that had high inter-rater reliability. Self-report measures used for living comparison sample.	Unclear - no description of assessor independence or blinding	Yes - included deaths by suicide from closed files (no longer under investigation)	Unclear - no description of assessor independence or blinding	No - groups differed with respect to race, marital status, and gender but appropriate statistical adjustments were performed. However, groups likely differed on multiple other un-assessed criteria due to the retrospective design of the study.	High
Tiet 2006 ¹⁷	Yes	Unclear - recruitment time frame not described	Yes - only 2% missing data (95/5671) from Figure 1	Yes - addiction and suicidal ideation: assessed by face-to-face interview with a validated questionnaire (ASI). Psychiatric diagnoses: accessed nationwide VA database to obtain diagnoses made by experienced clinicians during usual care.	Unclear - no description of assessor independence or blinding	Yes - assessed during face-to-face interview with validated questionnaire (ASI)	Unclear - no description of assessor independence or blinding	Yes - all data collected at a single time point from a single population	Unclear

^a Risk of Bias tool modified from Hayden et al. 2006 and Harris et al. 2001.^{9, 10}

APPENDIX K. DATA ABSTRACTION FOR PRIMARY STUDIES OF FACTORS TO PREDICT SUICIDAL SELF-DIRECTED VIOLENCE IN MILITARY AND VETERAN POPULATIONS

Author, Year	Study design	Aim of study	Sample size	Data source, sample time frame, location	Population characteristics	Comparison group (if any)	Risk factor(s) measured	Method of measurement of risk factor(s)	Length of follow-up/ observation time	Statistical analysis methods/ Control for confounding	Results
Belik 2009 ¹⁸	Cross-sectional	Determine whether exposure to particular types of traumatic events was differentially associated with suicide attempts	8441	Canadian Community Health Survey Cycle 1.2 - Canadian Forces Supplement (CCHS-CFS)	Canadian military personnel, active military within past 6 months, ages 16-54: 5155 regular force members and 3286 reserve force members	Suicide cases vs non-suicide cases	Exposures to 28 traumatic events during their lifetime, socio-demographics (age, marital status, income, education, rank, type of service), and mental disorders	Traumatic events - 28 items from the PTSD section of the Composite International Diagnostic Interview (CIDI). Socio-demographic variables. Mental disorders - survey based on responses to questions from the CIDI. Alcohol use from the CIDI short form. Lifetime suicide attempts: ever attempted suicide or tried to take own life.	Not applicable (N/A)	All analyses stratified by sex. 3 models: 1) unadjusted; 2) adjusted for socio-demographic factors; and 3) adjusted for socio-demographic factors, the presence of any lifetime mental diagnosis, and a comorbidity variable (3 or more mental disorders). Used p<0.01 in order to account for multiple comparisons.	7 categories: 5 groups of trauma (deployment related, accident or other unexpected, sexual trauma, other interpersonal, civilian in war zone or refugee) and "event happened to other," "other trauma" - 28 individual variables. <u>Males (OR, 95% CI) for suicide attempt:</u> Having purposely injured or killed: 2.69 (1.09-6.61) Toxic chemical exposure: 1.86 (1.09-3.18) Life-threatening illness: 2.25 (1.04-4.89) Civilian in religious terror: 2.38 (1.00-5.72) <u>Females (OR, 95% CI) for suicide attempt:</u> Man-made disaster: 2.16 (1.02-4.55) Child abuse: 2.34 (1.15-4.75) Abused by other person: 3.08 (1.04-9.14) Witness to domestic violence: 1.73 (1.00-3.01) Stalked: 1.86 (1.09-3.19)
Belik 2010 ¹⁹	Cross-sectional	Compare the prevalence and correlates of suicidal behavior in active duty vs civilian population	36,984 total; 8441 military who completed the CCHS-CFS	CCHS-CFS	Nationally representative Canadian sample, age 15 or older, surveyed between 2001-2002	Compared military to civilian; results presented for military personnel separately	Demographics (education, marital status, income), military rank, regular/ reserve service, environment, number of deployments, combat exposure	Survey	N/A	Logistic regression	<u>Adjusted OR (95% CI) for suicide attempt in past year:</u> Depressive episode: 80.73 (24.78-262.96) Panic attack: Not significant (NS) Social phobia: 11.11 (3.65, 33.80) Alcohol use: NS Alcohol dependence: 12.51 94.13-37.90) Generalized anxiety disorder: 44.80 (16.12-124.49) PTSD: 26.76 (9.37-76.48) <u>Unadjusted OR (95% CI) for suicide attempt in past year:</u> More senior rank protective (vs junior rank): 0.71 (0.24-3.15) for officer, 0.93 (0.28-2.08) for senior Reserve (vs regular): 0.28 (0.08-0.97) More deployments (vs 0): 0.10 (0.01-2.16) for one, 0.61 (0.11-3.41) for two, 0.69 (0.06-8.53) for 3 or more Higher odds of suicide attempts for communications/air/sea vs land: 1.23 (0.49-3.13) Combat exposure: 1.83 (0.45-7.53)

Author, Year	Study design	Aim of study	Sample size	Data source, sample time frame, location	Population characteristics	Comparison group (if any)	Risk factor(s) measured	Method of measurement of risk factor(s)	Length of follow-up/ observation time	Statistical analysis methods/ Control for confounding	Results
Bell 2010 ²⁰	Case control	Determine the association between prior injury, alcohol, and mental health disorder hospitalizations and independent predictors for suicide	1873 suicides and 5619 controls	Total Army Injury and Health Outcomes Database, included army casualty (death) files, inpatient hospital data from the Army Individual Patient Data system and personnel records from the Defense Manpower Data Center	Suicides between 1/1/1990 and 12/31/2003	Suicides compared to controls (controls selected on a 3:1 ratio to cases using the incident suicide date to identify eligible controls based on active-duty status at the time of the suicide)	Demographics, hospitalization experiences (ICD), mental health related hospitalizations, alcohol related diagnoses and non-alcohol related mental health disorders. Service grade, officer status (warrant, commissions)	ICD-9 codes	N/A	Logistic regression: 1) all hypothesized risk factors included; 2) interaction terms for injury, alcohol and mental disorder hospitalizations with each of the other background variables in the model	<u>Adjusted analyses (adjusted OR, 95% CI) for suicide:</u> Protective factors include: time in service (0.97, 0.95-0.99); black vs white (0.64, 0.56-0.74); college education vs none (0.69, 0.55-0.87); warrant office status (0.48, 0.25-0.94); and commissioned officer status (0.66, 0.47-0.93). Risk factors include: male gender (2.73, 2.12-3.55); prior injury hospitalization (2.04, 1.64-2.54); prior alcohol hospitalization (3.41, 2.32-4.99); and mental disorder hospitalization (6.62, 4.77-9.20). Significant interactions for: alcohol and mental disorder and injury hospitalization (0.16, 0.15-0.53); mental disorder and injury (65.55, 15.27-281.45); mental disorder, alcohol and injury (5.99, 1.45-24.80); and injury and mental disorder (16.07, 3.75-68.77).
Brenner 2011 ²¹	Cross-sectional	Examine the association between TBI and suicide among individuals receiving care through the VHA	Case control study with 81 cases and 160 matched controls (92 cases had only 1 control)	Cases of suicide death/ suicide attempt were identified between October 2004 and February 2006	Patients who received care from the VAMC and had an EMR note documenting a suicide attempt. Archival data from a large western VAMC. Where possible, two possible patients per case were randomly selected from 3,239 potential patients (chart review to confirm absence of suicide attempt or death).	Controls matched for age and gender, chart review confirmed no suicide in the control group. In two cases only 1 control could be identified vs 2.	PTSD, TBI, neurologic disease	Key word search of the chart	N/A	Conditional logistic regression, controlling for age and gender	<u>Univariate analyses:</u> TBI and neurologic conditions were not significantly associated with suicide attempt/death (OR 1.03; 95% CI, 0.57-1.86 for TBI and OR 0.38; 95% CI, 0.08-1.80 for neurologic diseases). PTSD was associated with suicide attempt (OR 2.79; 95% CI, 1.53-5.07). In the model that included both PTSD and TBI, TBI was NS (OR 0.87; 95% CI, 0.47-1.61) but PTSD remained significant (OR 2.85; 95% CI, 1.55-5.22).
Brenner 2011 ²²	Cross-sectional	Examine the association between TBI and suicide among individuals receiving care through the VHA	49,626 with TBI plus a 5% random sample of patients without TBI (n=389,053)	Individuals who received care within the VHA between 2001-2006	All patients with TBI (n=49,626) plus a 5% random sample of patients without TBI (n=389,053). Of those with TBI, 105 died by suicide.	Those with TBI compared to those without TBI	Substance abuse, bipolar disorder I/II, MDD, other depression, other anxiety, PTSD, schizophrenia/ schizoaffective disorder, age, gender	TBI identified by ICD-9 codes, according to most severe diagnosis. Discharge diagnoses that included epilepsy were excluded.	N/A	Models adjusted for demographic and psychiatric covariates	Veterans with TBI were 1.55 (95% CI, 1.24-1.92) times more likely to die by suicide than those without a history of TBI, after controlling for psychiatric comorbidities. Any TBI adjusted HR: 1.55 (95% CI, 1.24-1.92) Concussion/fracture HR: 1.98 (95% CI, 1.39-2.82) Cerebral contusion/traumatic intracranial hemorrhage: HR 1.34 (95% CI, 1.09-1.64)

Author, Year	Study design	Aim of study	Sample size	Data source, sample time frame, location	Population characteristics	Comparison group (if any)	Risk factor(s) measured	Method of measurement of risk factor(s)	Length of follow-up/ observation time	Statistical analysis methods/ Control for confounding	Results
Cox 2011 ²³	Cross-sectional	Identify gender differences among those admitted for suicidal thoughts and behaviors	656 (465 admitted for suicidal thoughts and 191 for suicidal behaviors)	Random sample of EMRs from patients admitted to large US Army hospital for suicide-related thoughts or behaviors from 2001-2006	Demographics not reported separately for the suicidal behaviors group. Overall 36% women, 61% white, 37% married. Men were more likely to have high school or equivalent as highest educational level, have military rank of E4-6, and have a diagnosis of adjustment disorder. Women were more likely to have unknown educational attainment, be black, and have no military rank (retired or dependent).	Men vs women	Childhood trauma (including sexual abuse, physical abuse, neglect, domestic violence, unspecified trauma), adult trauma (including sexual assault, physical assault, emotional and psychological abuse, military combat, pregnancy loss, unspecified trauma), and number of types of trauma	Chart review	N/A	Regression analyses. 2 sets: Set 1) adjusted for age, race, education, income, military rank, marital status, MDD, dysthymic disorder, bipolar disorder, PTSD, substance or alcohol abuse/ use disorder, adjustment disorder and ≥3 lifetimes psychiatric disorders; Set 2) all the above plus other trauma types	For those admitted with suicide-related behaviors, there were no differences between men and women after adjustment for all types of trauma (Set 2).
Desai 2005 ²⁴	Prospective cohort	Identify risk factors for suicide among psychiatric inpatients	121,933 individuals; 481 suicides within 1 year of discharge	All patients discharged with a diagnosis of major affective disorder, bipolar disorder, PTSD, or schizophrenia from psychiatric inpatient units in the VA system between 1/1/1994 to 12/31/1998	94% male, 68% white, 44% previously married, 52% not service connected. 25% with alcoholism, 11% with substance abuse, 40% with schizophrenia, 19% with bipolar disorder, 27% with depression, 29% with PTSD.	Suicides vs non-suicides among all discharges from VA inpatient psychiatric unit.	Administrative data available from the patient treatment file: age, race, marital status, service-connected disability status, year of inpatient discharge, type of discharge (community or institution), distance from home to nearest VAMC, and psychiatric diagnosis. Six variables about care delivery: length of stay, readmission, total number of inpatient days in the 6 months after discharge, whether patient had an outpatient visit in 6 months after discharge, and number of 2-month periods in the 6 months following discharge in which the patient had 2 outpatient visits for primary discharge diagnosis. Facility-level variables and social environment variables (community level).	Individual risk factors: from the patient treatment file Delivery-of -care variables: from the patient treatment file and the outpatient care file (database of all VA outpatient care) Facility-level variables: source not reported. Social environment variables: statewide adjusted suicide rates from the Centers for Disease Control and Prevention mortality reports; minority population from Census Bureau.	12 months following discharge	Calculated suicide rate for each facility. Expected mortality rates were calculated using multivariate logistic regression adjusting for age, gender, race, disability, distance to the VAMC, year of discharge, diagnosis and discharge to the community. Individual variables assessed using Poisson regression.	Quality of care measures associated with suicide mortality among patients discharged from VA inpatient psychiatric programs. (Rate Ratio, p-value): <u>Length of stay:</u> <7 days: 1.41, p<0.04 ≥7-14 days: 1.33, p<0.03; ≥14-30 days: 1.11, p=0.048 <u>Time to readmission:</u> 14 days: 0.81, p=0.26 30 days: 0.79, p=0.13 180 days: 0.55, p=0.0001 <u>Inpatient days in 6 months:</u> 1.01, p=0.0001 <u>Outpatient visit within 30 days:</u> 1.04, p=0.75 <u>Outpatient visits in 6 months:</u> 1.00, p=0.37 <u>Continuity of care (reference 3):</u> 0: 1.06, p=0.84 1: 1.59, p<0.03 2: 1.01, p=0.97

Author, Year	Study design	Aim of study	Sample size	Data source, sample time frame, location	Population characteristics	Comparison group (if any)	Risk factor(s) measured	Method of measurement of risk factor(s)	Length of follow-up/ observation time	Statistical analysis methods/ Control for confounding	Results
Hartl 2005 ¹⁴	Prospective cohort	Identify patients at high risk for negative behavioral outcomes including suicide attempts	620 in total sample; 409 in the development cohort and 221 in the validation cohort	Intake surveys and clinical diagnostic interviews	630 male Veterans with a primary PTSD diagnosis who consecutively entered the residential treatment program for PTSD at the Palo Alto VA between July 1994 and December 2000. Patients referred to the program by medical and mental health staff in the Pacific Northwest. Mean age 50 (SD 4.55, range 25-76). 60% Caucasian, 13% Hispanic, 90% Vietnam era Veterans, 86% had served in combat. 72% had a history of incarceration.	Validation cohort was 2/3 of the overall sample (n=221)	Suicide attempt in past 4 months and ever, BDI score, substance use, demographics, combat history	Variables obtained from intake questionnaires: age, ethnicity, education, marital status, history of incarceration. Suicide attempts assessed with survey: 1) in lifetime, and 2) in last 4 months. Structured clinical interview for the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), including alcohol, cannabis, and hard drugs (cocaine, amphetamine, opioid dependence)	4 months	Sensitivity and specificity calculated in the replication sample. Used receiver operating characteristic curves to classify people as high/low risk.	"The single best predictor of a suicide attempt after discharge was having attempted suicide in the 4 months prior to intake ($\chi^2(df1,296)=15.03, p<0.001$). Among those who had not attempted suicide shortly before intake, the next optimal predictor was patients' BDI scores (BDI ≥ 46 vs <46): $\chi^2(df1252)=10.54, p<0.001$. Sensitivity for this model calculated at 0.63, with a specificity of 0.80."
Ilggen 2007 ²⁸	Prospective cohort	Develop a model of risk and protective factors for clinical prediction of future suicide attempt	8807	Cohort of 13,870 patients who received the ASI within 2 weeks of treatment entry into 1 of 149 non-methadone psychosocial facilities in the US; of these 64% provided follow-up data on the ASI an average of 13 months later and are included in the analysis. Additional follow-up data were derived from interviews and self-report assessments.	Mean age: 47 years (SD 9.6). Mean years of education: 13 (SD 2) 96% male 59% Caucasian; 32% African American; 5% Hispanic/Latino; 4% other race/ethnicity. 21% married 38% reported full-time employment	Suicides vs non-suicides in this cohort	Individual items on the ASI as candidate risk factors.	Baseline: ASI Follow-up: ASI plus interview Treatment factors included: 1) number of days of contact with a substance use disorder treatment provider, and 2) number of days of contact with a psychiatric provider	1 year	MacArthur Model – a series of mixed-model logistic regression analyses including main effects of each pair of candidate risk factors and their interaction	314 of 8807 patients (3.6%) reported a suicide attempt within the 30 days prior to their follow-up assessment. 33 items from baseline and 1 treatment factor identified as significant in univariate analyses. OUTCOME: suicide attempt approximately 1 year after entering substance use disorder treatment (assessed as attempt within 30 days prior to assessment). Risk factors: Elevated suicidal/psychiatric symptoms (value=0.73, t-value=10.62, p=0.001); alcohol problems (value=0.02, t-value=3.70, p=0.001); cocaine-adjusted life years (value=0.02, t-value=4.14, p=0.001) Protective factors: Criminal justice system involvement (value=-0.60, t-value=3.60, p=0.001); substance use disorder treatment participation (number of days): (value=-0.08, t-value=5.36, p=0.001)

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Ilggen 2009 ²⁷	Longitudinal	Develop and validate a decision tree using recursive partitioning	887,859 VA patients treated for depression (diagnosis of depression and treatment with antidepressant, or diagnosis of depression during two separate visits) between April 1, 1999 and September 30, 2004. 1892 suicides (ICD-9 and NDI). Of 887,859 patients, 589,825 randomly selected for primary/development sample and 298,034 selected for the replication sample.	VA's National Registry for Depression (NARDEP) linked to the NDI, April 1, 1999 to September 30, 2004. NDI queries were submitted for all those with date of death in the study period according to VA Beneficiary Identification and Records Locator System; also initiated NDI searches for patients who did not use VA services in the year following the study period even if there was no date of death for these patients in VA data system.	Primary cohort (n=589,825): Age: 58.62 years (SD 14.38) 91.9% male Race/ethnicity: 76.4% White; 12.4% Black; 2.2% Other; 9.0% Unknown; 4.7% Hispanic. Substance use: 22.1% PTSD: 22.1% Inpatient psychiatric stay in past 12 months: 3.6% Service connection: 31.6% No significant difference between primary and secondary cohorts	Suicide vs non-suicide	Derived from patient records: age, race, sex, substance use disorder diagnosis, diagnosis of PTSD, prior VA hospitalization for any psychiatric diagnosis in the year prior to cohort entry, service connection, and baseline medical comorbidity (sum of all conditions in the past year included in the Charlson Comorbidity Index)	Derived from patient records, not further described	Study period was April 1, 1999 through September 30, 2004. Assessment of risk factors could have been done at any time. Suicide deaths were assessed during the study period and in the year following the study period.	Bayesian Dirichlet Equivalent methods for identification of the strongest predictor - data mining process to examine possible higher-order relationships between predictors	Overall suicide 89.55/100,000 person-years (PYs) in the primary sample of depressed Veterans. <u>Among depressed VA patients with substance use disorder</u> African Americans were significantly less likely to die by suicide than individuals of any other race. In African Americans with substance use disorder, no other variables reliably distinguished those who did vs those who did not die by suicide. In non-African Americans, having been admitted to inpatient psychiatric treatment at least once in the prior 12 months conferred an additional risk for suicide vs those with no psychiatric admission (247.21/100,000 PYs vs 143.05/100,000 PYs). <u>Among depressed VA patients without substance use disorder</u> sex was the strongest indicator of suicide risk: 82.08/100,000 PYs for men vs 26.22/100,000 PYs for women. In women, no other available risk factors reliably identified individuals at differing levels of risk. In men, race was related to suicide risk: African American men 33.30/100,000 PYs vs non-African American men 86.78/100,000. The replication sample confirmed that the groups defined by the development cohort significantly discriminated suicides from non-suicides. <u>OR from the primary cohort (95% CI):</u> Any substance use disorder: 2.0 (1.8-2.2) Non- African Americans with substance use disorder: 5.6 (3.7-8.6) Non- African Americans with substance use disorder and any inpatient psychiatric treatment in past 12 months: 2.0 (1.6-2.5) Men without substance use disorder: 2.9 (2.0-4.2) Non- African American men without substance use disorder: 2.6 (1.8-3.8)

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Ilggen 2010 ²⁵	Prospective cohort	Examine the strength of association between psychiatric diagnoses and risk of suicide	All Veterans who used VA services during FY 1999 (n=3,291,891) who were alive at the start of FY 2000	CDC's NDI data and VA National Patient Care Database	90% male Age: 18-29: 4.1% 30-39: 8% 40-49: 17.1% 50-59: 21.5% 60-69: 19.8% 70-79: 23% ≥80: 6.5% Any psychiatric diagnosis: 25.6% Any substance abuse or dependence: 10% Alcohol abuse or dependence: 8.5% Drug abuse or dependence: 5.7% Bipolar disorder: 2.9% Depression: 14.5% Other anxiety: 7.3% PTSD: 6.3% Schizophrenia: 4.1%	Those with suicide during follow-up period vs those without suicide	Any psychiatric diagnosis, substance abuse or dependence, alcohol abuse or dependence, drug abuse or dependence, bipolar disorder, depression, other anxiety, PTSD, and schizophrenia	All psychiatric diagnoses were based on ICD-9 codes given during a visit in FY 1998 or FY 1999. Categories were not mutually exclusive (patients could have multiple diagnoses).	Observation period began the first day of FY 2000 and ended the last day of FY 2006 or the date of suicide	Data censored on date of death for those who died from causes other than suicide during the observation period. Conducted a series of proportional hazards regression models for each variable of interest, then used covariance sandwich estimators to adjust for clustered data (nested within VHA facilities); then proportional HR models examined the HR of suicides for each diagnosis individually, adjusted for age group and stratified by sex.	Suicide mortality was 11.6/100,000 PYs for women and 40.9/100,000 PY for men. 70% had any psychiatric diagnosis at baseline. Age-adjusted HR (95% CI) for Suicide During FY 1999 to FY 2006 in all VHA patients treated in FY 1999 who were alive at the start of FY 2000: <u>Male:</u> Any psychiatric diagnosis: 2.50 (2.38-2.64) Any substance abuse or dependence: 2.27 (2.11-2.45) Alcohol abuse or dependence: 2.28 (2.12-2.45) Drug abuse or dependence: 2.09 (1.90-2.31) Bipolar disorder: 2.98 (2.73-3.25) Depression: 2.61 (2.47-2.75) Other anxiety: 2.10 (1.94-2.28) PTSD: 1.84 (1.70-1.98) Schizophrenia: 2.10 (1.93-2.28) <u>Female:</u> Any psychiatric diagnosis: 5.18 (4.08-6.58) Any substance abuse or dependence: 6.62 (4.72-9.29) Alcohol abuse or dependence: 6.04 (4.14-8.82) Drug abuse or dependence: 5.33 (3.58-7.94) Bipolar disorder: 6.33 (4.69-8.54) Depression: 5.20 (4.01-6.75) Other anxiety: 3.48 (2.52-4.81) PTSD: 3.50 (2.51-4.86) Schizophrenia: 6.08 (4.35-8.48)

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Ilggen 2010 ²⁹	Prospective cohort	Determine the association between self-reported pain severity and suicide among Veterans	260,254 total cohort - identified 903 as having died by suicide	FY 1999 LHSV, VA medical records, and suicide deaths identified by the NDI during FY 1999-FY 2006. Patients had to have usable data from the LHSV, be alive at the start of FY 2000 and be included in at least one of the following data sources: National Psychosis Registry, NARDEP; or a random sample of all patients who used VA services in FY 1999 who were not part of other registries. 31,716 were in the National Psychosis Registry and 104,516 were in the NARDEP; of these, 16,074 were in both – these duplicates were eliminated. Data on 120,158 individuals merged with 140,096 from the random sample.	94.68% male Age: <50 years: 19% 50-64: 33% ≥65: 48% Race: 75% White; 13% Black; 12% Other. Married/ cohabitating: 56% Education: Not a high school graduate: 26% High school through some college: 32% College graduate: 42%. Smoker: 32.5% Mean MCS-12 score: 37.8 (SD 13.7) Mean Physical Component Summary-12 score: 33.2 (SD 11.2) For psychiatric and medical comorbidities, see Table 2 of the article.	Suicides vs non-suicides	Risk Factors: Pain: measured with a single question on the LHSV – "how much bodily pain have you had during the past 4 weeks?" (from the SF-36). Other factors: demographics (age, gender, race), diagnosed psychiatric comorbidities, educational status, smoking, marital status, medical diagnosis by ICD-9. Outcome: death by suicide, defined by the presence of any of the following ICD-10 codes as NDI cause of death from 2000-2006: X60- X84, Y87.0 (McCarthy, 2009). ⁴⁷	ICD-9 codes for psychiatric diagnosis and medical diagnosis	Deaths evaluated from FY 2000 (October 1, 1999) to FY 2006 (September 30, 2006) – total of 7 years	Cox proportional hazards regression	Multivariate results for suicide, HR (95% CI): <u>Demographics:</u> Age ≥65 vs <50: NS Age 50-64 vs <50: NS Male gender: 2.14 (1.46-3.14) Black race vs white: 0.33 (0.25-0.44) Other race vs white: 0.75 (0.61-0.92) Not a high school graduate: NS High school graduate/some college: NS Smoker: 1.71 (1.48-1.97) <u>Psychiatric Comorbidity:</u> Schizophrenia: 1.52 (1.24-1.86) Bipolar disorder I or II: 1.53 (1.22-1.92) Depression: 1.27 (1.10-1.46) Other anxiety: 1.28 (1.07-1.54) Drug use disorder: NS <u>Medical Comorbidity:</u> Diabetes: 0.66 (0.53-0.82) Complicated diabetes: NS Cerebrovascular disease: 0.66 (0.47-0.91) Cancer: NS <u>Other:</u> MCS-12: 0.98 (0.97-0.99) Physical Component Summary-12: NS Severe pain vs moderate or less pain: 1.33 (1.15-1.54)

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Ilggen 2010 ²⁶	Prospective cohort	Examine the demographic and clinical predictors of violent and nonviolent suicide among patients with substance use disorders compared to non-suicide controls	Total n= 5082 854 Suicides and 4229 patients who did not die by suicide during the study period selected randomly.	VA medical records and the NDI. Included VA patients with substance use disorders who were alive at the beginning of FY 2002 and died by suicide during FYs 2002-2006 (n=854) and a random sample of 4228 substance use disorder patients who did not die by suicide during this period.	97% male 28% Black; 58% White; 14% Unknown/other. Age: 18-44 years: 22% 45-64 years: 66% ≥65 years: 11.5% Region: 22.4% Northeast; 30% South; 26% Central; 21.5% West	Random sample of substance use disorder patients who did not die by suicide was the comparison group for both violent suicide and non-violent suicide	Gender, age, race, region, mental conditions (major depression, other anxiety disorder, bipolar disorder, PTSD, schizophrenia, personality disorder, to or more psychiatric disorders), and substance use disorders (alcohol, cocaine, cannabis, opiate, amphetamine, barbiturate, multiple/other)	ICD-9 codes for substance use disorders and mental diagnoses. Demographic information from the databases. Diagnosis of substance use disorder was defined as patients who received two or more diagnoses of the same substance use disorder from FYs 1997-2001.	4 years	Logistic regression controlling for gender, race, age, and region.	OR (95% CI) for violent suicides (VS) and non-violent suicides (NVS), compared to those who did not commit suicide: <u>Mental conditions:</u> Major depression: VS 2.09 (1.75-2.50); NVS 4.94 (2.99-5.19) Other anxiety disorder: VS 1.87 (1.55-2.25); NVS 3.26 (2.51-4.25) Bipolar disorder: VS 1.62 (1.32-2.00); NVS3.18 (2.42-4.18) PTSD: VS 1.33 (1.10-1.62); NVS 2.23 (1.70-2.92) Schizophrenia: VS 1.49 (1.20-1.84); NVS 2.57 (1.94-3.40) Personality disorder: VS 1.56 (1.27-1.92); NVS 2.63 (2.00-3.45) Two or more psychiatric disorders: VS 1.93 (1.60-2.34); NVS 3.83 (2.72-5.37) <u>Substance use disorders:</u> Alcohol: VS (NS); NVS 0.71 (0.53-0.94) Cocaine: VS 0.62 (0.46-0.83); NVS (NS) Cannabis: NS for both Opiate: VS (NS); NVS 1.67 (1.08-2.60) Amphetamine: NS for both Barbiturate: NS for both Multiple/other: VS 0.80 (0.67-0.98); NVS 1.48 (1.13-1.93)
Kaplan 2007 ³⁰	Prospective cohort	Assess the risk of mortality from suicide among male Veteran participants in a large population-based health survey	104,026 Veterans; 216,864 non-Veterans	Data from the 1986-94 National Health Interview Survey. People from the 50 states and Washington DC who were not institutionalized. Suicide data from the Multiple Cause of Death file (1986-97) through the NDI.	<u>Veterans vs Non-Veterans</u> Age: 18-44: 25% vs 70% 45-64: 45% vs 20% ≥65: 30% vs 9% Male: 95% vs 38% White: 85% vs 74% Not white: 14% vs 23% At least one psychiatric condition: 1.5% vs 2.0%	Non-Veterans from the same survey	Age, marital status, living arrangement (alone or with others), race, education, employment status, region of residence, place of residence, BMI, number of chronic non-psychiatric medical conditions, number of psychiatric conditions, self-rated health, and activity limitations	Self-report	12 years	Cox proportional hazards model adjusting for demographic characteristics, socioeconomic factors and health	<u>Risk factors for suicide. Adjusted HR (95% CI):</u> Age (years): NS Race – white vs non-white: 3.23 (1.75-5.88) Marital status: NS Living alone (vs with others): NS Education ≥12 years vs <12 years: 2.67 (1.38-5.17) Employment status: NS Region of residence: NS Place of residence – urban/rural: NS Poor self-rated health: NS BMI – overweight vs normal: 0.45 (0.22-0.92) BMI – underweight or obese vs normal: NS Number of chronic non-psychiatric conditions: NS Number of psychiatric conditions: NS Activity limitations vs not limited: 4.44 (1.33-14.80)

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Mahon 2005 ³¹	Retrospective case control	Examine risk factors for suicide among regular-duty military personnel	63 suicides and 63 age and gender matched controls drawn from a cohort of 732 deaths among regular-duty Army, Navy, Air Corps, and special forces personnel. Regression done only on 33 firearms deaths and matched controls.	732 deaths of regular-duty military personnel in the Irish Defense Forces between 1970 and 2002	63 suicides; regression done only on 33 firearm suicides that all used military firearms	Suicides were compared with a randomly age-gender matched non-suicide death (excluded deaths that were "open" i.e., accidental deaths, drownings)	Demographics, details of the suicide	Cause of death (suicide outcome) was determined by examination of the proceedings of Courts of Inquiry and medical records. Variables regarding details of the suicide were obtained from military files which include inquest/ autopsy reports, toxicology/forensic reports, and eye-witness/family/ colleague reports.	N/A – retrospective analysis of factors knowing the actual outcome (suicide)	Logistic regression controlling for variables suggested in bivariate analyses and factors that were clinically or occupationally associated with suicide (all listed, but those included are not specifically reported)	3 variables accounted for 84.2% of the variation in the data and 83.3% of the firearm suicides ($\chi^2(df2)=1.0, p<0.001$): Psychiatric illness or history of deliberate self-harm (OR 0.00; 95% CI, 0.00-8.3x10 ³³), performing morning duty (OR 12.6; 95% CI, 2.78-57.3), and a recent medical downgrading (OR =27,766.31; 95% CI, 0.00-1.17x10 ⁵⁸).
Pettit 2006 ⁴²	Cross-sectional	Examine the moderating effects of very early onset diagnostic status (≤ 13 years) upon the association between life events and non-fatal suicide attempt	298 patients with suicidality	Two outpatient clinics, a 20-bed inpatient facility and an emergency room, all affiliated with US Army Medical Center	Mean age: 22.22 years 82.2% male 62.8% Caucasian	Those with prior self-reported suicide attempt compared to those without	Negative life events using Life Experiences Survey, Modified Scale for Suicidal Ideation, current and past psychiatric diagnoses by the Diagnostic Interview Schedule, incorporating DSM-III-R criteria, and past suicide attempt	Clinical interview	N/A	Logistic regression – one for each of the mental health variables: very early onset bipolar disorder, very early onset MDD, and very early onset anxiety; controlled for age in all; life events as interaction term	<u>OR (95% CI), in the model with age, negative life events and very early onset bipolar disorder, and the interaction term for very early onset bipolar disorder x negative life events:</u> Age: NS Negative life events: NS Very early onset bipolar disorder: NS Negative life events x Very early onset bipolar disorder: 0.88 (0.78-0.99) Very early onset bipolar disorder moderates the association between negative life events and suicide attempts – lower levels of negative life events among attempters with no history of very early onset bipolar disorder. Excluding patients with very early onset bipolar disorder, negative life events was marginally significant for predicting suicide attempts: OR 1.30 (95% CI, 1.02-1.65) Neither very early onset bipolar disorder nor very early onset anxiety moderated the association between life stress and suicide attempt.

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Pfeiffer 2009 ³²	Prospective cohort	Examine whether depressed Veterans with comorbid anxiety had higher risks of suicide deaths	887,889 patients with depression; 1892 suicide deaths	A national database of US Veterans in depression treatment (NARDEP) linked to NDI; April 1, 1999 to September 30, 2004	Age: 18-44 years: 16.1% 45-64 years: 50.1% ≥65 years: 33.8% 91.9% male 76.5% white 22.1% with substance abuse disorder	None	Any anxiety disorder PTSD Anxiety disorder NOS Panic disorder Generalized anxiety disorder Social phobia OCD Any other anxiety disorder Ever prescribed anxiety medication Ever prescribed high dose anxiety medication	Treatment and administrative records, pharmacy database records	5.5 years	Logistic regression analysis; adjusted for gender, age, race, ethnicity, marital status, and presence of a substance use disorder	<u>Predictors of suicide among depressed Veterans. Adjusted OR (95% CI):</u> Any anxiety disorder: 1.07 (0.98-1.18) PTSD: 0.87 (0.77-0.97) Anxiety disorder (not otherwise specified): 1.25 (1.12-1.38) Panic disorder: 1.26 (1.04-1.53) Generalized anxiety disorder: 1.27 (1.09-1.47) Social phobia: 0.59 (0.29-1.18) OCD: 1.10 (0.73-1.67) Any other anxiety disorder: 1.05 (0.85-1.29) Ever prescribed anti-anxiety medication: 1.71 (1.55-1.88) Ever prescribed high dose anti-anxiety medication: 2.26 (1.98-2.57)
Pinder 2011 ³³	Cross-sectional	Assess lifetime prevalence of suicide and self-harm within currently serving and ex-service personnel of the UK Armed Forces, and associations with socio-demographics, service history and mental health	821	Telephone interview, U.K.	Personnel who had previously participated in the King's Centre for Military Health Research military health study (4.7% reported prior suicide attempt) – initial recruitment via mailing, stratified by serving status (regular/reserve) and deployment status (first phase Iraq or not), oversampled for those reporting psychological distress	Self-reported intentional self-harm vs. none	PHQ, Primary Care Post-Traumatic Disorder Screen, 2000 Adult Psychiatric Morbidity Survey questions about suicide	Self-report	N/A	Adjusted OR using STATA with weighted percentages: adjusted for age, gender, marital status, educational status, engagement type, rank at interview, service, length of service, serving status at interview, experience of deployment to Iraq, and number of childhood adversity factors	<u>Adjusted OR (95% CI) for intentional self-harm (adjusted for age, serving status and childhood adversity):</u> PTSD or PHQ diagnosis: 4.65 (1.91-11.33) Any PHQ diagnosis: 4.14 (1.75-9.81) Any depressive syndrome: 3.08 (1.08-8.78) Any anxiety syndrome: NS Alcohol abuse: NS Somatization disorder: 3.65 (1.20-11.03) PTSD: 8.48 (2.73-26.33) <u>Adjusted OR (95% CI) for intentional self-harm (adjusted for age, educational status, engagement type, rank, service, serving status, and childhood adversity):</u> Serving status at interview – left service vs serving: 2.82 (1.08-7.34) Age at interview: 0.94 (0.87-1.00) (p=0.042) (0.04-0.33) for 0-1 factors; 0.19 (0.07-0.52) for 2-3 factors; and NS for 4-5 factors NS: Experience of deployment to Iraq, rank at interview, service (Navy, Army, Royal Air Force), length of service, educational status, and engagement type

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Roy 2011 ³⁴	Retrospective case control	Examine whether resilience might be a protective factor in relation to suicidal behavior	20 cases who attempted suicide; and 20 controls who did not attempt suicide (matched on age and Childhood Trauma Questionnaire score)	100 consecutive abstinent substance-dependent patients who completed the Connor-Davidson Resilience Scale, who were seen in the Substance Abuse Treatment Program at the Department of VA New Jersey Health Care System, East Orange Campus. Identified 20 substance abuse patients who had attempted suicide	Met DSM-IV criteria for substance dependence and were abstinent when studied. Excluded those with lifetime history of schizophrenia, other psychosis, or mental retardation.	20 substance abuse patients who had not attempted suicide, matched on age and Childhood Trauma Questionnaire score	Resilience measured by the Connor-Davidson Resilience Scale score	Psychiatric interview conducted by a psychiatrist about socio-demographic variables, substance dependence history, and lifetime history of suicide attempt. Supplemented by collateral information from program staff, medical records, program internist and physicians assistant, and treating mental health professional.	N/A	Matched on age and Childhood Trauma Questionnaire score; t-tests and chi-square	20 patients who had never attempted suicide had significantly higher Connor-Davidson Resilience Scale scores than the 20 age and Childhood Trauma Questionnaire matched patients who had attempted suicide: mean Connor-Davidson Resilience Scale score 63.61 (SD 20.44) vs 47.55 (SD 18.14), p<0.0123.
Seyfried 2011 ³⁵	Longitudinal	Assess predictors of suicide and means of completion in patients with dementia	294,952	VA National Care Patient Database, NDI, and outpatient VA pharmacy records, from FY 2001- 2005, in VA healthcare settings	Patients aged ≥60 years old who had been diagnosed with dementia in VA healthcare settings between FY 2001 and FY 2005	N/A	Demographics (gender, marital status, race, and age), psychiatric disorders (PTSD, any anxiety disorder, depression, any personality disorder, any substance use disorder [except nicotine dependence], schizophrenia, and bipolar disorder), medical comorbidity, healthcare utilization, psychiatric prescription medication use.	ICD-9 codes and ICD-10 codes, Charlson Comorbidity Index	N/A	Bivariate analyses – chi-square tests of independence, multivariate logistic regression models	<u>Adjusted analyses predicting suicide (adjusted OR, 95% CI):</u> <i>Risk factors:</i> White 1.49 (1.14-1.95) Depression 2.04 (1.45-2.85) Anti-anxiety medication 1.98 (1.48-2.65) Antidepressant medication 2.11 (1.57- 2.84) <i>Protective factors:</i> inpatient psychiatric hospital stay 2.31 (1.54-3.46) inpatient nursing home stay 0.33 (0.14- 0.75)

Author, Year	Study design	Aim of study	Sample size	Data source, sample time frame, location	Population characteristics	Comparison group (if any)	Risk factor(s) measured	Method of measurement of risk factor(s)	Length of follow-up/ observation time	Statistical analysis methods/ Control for confounding	Results
Thomsen 2011 ³⁶	Cross-sectional	Examine whether deployment increases risky or self-destructive behavior and whether deployment effects on risky behavior varied depending on history of pre-deployment risky behavior; and to assess whether psychiatric conditions mediated effects of deployment on risky behavior	2116	August 2006-August 2007; Survey of active duty military personnel serving at US Marine Corps installations in Southern California and Arizona	Mean age: 24.1 years (SD 5.3) 92% male Ethnicity/race not reported 58% had been combat deployed	None	Combat deployment, prior engagement in risky behavior, mental health issues	Self-report, anonymous survey	Cross-sectional	Logistic regression; demographic variables, prior high-risk behavior, combat deployment	<u>Results of logistic regression analyses predicting current suicide attempt. Adjusted OR (p-value NS unless specified):</u> Male: 0.58 Older age: 0.97 Higher rank: 0.76 Higher education: 1.23 Navy (vs Marines): 0.79 Single: 0.78 Divorced/Separated/Widowed: 3.90 (p<0.01) Prior behavior: 8.58 (p<0.001) Combat deployment: 0.86 Prior behavior x deployment: 1.68
Tiet 2006 ³⁷	Cross-sectional	Examine the associations between sexual and physical abuse and recent suicide attempts among men	34,245	VA database July 1997 to September 1997, 150 VA facilities across the US	Patients seeking treatment for substance use disorders, other psychiatric disorders, or both	Those with suicide attempt in past 30 days vs those without.	Demographics (age, education, race, marital status), psychiatric diagnoses (psychotic disorder, depressive disorder, PTSD, anxiety disorder, alcohol abuse/dependence, drug abuse/dependence, personality disorder), suicide attempts over the past 30 days and during lifetime, sexual abuse in the past 30 days and during lifetime, and physical abuse in the past 30 days and during lifetime	ASI administered by trained interviewers	N/A	Bivariate analyses, multivariate logistic regression analyses; adjusted for sexual and physical abuse (lifetime and past 30 days), psychiatric disorders, alcohol/drug abuse, age, marital status	<u>Multivariate logistic regression analysis of suicide attempts in the past 30 days among men seeking treatment for substance use disorders, psychiatric disorders or both (adjusted OR: 95% CI):</u> sexual abuse in past 30 days (2.08; 1.26-3.43), physical abuse in past 30 days (2.38; 1.83-3.10), lifetime sexual abuse before past 30 days (1.33; 1.10-1.61), lifetime physical abuse before past 30 days (NS), psychotic disorder (1.48; 1.28-1.73), depressive disorder (2.38; 2.07-2.74), PTSD (1.37; 1.19-1.57), anxiety disorder (1.45; 1.26-1.67), alcohol abuse/dependence (NS), drug abuse/dependence (NS), personality disorder (1.74; 1.50-2.01), older age (0.97; 0.96-0.98), married (NS)

Author, Year	Study design	Aim of study	Sample size	Data source, sample time frame, location	Population characteristics	Comparison group (if any)	Risk factor(s) measured	Method of measurement of risk factor(s)	Length of follow-up/ observation time	Statistical analysis methods/ Control for confounding	Results
Valenstein 2009 ³⁸	Longitudinal	Determine higher-risk periods for suicide among VA patients receiving depression treatment	887,859	VA patients receiving antidepressant treatment between April 1, 1999 and September 30, 2004	Mean age: 58.6 years (SD 14.4) 91.9% male 76.5% white; 12.4% black; 2.1% other (Asian, American, Native, Pacific Islander, multiracial); 9.0% unknown race; 4.7% Hispanic	None	Time period (in five sequential 12-week periods following treatment events), age, gender, race, ethnicity, marital status, diagnosis of a substance abuse disorder, PTSD, and service connection	Data from VA's NARDEP. Not specified how data were collected.	60 weeks following their last treatment event of interest, date of death, or end of study (September 30, 2004), whichever came first	Poisson regression model used to fit piecewise exponential models, with generalized estimating equations to allow for correlation within patients when multiple episodes of treatment events were included in the analyses. RRs calculated after adjusting for age, gender, race, ethnicity, marital status, diagnosis of a substance use disorder, PTSD, and service connection.	Time period was significantly associated with suicide following all treatment events ($P < 0.001$). <u>RR (95% CI) for first compared to second 12-week periods:</u> Following psychiatric hospitalizations: 1.9 (1.5-2.4) Following new antidepressant starts: 1.8 (1.5-2.1) Following other antidepressant starts: 1.8 (1.4-2.3) Following dose changes: 1.4 (1.1-1.8) Following "any antidepressant regimen change": 1.8 (1.5-2.1) Following "any treatment event": 1.8 (1.6-2.1)

Author, Year	Study design	Aim of study	Sample size	Data source, sample time frame, location	Population characteristics	Comparison group (if any)	Risk factor(s) measured	Method of measurement of risk factor(s)	Length of follow-up/ observation time	Statistical analysis methods/ Control for confounding	Results
Yerevanian 2007 (Part 2) ⁴⁰	Prospective cohort	Examine the association between pharmacotherapy (mood stabilizers and antidepressants) and suicide among individuals diagnosed with bipolar disorder receiving care through the VHA	405	Computerized Patient Record System, January 1, 1994 to December 31, 2002, VA Greater Los Angeles Healthcare System	Patients with pharmacy records of lithium, divalproex, carbamazepine, gabapentin, topiramate, and lamotrigine dispensed from January 1, 1994 to December 31, 2002; who were given a chart diagnosis of bipolar disorder type I or type II, schizoaffective disorder bipolar type, or bipolar disorder not otherwise specified; who received ≥6 months of care for bipolar disorder by an attending psychiatric physician with a chart documentation of inquiry about suicidal behavior by the psychiatrist	N/A	Demographics (gender, age), diagnoses (bipolar I disorder, bipolar II disorder, schizoaffective disorder, bipolar disorder not otherwise specified), pharmacotherapy (mood stabilizer monotherapy, antidepressant monotherapy, mood stabilizer combined with an antidepressant), outcomes (suicide, suicide attempts, hospitalization for suicidal intent)	Assumed DSM-IV diagnostic criteria, "suicidal behavior life chart" to track medications received and occurrence of suicidal behavior events	Followed for a mean of 3 years	Generalized linear regression model, with (log) number of events as dependent measures, medication status as independent variable, and (log) total time observed as an offset variable specifying Poisson error. This method models the rates (events/[time at risk]) as an exponential function of medication status.	<p>Comparison of suicidal behavior during mood stabilizer therapy vs mood stabilizer combined with antidepressant: $\chi^2=8.71$, $df=1$; $p=0.003$</p> <p>Suicidal behavior during mood stabilizer monotherapy compared with antidepressant monotherapy:</p> <p>On Lithium: $\chi^2=19.14$, $df=1$; $p<0.0001$</p> <p>On Divalproex: $\chi^2=14.4$, $df=1$; $p=0.0001$</p> <p>On mood stabilizer monotherapy: $\chi^2=29.87$, $df=1$; $p<0.0001$</p> <p>Suicidal behavior event rates during antidepressant and/or mood stabilizer therapy in bipolar patients who received all three treatments. Rate (all events/100 PY):</p> <p>On mood stabilizer monotherapy: 13.41</p> <p>On mood stabilizer + antidepressant: 23.72</p> <p>On antidepressant alone: 38.18</p> <p><i>Note: 1 suicide in the mood stabilizer + antidepressant group; none in the others. 5 attempted suicides among the mood stabilizer + antidepressant group; 7 attempted suicides in the antidepressant monotherapy group and none in the mood stabilizer monotherapy group.</i></p>

Author, Year	Study design	Aim of study	Sample size	Data source, sample time frame, location	Population characteristics	Comparison group (if any)	Risk factor(s) measured	Method of measurement of risk factor(s)	Length of follow-up/ observation time	Statistical analysis methods/ Control for confounding	Results
Yerevanian 2007 (Part 3) ³⁹	Prospective cohort	Examine the association between pharmacotherapy (mood stabilizers and antipsychotics) and suicide among individuals diagnosed with bipolar disorder receiving care through the VHA	405	Computerized Patient Record System, January 1, 1994 to December 31, 2002, VA Greater Los Angeles Healthcare System)	Patients identified with pharmacy records of lithium, divalproex, carbamazepine, gabapentin, topiramate, and lamotrigine dispensed from January 1, 1994 to December 31, 2002; who were given a chart diagnosis of bipolar disorder type I or type II, schizoaffective disorder bipolar type, or bipolar disorder not otherwise specified; who received ≥6 months of care for bipolar disorder by an attending psychiatric physician with a chart documentation of inquiry about suicidal behavior by the psychiatrist	N/A	Demographics (gender, age), diagnoses (bipolar I disorder, bipolar II disorder, schizoaffective disorder, bipolar disorder not otherwise specified), pharmacotherapy (mood stabilizer monotherapy, antipsychotic monotherapy, mood stabilizer combined with an antipsychotic), outcomes (suicide, suicide attempts, hospitalization for suicidal intent)	Assumed DSM-IV diagnostic criteria, "suicidal behavior life chart" to track medications received and occurrence of suicidal behavior events	Followed for a mean of 3 years	Rates of events calculated by medication status over total time observed. Rates were then compared using a generalized linear regression model, with (log) number of events as dependent measures, medication status as independent variable, and (log) total time observed as an offset variable specifying Poisson error. This method models the rates (events/ [time at risk]) as an exponential function of medication status.	Non-lethal suicide event rates were 9.4 times greater ($\chi^2=28.29$; $p<0.0001$) during antipsychotic monotherapy and 3.5 times greater during mood stabilizer + antipsychotic therapy ($\chi^2=15.13$; $p=0.0001$) than during mood stabilizer monotherapy.
Zivin 2007 ⁴¹	Longitudinal	Report clinical and demographic factors associated with suicide among Veterans diagnosed with depression	807,694	VA's NARDEP linked to VA Medicare Data Merge Initiative and the NDI, April 1, 1999 to September 30, 2004	Patients with a diagnosis of a depressive disorder and who had been prescribed an antidepressant, or patients with two medical visits that resulted in the diagnosis of depressive disorders during the study period	N/A	Demographics (gender, race, ethnicity [Hispanic or not], age, region of treatment location), diagnoses (depression, PTSD, substance abuse), inpatient psychiatric hospitalization, Charlson Comorbidity Index (for physical comorbidities), and service connection	Unclear	N/A	Unadjusted suicide rates; adjusted suicide rates (by age, gender, race, ethnicity, and psychiatric and substance abuse comorbidity status); estimated suicide rate using crude mortality and estimated HRs using Cox proportional hazards regression models; estimated adjusted HRs and 95% CI	Adjusted analyses (adjusted OR, 95% CI): <i>Protective factors include:</i> woman vs man (0.35, 0.26-0.47), black vs white (0.24, 0.19-0.30), Hispanic vs not (0.47, 0.35-0.63), age ≥ 65 vs age 18-44 (0.85, 0.73-0.99), age 45-64 vs age 18-44 (0.74, 0.64-0.84), PTSD diagnosis vs not (0.77, 0.68-0.87), service connection vs not (0.86, 0.77-0.96), Northeast region vs South (0.76, 0.66-0.87), Central region vs South (0.80, 0.71-0.91). <i>Non-significant factors include:</i> Charlson score ≥1 vs 0 (0.95, 0.86-1.01), West region vs South region (0.92, 0.81-1.01). <i>Risk factors include:</i> any substance use (1.74, 1.55-1.96), previous inpatient stay for psychiatric disorder in last 12 months (1.92, 1.61-2.28). When adding interaction terms for PTSD x age ≥65 and PTSD x age 45-64, PTSD is no longer a significant protective variable for suicide. Only other changes with this model: age ≥ 65 no longer significant.

APPENDIX L. RISK OF BIAS RATINGS FOR PRIMARY STUDIES OF FACTORS TO PREDICT SUICIDAL SELF-DIRECTED VIOLENCE IN MILITARY AND VETERAN POPULATIONS^a

Study, Year	1. Adequate description of population	2. Non-biased selection	3. Low loss to follow-up/missing data adequately described?	4. Adequate/unbiased risk factor measurement?	5. Adequate/unbiased outcome measurement?	6. Was the sample size adequate (including adequate number of outcome events)?	7. Adequate statistical adjustment	8. Number of required confounders adjusted for in analysis (X of 4)	Overall assessment of potential for bias Low/Unclear/High	External validity
Belik 2009 ¹⁸	Unclear - but previously reported	Yes - CCHS-CFS data	Unclear - no information on missing data	Unclear - face-to-face interview	Unclear - self-report	Yes - N=8441	Yes - lifetime mental disorder diagnosis	1 of 4	Unclear	Canadian armed forces personnel
Belik 2010 ¹⁹	Yes	Yes - CCHS-CFS is a representative sample of active Canadian armed forces personnel; CCHS 1.2 is a nationally representative sample of individuals age ≥15 years	Unclear - no information on missing data	Partially - clinical interview for mental health diagnosis; self-report for alcohol use	Unclear - self-report: asked the following question on survey: have you "attempted suicide or tried to take [your] own life in the past 12 months?"	Yes - N=36,984 civilians, 8441 armed forces personnel	Yes - mental disorders, alcohol dependence	2 of 4	Unclear	Canadian armed forces personnel
Bell 2010 ²⁰	Yes	1873 identified suicides from data sources: Total Army Injury and Health Outcomes Database, all death files and inpatient hospital data from the Army Individual Patient Data System, and personnel records from Defense Manpower Data Center	Unclear - missing data not reported	Unclear - ICD-9 codes from hospital and Army personnel records	Yes - death records for suicide	Yes - N=1873 cases, 5619 controls	Yes - mental disorder and alcohol disorder	2 of 4	Unclear	US Army soldiers who committed suicide within 120 days of post-military discharge
Brenner 2011 ²¹	Yes	Yes - all cases included and random selection for controls with replacement where necessary	Unclear - unknown number of suicides were missed because they were not identified by the VA database	Yes - keyword search of the medical records for identification of risk factors, specifically PTSD, TBI and neurologic disease; described in detail	Yes - similar assessment to risk factors: keyword search plus chart review by licensed clinical psychologist	Yes - N=81 cases, 160 controls	Matched on age and gender, all had mental health diagnosis (PTSD)	1 of 4 (PTSD)	Unclear	US Veterans receiving mental health services
Brenner, 2011 ²²	Yes - Table 1 lists age and gender, and the rates of TBI (all), concussion, and cerebral contusion/intracranial hemorrhage	Yes - identified by ICD-9 codes for diagnosis of TBI and TBI-related diagnoses, excluding epilepsy	Unclear - no information on missing data	Unclear - based on ICD-9 codes, but unknown number of missed cases of TBI due to underdiagnosis	Yes - based on ICD-9 codes	Yes - 105 suicide deaths	Cox proportional hazards survival models for time to suicide; adjusted for psychiatric comorbidities (among other factors)	1 of 4 (any mental health disorder)	Unclear	People who received VA inpatient or outpatient healthcare services
Cox 2011 ²³	Yes - 32.9% of women vs 9% of men did not have rank; therefore considered retired or dependent	Yes - random sample of charts from those admitted with suicidal thoughts or behaviors	Unclear - missing data not reported	Unclear - chart review only, but trained coders assessed reliability	Yes - patients were admitted to a psychiatric unit for suicidal thoughts or behaviors	Yes - N=465 with suicidal thoughts, 191 with suicidal behaviors	Yes - MDD, other psychiatric diagnoses, substance or alcohol abuse	2 of 4	Unclear	Patients admitted to a US army hospital

Study, Year	1. Adequate description of population	2. Non-biased selection	3. Low loss to follow-up/ missing data adequately described?	4. Adequate/ unbiased risk factor measurement?	5. Adequate/ unbiased outcome measurement?	6. Was the sample size adequate (including adequate number of outcome events)?	7. Adequate statistical adjustment	8. Number of required confounders adjusted for in analysis (X of 4)	Overall assessment of potential for bias Low/Unclear/High	External validity
Desai 2005 ²⁴	Yes	Yes - all patients discharged with one of four diagnoses in a 4-year period	Unclear - missing data not reported	Unsure	Yes - NDI and ICD-9 codes to identify suicide deaths	Yes - N=121,933	Yes	2 of 4 (psychiatric diagnosis, including substance abuse)	Unclear	Psychiatric inpatients from US VA hospitals
Hartl 2005 ¹⁴	Yes - 630 male Veterans with PTSD who consecutively entered the residential rehabilitation program for PTSD at the Palo Alto VA between July 1994 and December 2000	Yes - consecutive admissions	Unsure - missing data not reported, but used information typically collected at the outset of most treatment programs	Unsure - questionnaires at intake, meant to be generalizable to other programs. However, the questionnaires themselves were not described or cited. Did not report how patients' war zone trauma exposure was collected. Treatment-related variables are likely to be most accurate for readmissions to this program, less so for admissions from other programs.	Unsure - self-report; violent behavior and suicide attempts assessed with items from the Northeast Program Evaluation Center Survey	Yes - N=630, 8.1% attempted suicide (n=50)	Yes - chi square only, but given that they have already controlled for psychiatric diagnosis by including only patients with PTSD who were entering substance abuse treatment, this is adequate	3 of 4	Unclear	Veterans diagnosed with PTSD entering residential rehabilitation program for substance abuse
Ilggen 2007 ²⁸	Yes	Yes - assessed all patients at entry into VA substance use disorders program, no exclusion criteria used	No - enrolled only those who completed follow-up (n=8807) from 13,870 total enrolled	Yes - used ASI, standardized measure. Trained all providers on administration and then required all patients to complete at intake.	Unsure - self-reported suicide attempt in past 30 days	Yes - N=8807	Yes - was entirely a substance use disorder population; assessed 35 risk factors and included 5 in the final model	4 of 4 (details of substance use, psychiatric diagnoses, suicidal ideation, prior suicide attempts - last 3 felt to be proxies for each other and therefore combined into one variable)	Unclear	Veterans enrolled in substance use disorder programs
Ilggen 2009 ²⁷	Unclear - limited characteristics reported (gender, race, substance abuse, PTSD, service connection, inpatient psychiatric stay in past 12 months), age not reported	Unclear - used data from a specified time period and had inclusion criteria, but not clear if all patient data were reviewed for eligibility	Unsure - does not report how many of the final analytic cohorts were missing variables	Unsure - chart review (possible inaccuracies in race; 9% unknown race, for example), assume most risk factors determined by ICD-9 code	Yes - suicide outcome was confirmed by NDI and they were careful to query even those patients without a death date but who did not receive VA services in following year	Yes - N=1275 suicide deaths	Yes - substance abuse and mental health	2 of 4 (assessed depressed population only; additional factors: PTSD, psychiatric admission, substance use disorder. No report of suicidal ideation or prior attempts.)	Unclear	US VA patients treated for depression

Study, Year	1. Adequate description of population	2. Non-biased selection	3. Low loss to follow-up/ missing data adequately described?	4. Adequate/ unbiased risk factor measurement?	5. Adequate/ unbiased outcome measurement?	6. Was the sample size adequate (including adequate number of outcome events)?	7. Adequate statistical adjustment	8. Number of required confounders adjusted for in analysis (X of 4)	Overall assessment of potential for bias Low/Unclear/High	External validity
Ilggen 2010 ²⁵	Yes	Yes - database; all patients in a specified time period	Unsure - no information on missing data	Unsure - all risk factors determined by ICD-9 code; they were careful to design the study such that risk factors were assessed prior to the outcome	Yes - NDI	Yes - N=7684 suicide deaths	Yes - proportional hazard regression, adjusted for substance abuse and mental health	2 of 4	Unclear	Veterans seeking services tend to have poorer general physical and mental health functioning than the US population. Rank, socioeconomic status and time since military discharge may be important and were not examined.
Ilggen 2010 ²⁹	Yes	Yes - LHSV was mailed to a national random sample of Veteran enrollees; RR not reported	Unsure - no information on missing data	Unsure - medical records review; used ICD-9 diagnostic codes for psychiatric diagnoses and substance use disorders; self-report for pain outcomes and SF-36	Yes - NDI data	Yes - overall sample size N=260,254	Yes - substance abuse and mental health	2 of 4 (all had substance use disorder)	Unclear	US Veterans
Ilggen 2010 ²⁶	Yes	Yes - LHSV was mailed to a national random sample of Veteran enrollees; RR not reported	Unsure - no information on missing data	Unsure - chart review only; ICD-9 for psychiatric and substance use disorder diagnoses	Yes - NDI data	Yes - N=854	Yes - substance abuse and mental health	2 of 4	Unclear	US Veterans with substance use disorder
Kaplan 2007 ³⁰	Yes	Yes - used all data from a population-based health survey	Unsure - missing data not reported; unclear if missing outcome, demographic, or risk factor data on some of the population	Yes - number of psychiatric conditions ascertained based on ICD-9 codes	Yes - objective measures used (NDI, ICD-9 codes)	Yes - N=320,000; 104,026 Veterans; 197 suicide deaths in Veterans	Yes - had at least one psychiatric condition (and other factors)	1 of 4 (number of psychiatric conditions)	Unclear	Veterans, males only (too few women to include in analysis); various service areas
Mahon 2005 ³¹	No - some characteristics reported, but not demographics	Yes - reviewed all causes of death for all personnel active during the study period	Partly - excluded open-verdict deaths (drowning, train accidents, and single-vehicle road traffic accidents; 5.2% of deaths were drowning and 18.7% were road traffic accidents)	Unsure - assume data (e.g. psychiatric diagnosis) collected from military files but not described	Unsure - military files and proceedings of Courts of Inquiry were reviewed by the investigators to determine cause of death	Yes - N=63 suicide deaths (overall sample 732 deaths)	Yes - bivariate analysis; confounders included psychiatric diagnosis, history of deliberate self-harm, and recent psychiatric assessment	2 of 4 (psychiatric diagnosis, past history of deliberate self-harm)	Unclear	Irish Defense Forces

Study, Year	1. Adequate description of population	2. Non-biased selection	3. Low loss to follow-up/ missing data adequately described?	4. Adequate/ unbiased risk factor measurement?	5. Adequate/ unbiased outcome measurement?	6. Was the sample size adequate (including adequate number of outcome events)?	7. Adequate statistical adjustment	8. Number of required confounders adjusted for in analysis (X of 4)	Overall assessment of potential for bias Low/Unclear/High	External validity
Pettit 2006 ³²	Yes	Unclear - no data on consecutive recruitment	Unsure - design of study ensured that all data were complete	Unclear - licensed professionals did assessments using standard measures. No information on whether they were blinded to past suicide attempts.	Unsure - self-report suicide attempts	Yes - 41.8% reported a non-fatal suicide attempt prior to entry in the program	Yes - all patients had suicidality. They evaluated specific mental health diagnoses in the setting of suicidality.	2 of 4 (suicidality and mental health diagnosis)	Unclear	Moderate - these were patients at a US Army Medical Center, so could include spouses and dependents of military personnel
Pfeiffer 2009 ³²	Yes	Yes	Unsure - no information on missing data is reported	Unsure - comorbid anxiety disorders and substance use disorders obtained from clinical and administrative records, but unclear about content or blinding of raters	Yes - suicide mortality determined from cause of death contained in NDI	Yes - N=1892 suicide deaths	Yes	2 of 4 (anxiety disorders and substance use disorders)	Unclear	US Veterans with depression
Pinder 2011 ³³	Yes	Yes	Unsure - 24% (262/1083) were not surveyed due to declining to participate (10%), could not be traced (15%) or unavailable for interview (2%). Noted no evidence of response bias in response to health, but did not provide details of how this was determined.	Unsure - self-report via questionnaire and clinical interview	Unclear - self-reported self-harm	Yes - 80/821 had a history of a suicide attempt	No - univariable analysis of factors including mental health diagnosis and substance abuse, but, did not simultaneously adjust for required confounders.	1 of 4 (psychological distress – childhood adversity)	High	UK armed forces personnel, 70% of whom reported psychological distress as defined by a score of 4 or more on the 12-item general health questionnaire
Roy 2011 ³⁴	Yes	Unsure if 53 who had never completed the Childhood Trauma Questionnaire were systematically different from those that had	Yes - only included those who completed the Childhood Trauma Questionnaire	Unsure - self-report supplemented by collateral information from clinicians and medical records	Unsure - self-reported history of suicide attempt via psychiatric interview by study psychiatrist; supplemented by collateral information from clinicians and medical records	No - although 41 patients had attempted suicide, only possible to match 20 cases with 20 controls for analysis	Unsure - assessed resilience in population of abstinent substance abuse patients matched for childhood trauma; but did not adjust further	1 of 4 (all had substance abuse)	High	Abstinent substance abuse patients who were seen in the Substance Abuse Treatment Program at the Department of VA in New Jersey and had attempted suicide

Study, Year	1. Adequate description of population	2. Non-biased selection	3. Low loss to follow-up/missing data adequately described?	4. Adequate/unbiased risk factor measurement?	5. Adequate/unbiased outcome measurement?	6. Was the sample size adequate (including adequate number of outcome events)?	7. Adequate statistical adjustment	8. Number of required confounders adjusted for in analysis (X of 4)	Overall assessment of potential for bias Low/Unclear/High	External validity
Seyfried 2011 ³⁵	Yes - age >60 years with dementia identified by ICD-9	Yes - all patients diagnosed with dementia between FY 2001-05 identified in the VA National Care Patient Database; dementia diagnosis identified by ICD-9	Unsure - not reported. 294,952 patients; 241 suicide deaths. No description of how many people were excluded from the overall eligible sample.	Yes - medical records for demographics, ICD-9 codes for diagnosis of dementia, psychiatric and medical comorbidities	Yes - suicide deaths identified by NDI and ICD-10 codes	Yes - 241 suicide deaths in cohort of 294,952 patients with dementia	Yes - controlled for psychiatric comorbidities, age, sex, race, marital status, medical comorbidities, healthcare utilization and medication use	1 of 4 (psychiatric illness)	Unclear	Veterans with dementia who are ≥60 years old
Thomsen 2011 ³⁶	Yes	No - attendance at survey recruiting sessions was based on commander referral and availability within training schedule	Unsure - included only those who provided data on their deployment and answered at least 7 or 8 questions on risky behavior. Missing data from 19%; did not report whether missing data differed between groups.	Partly - risky behavior was self-reported via an anonymous written survey. Combat deployment status was determined by record of combat pay (objective).	Unsure - outcome was risky behavior, including attempted suicide; determined by self-report on an anonymous survey	Yes - 7% of sample reported a suicide attempt (148/2116)	Yes	2 of 4 (prior self-harm or suicide attempt, any mental health diagnosis)	Unclear	US military personnel; active duty, mean age 24 years, 92% male
Tiet 2006 ³⁷	Yes	Yes	Yes - regression analysis included data from 97% of males (32,271/33,236)	Partly - Sexual and physical abuse: Unclear due to use of face-to-face interview, but with a validated questionnaire (ASI). Psychiatric diagnoses: Yes, accessed nationwide VA database to obtain diagnoses made by experienced clinicians during usual care.	Unsure - self-reported suicide attempt in the past 30 days	Yes - overall 33,236 men; 1120 attempted suicide in past 30 days	Yes	2 of 4 (mental health diagnosis, substance abuse)	Unclear	US Veterans seeking treatment for psychiatric disorders; 99% had substance use disorder; mean age 47 years; main findings based on data from males (too few females to include in analysis)
Valenstein 2009 ³⁸	Yes	Yes - all patients in the database receiving an antidepressant during the study timeframe	Unsure - no information on missing data	Yes - ICD-9 codes for depression and substance abuse disorder from the registry	Yes - used NDI data and did a sensitivity analysis in which deaths of undetermined intent were considered suicides	Yes - overall sample size over 887,000; 1346 suicides	Yes	2 of 4 (all had depression; adjusted for substance abuse disorder and PTSD)	Unclear	US Veterans receiving treatment for depression; mean age 59 years, 92% male

Study, Year	1. Adequate description of population	2. Non-biased selection	3. Low loss to follow-up/missing data adequately described?	4. Adequate/unbiased risk factor measurement?	5. Adequate/unbiased outcome measurement?	6. Was the sample size adequate (including adequate number of outcome events)?	7. Adequate statistical adjustment	8. Number of required confounders adjusted for in analysis (X of 4)	Overall assessment of potential for bias Low/Unclear/High	External validity
Yerevanian 2007 (Part 2) ⁴⁰	Yes - identified all patients getting any prescription for lithium, divalproex, carbamazepine, gabapentin, topiramate and lamotrigine during study period; identified subjects then had to have chart diagnosis of bipolar disorder and ≥6 months of clinical care for bipolar disorder and chart documentation of inquiry about suicidal behavior by the psychiatrist	Yes - non-biased selection within the group that was defined as the population of interest	Unclear - completeness of data not described	No - all diagnoses based on chart review; medications from pharmacy data. Patients were not randomly assigned to medications and there was no accounting for severity of illness, provider preference, etc. in the analysis.	No - chart review of psychiatrist documentation about suicidal behavior	Unsure - N=405	No - see notes under #4	1 of 4 (since all patients were bipolar the study essentially accounted for the mental health diagnosis and could assess other risk factors within this population)	High	US Veterans with bipolar disorder in Southern California
Yerevanian 2007 (Part 3) ³⁹	Yes - identified all patients getting any prescription for lithium, divalproex, carbamazepine, gabapentin, topiramate and lamotrigine during study period; identified subjects then had to have chart diagnosis of bipolar disorder and ≥6 months of clinical care for bipolar disorder and chart documentation of inquiry about suicidal behavior by the psychiatrist	Yes - non-biased selection within the group that was defined as the population of interest	Unclear - completeness of data not described	No - all diagnoses based on chart review; medications from pharmacy data. Patients were not randomly assigned to medications and there was no accounting for severity of illness, provider preference, etc. in the analysis.	No - chart review of psychiatrist documentation about suicidal behavior	Unsure - N=405	No - see notes under #4	1 of 4 (since all patients were bipolar the study essentially accounted for the mental health diagnosis and could assess other risk factors within this population)	High	US Veterans with bipolar disorder in Southern California

Study, Year	1. Adequate description of population	2. Non-biased selection	3. Low loss to follow-up/missing data adequately described?	4. Adequate/unbiased risk factor measurement?	5. Adequate/unbiased outcome measurement?	6. Was the sample size adequate (including adequate number of outcome events)?	7. Adequate statistical adjustment	8. Number of required confounders adjusted for in analysis (X of 4)	Overall assessment of potential for bias Low/Unclear/High	External validity
Zivin 2007 ⁴¹	Yes - data from the VA's NARDEP database. FY 1997 forward; linked to VA Medicare Data and NDI.	Yes - all patients with a diagnosis of depression and an antidepressant prescription, or had two medical visits with diagnosis of depressive disorders during the study period	Unsure - reported that patients with missing data for key covariates were excluded from all analyses, but details only provided for 9% excluded due to missing race data. 1,500,000 starting; with 807,694 satisfying inclusion/exclusion criteria.	Unsure - information on substance abuse diagnosis, diagnosis of PTSD, and prior VA psychiatric hospitalization obtained from the VA's NARDEP database, but details of coding process and blinding of raters was not described. Race data is excluded from analyses because it was unreliably documented.	Yes - suicides identified from NDI database based on ICD-10 codes, compiled from death certificates	Yes - N=807,694	Yes - present adjusted HR with PTSD x age interaction	3 of 4 (substance abuse, history of PTSD, inpatient psychiatric stay)	Unclear	Individuals receiving treatment for depression in the US VA health system

^a Risk of Bias tool modified from Hayden et al. 2006 and Harris et al. 2001.^{9, 10}

APPENDIX M. PEER REVIEW COMMENTS AND AUTHOR RESPONSES

<i>Reviewer</i>	<i>Comment</i>	<i>Response</i>
Question 1. Are the objectives, scope, and methods for this review clearly described?		
2	The concerns addressed in answers 2 and 3 could, perhaps, have been addressed with a more complete discussion of objectives, scope, and methods.	We have revised and expanded the description of scope and methods section to provide a more detailed explanation of the EBPWG requests.
2	Moreover, the text does not describe how issues of statistical power of the studies reported was addressed.	Statistical power for studies of predictive tools and variables is included in the quality (risk of bias) assessment. In this report, we use the following question in our quality (risk of bias) assessment for each study: “Was the sample size adequate (including adequate number of outcome events)?” was part of our quality (risk of bias) assessment for each study – see Appendix K. We have also added additional detail in the Methods section to make this clearer.
2	Nor does it address the potential problems and pitfalls in the identification of suicide attempts as outcomes.	We briefly addressed the limitations of suicide attempts as outcomes in that section of results, but have added identification of suicide attempts to the Limitations section of the report as well, to further emphasize that issue.
3	Within the review it is stated that key questions 3 and 4 were considered but not addressed because of the adequate volume of evidence identified for the first two questions; however, based on the outcomes (limited recommendations) I am not sure I concur.	We established the scope of this report with the EBPWG. Because non-VA literature is less directly applicable to the VA and DOD populations than literature that reports on data from Veteran and military populations, those studies constitute a weaker body of evidence, given the focus of this review. Along with the EBPWG, we agreed that a detailed look at the strongest body of evidence would be most helpful and that a summary of prior systematic reviews for non-VA populations would suffice. Therefore, we have removed reference to questions 3 and 4 (non-Veteran and non-military populations) from the report since it was confusing to readers.
6	For the most part, these are described well. I was confused by the Table of contents listing 4 key questions, but only 2 of them appearing in the Executive Summary. I think you need to explain in the Executive Summary why you did not address KQs 3 and 4. You may want to explicate further what you mean by finding a sufficient volume of evidence to not do KQ 3 and 4	See above.
Question 2. Is there any indication of bias in our synthesis of the evidence?		
2	The reasons provided in the draft document for not addressing questions 3 and 4 do not make sense. Ignoring these questions appears to reflect some unspecified goals.	See above.

<i>Reviewer</i>	<i>Comment</i>	<i>Response</i>
7	Unsure about why some questions were not addressed	See above.
Question 3. Are there any <u>published</u> or <u>unpublished</u> studies that we may have overlooked?		
1	The AJP March 2012 issue on suicide- a study by Bossarte on attempters might be useful.	We agree that this issue provides potentially valuable information on suicide among Veteran and military populations; however the publication date puts it out of the scope of this systematic review. While not identified systematically nor quality rated, it cannot be included in this report. However, we reviewed the Bossarte et al. study informally: They assessed age, gender, race, mental health status and social/emotional support as risk factors for self-reported suicide attempts on the BFSS. A report of depression, anxiety or PTSD carried an adjusted OR of 21.7 (CI 5.6-84.3); no other factors were significant. Even if included, this study would not add significantly to or change the conclusions of our current report.
2	The rationale for starting the literature review in 2005 is not clearly defined. Basing it on the Mann review does not make sense because that review does not address assessment instruments or risk factors. Basing it on the Gaynes review does not make sense because that publication reviewed relevant literature only until 2002.	The Mann review does review assessment tools. We have clarified the scope and this decision as being based on EBPWG request for the strongest and most directly applicable recent literature on Veterans and members of the military (given the existing literature on civilian populations through such reports as Mann, Gaynes, NICE 2011, Brown, and Goldston). Additionally, we have further summarized the information obtained from other, similar systematic reviews throughout the report to present a more comprehensive review of the literature.
2	It may be useful to include information from merged data on Veterans utilizing VHA services and the NDA, or from VA records on suicide attempts.	Per follow-up discussions with our stakeholder group, we will not include these unpublished data in this report, but the CPG may choose to make use of such raw data as appropriate.
3	Would highly consider adding: information and discussion regarding warning signs (Risk factors are very helpful in terms of understanding behaviors at a population-based level. The field is moving towards warning signs [individualized thoughts/behaviors] that precipitate SDV	We have added a discussion of warning signs in the Future Directions section.
3	Would consider adding non-Veteran/military data.	We have clarified the scope and this decision was based on EBPWG request for recent literature on Veterans and members of the military (given the existing literature on civilian populations through such reports as Mann, Gaynes, NICE 2011, Brown, and Goldston). Additionally, we have further summarized the information obtained from other, similar systematic reviews throughout the report to present a more comprehensive review of the literature.
4	Helpful information might exist in the work of the VA National Center for Patient Safety, which is not included in this report (for obvious reasons). It might be useful to point this out and refer readers to NCPS	Per follow-up discussions with our stakeholder group, we will not include such data in this report, but the CPG may choose to make use of such raw data as appropriate.

<i>Reviewer</i>	<i>Comment</i>	<i>Response</i>
6	I was slightly surprised that you did not find manuscripts linking Patient Health Questionnaire (PHQ) item scores and suicide behavior or ideation. The PHQ-9 th item specifically asks about suicidal ideation. A lot of studies have been done using the PHQ in recently years--you may want to consider do some additional very focused search for manuscripts written about the PHQ and possible suicide-related outcomes.	We did not find any articles evaluating the PHQ-9 that met our inclusion criteria. We have added a discussion of the PHQ-9 and recent literature on the PHQ-9 with regard to suicidality to the Recommendations for Future Research section of this report.
7	The rationale for starting the literature review in 2005 does not make sense.	We have clarified the scope and this decision was based on EBPWG request for recent literature on Veterans and members of the military (given the existing literature on civilian populations through such reports as Mann, Gaynes, NICE 2011, Brown, and Goldston). Additionally, we have further summarized the information obtained from other, similar systematic reviews throughout the report to present a more comprehensive review of the literature.
7	I think there are unpublished VA reports that could have been solicited.	Per follow-up discussions with our stakeholder group, we will not include these unpublished data in this report, and the CPG may choose to make use of such raw data as appropriate.
Question 4. Please write additional suggestions or comments below. If applicable, please indicate the page and line numbers from the draft report.		
1	In discussing mental health diagnosis as a potential risk factor, it might be helpful to differentiate clinician-generated MH diagnosis versus those from administrative or existing data- as getting a diagnosis in the chart might indicate treatment engagement	We have added this point to the limitations section.
1	Some of the NDI studies involving national VA databases included VA users, who may not all be Veterans (i.e. some non-Veterans received care at VA facilities). It would be important to note this distinction.	While this may be true in some studies, we anticipate that there are low numbers of non-Veterans included in the VA databases and it may not be possible to identify them individually. Additionally, these people are still members of the Veteran community, which is a population of interest in these studies.
3	Previous section and include citations: Throughout document would change “Completed Suicide” which sounds like a positive event to “Death by Suicide”	We have now cited both Crosby and Brenner articles on the topic, and clarified terminology throughout, including removal of the term “completed” throughout the entire report. However, we use terms (e.g., suicide attempt) as they were reported in the primary studies in order to provide accurate information from these studies.

<i>Reviewer</i>	<i>Comment</i>	<i>Response</i>
3	Evidence Report – Page 1, some of citations at bottom of page (e.g., are non military/VA sources) this is not clear from reading the text.	We acknowledge that the introduction to this report cites some studies that are not from military or Veteran populations. This section is meant to explain that there are factors derived from military experience that have reasonable likelihood of contributing to increased suicide risk. We have added a citation for TBI that includes Veteran population (Brenner, 2011).
3	Figure 1 and 2 – Known risk factors don’t always lead to distal health outcomes (at least directly) – this is where adding warning signs may be helpful	We have added wording to the Future Research section to acknowledge that warning signs may signify a more immediate state of risk than traditional risk factors which reflect a state of overall heightened risk.
3	Systematic Reviews – page 12 – it may be helpful to explain how or why using chart data (PAI scores) that were entered by the patient before the attempt would be biased?	In this section, we specifically describe the risk of bias due to lack of assessor blinding as related to chart review methods for assessment of suicide attempts. This outcome is potentially influenced by lack of assessor blinding because of it is not as objective or clearly defined as a test score that is included in a patient’s chart. We agree that chart review along for determination of a previously collected assessment tool score would carry a low risk of bias for that outcome.
3	Summary and Discussion – Page 24 – it is not clear that the limitations of the Hendin study are sufficiently highlighted (Citation 10)	We have added a statement describing the risk of bias for this study.
3	Summary and Discussion – Page 24 – is the ASI still nationally implemented? – it was my understanding that it was replaced	We have corrected this information throughout the report.
3	Summary and Discussion – Page 24 – would be important to clarify that the PAI study was only with veterans who had TBIs.	We have added this information.
3	Summary and Discussion – Page 25 – would be helpful to have citations in attempt and suicide paragraphs.	We have added citations to the Summary and Discussion section.
4	I don’t have much to add. I think the synthesis is very timely since many clinicians and administrators continue to search for an instrument or set of variables to predict suicide in an individual patient. We know (or think we know) that some interventions are useful for the entire population but still struggle with prediction in individual cases.	Noted.
5	The executive summary has a few typos: p3, line 28 information about specificity is missing; p4. line 9 the name of the instrument being discussed is missing;	We have made these corrections.

<i>Reviewer</i>	<i>Comment</i>	<i>Response</i>
5	p5. line 21 (and elsewhere in the article) the term “Religious Terror” is very confusing – what does it mean?	The term “religious terror” comes directly from the article that assessed this risk factor (Belik 2009). It is the variable name associated with the question: “Have you ever lived as a civilian in a place where there was ongoing terror of civilians for political, ethnic, religious, or other reasons?” We have clarified this in the text and table.
6	I think you need to confirm your nomenclature matches new national VA standards on nomenclature related to suicide behaviors. This nomenclature should be acknowledged early and clearly—a table may help. The document currently does not use the nomenclature consistently.	We have now cited both Crosby and Brenner articles on the topic, and clarified terminology throughout, including removal of the term “completed” throughout the entire report. However, we use terms (e.g., suicide attempt) as they were reported in the primary studies in order to provide accurate information from these studies.
6	Related to above, it is unclear to me if suicidal ideation is considered an outcome you looked at—what behaviors were and weren’t included?	See above; we have clarified terminology related to outcomes and state that suicidal self-directed violence, but not suicidal ideation, outcomes were included in this report.
6	Since you did not include studies that were included in the prior Mann review, it would be important and helpful to know (briefly) what the findings were from that review and compare and contrast them—did we learn anything new and what did we learn?	We have added a more comprehensive summary from this Mann report as well as from the Gaynes and NICE 2011 Self-Harm reports.
6	You should briefly define reclassification analysis.	We have done this in the Summary and Discussion under KQ#1.
6	In the descriptions in the text of individual studies, I would like to know just a bit more about the design/structure of the study, in particular overall design (e.g. prospective cohort) and how long patients were followed. At the same time, in the Executive Summary I think you have more detail on the specific studies than you need.	Thank you. We have taken this comment into account in our edits of the main report and also the Executive Summary
6	In the Executive Summary, I would include the names of the actual measures, not just the abbreviations in the subsections describing studies that used those measures.	We have made this change.
6	On page 2 of the main document, you say that available evidence suggests that only 4% of people identified as high risk in primary care are truly at risk...--you reference the Gaynes study. To my recollection this 4% figure is the result of an estimate using a best case scenario—you may want to review and restate.	We have provided additional information on the estimates from the Gaynes article; included these because they demonstrate the difficulties with developing assessment tools for rare outcomes.

<i>Reviewer</i>	<i>Comment</i>	<i>Response</i>
6	I think your analytic models are overly detailed (e.g. intake form, specific types of pharmacotherapy or psychotherapy). For me these detract a bit from the overall models and flow and don't add much	We have condensed these into one overall model, and have kept the amount of detail to be consistent with the Suicide Prevention Interventions report.
6	For KQ2 you write that 2 studies were of limited quality—but which two?—you report that 3 of the studies had methodological flaws with high risk of bias	4 of the 26 studies identified for KQ2 had high risk of bias and were cited and not reviewed further.
6	In your recommendations (and perhaps other places earlier) I would suggest you address need for briefer screens (or comment on how long/brief the screens are you recommend for further testing.	We have made this recommendation throughout the report.
Question 5. Are there any clinical performance measures, programs, quality improvement measures, patient care services, or conferences that will be directly affected by this report? If so, please provide detail.		
2	No. In the absence of a review of instruments that are promising on the basis of studies in the civilian population, the report has limited utility. It should not be used to guide clinical performance measures, programs, quality improvement measures, patient care services, or conferences.	We have updated the report to include a more in depth summary of existing assessment literature on civilian populations from the Mann, Gaynes, NICE 2011, Brown, and Goldston reports.
3	Would think this would impact current practices.	Noted.
4	Suicide prevention is quite prominent across many programs in VA and DoD.	Noted.
5	Indirectly, we will continue to educate stakeholders on the lack of data to support the use of specific risk assessment instruments.	Noted.
6	VA Office of Mental Health—Suicide Prevention VISN 19 MIRECC Canandaigua Center of Excellence	Noted.
Question 6. Please provide any recommendations on how this report can be revised to more directly address or assist implementation needs.		
1	It would be helpful for the field to know what are the best available algorithms of suicide risk, and perhaps develop a risk model for clinicians to use to identify patients in their panel at highest risk) (e.g. through the PACT COMPASS).	We agree that this is an important goal.

<i>Reviewer</i>	<i>Comment</i>	<i>Response</i>
1	In addition, the VA has rolled out the PHQ-9 which includes a question on suicidal ideation- some additional research on its utility in predicting suicide would be helpful.	We have updated the assessment section to include information on the PHQ-9, though we did not find any studies on this assessment tool that met inclusion criteria. We included PHQ-9 in the Discussion.
2	Address question 3	We have updated the report to include a more in depth summary of existing assessment literature on civilian populations from the Mann, Gaynes, NICE 2011, Brown, and Goldston reports.
3	Recommendations re: if and how findings should be incorporated in current practices (e.g., intake)	Recommendations are beyond the scope of this report and will be addressed by the EBPWG.
4	There is nothing here to implement.	Noted.
5	The ASI is no longer routinely used in VA substance abuse settings; the report also seems to discuss the importance of use in primary care for some but not all of the instruments. That would be useful to address as a separate section	We have made this correction re: the ASI. We also provide an expanded discussion of screening and assessment tools that could most easily be applied in primary care settings.
7	Address question 3	We have updated the report to include a more in depth summary of existing assessment literature on civilian populations from the Mann, Gaynes, NICE 2011, Brown, and Goldston reports.
Question 7. Please provide us with contact details of any additional individuals/stakeholders who should be made aware of this report.		
1	Jan Kemp and Toni Zeiss- OMHS Ira Katz and Mary Schohn- OMHO Gordon Schectman and Rick Stark- Primary Care/ PACT	Noted. We will disseminate the report accordingly.
3	Mark Ilgen	Noted. We will disseminate the report accordingly.
4	Office of Research and Development – to help press the need for more research	Noted. We will disseminate the report accordingly.
5	Quality Managers	Noted. We will disseminate the report accordingly.
6	Jan Kemp, Ira Katz, Robert Bossarte	Noted. We will disseminate the report accordingly.

APPENDIX N. ABBREVIATIONS

Abbreviation	Term
ASI	Addiction Severity Index
ASQ	Affective States Questionnaire
BDI	Beck Depression Inventory
CCHS-CFS	Canadian Community Health Survey Cycle 1.2 - Canadian Forces Supplement
CI	Confidence interval
CIDI	Composite International Diagnostic Interview
DoD	Department of Defense
DSM	Diagnostic and Statistical Manual of Mental Disorders
EBPWG	Evidence Based Practice Working Group
EMR	Electronic medical record
FY	Fiscal year
HR	Hazard ratio
ICD	International Classification of Diseases
IPS	Interpersonal Psychological Survey
LHSV	Large Health Survey of Veterans
MCS	Mental Component Summary
MDD	Major Depressive Disorder
N/A	Not applicable
NARDEP	National Registry for Depression
NDI	National Death Index
NICE	National Institute for Health and Clinical Excellence
NS	Not significant
OCD	Obsessive-compulsive disorder
OEF	Operation Enduring Freedom
OIF	Operation Iraqi Freedom
OR	Odds ratio
PAI	Personality Assessment Inventory
PHQ	Patient Health Questionnaire
PTSD	Post-traumatic stress disorder
PY	Person-year
RR	Relative risk
SD	Standard deviation
SPI	Suicide Potential Index
TBI	Traumatic brain injury
UK	United Kingdom
US	United States
VA	Veterans Affairs
VAMC	Veterans Affairs Medical Center
VHA	Veterans Health Administration
vs	Versus

APPENDIX O. EXCLUDED STUDIES

The following full-text publications were considered for inclusion but failed to meet the criteria for this report.

Exclusion codes:

- 1 = non-English language
- 2 = ineligible country
- 3 = ineligible outcome
- 4 = did not evaluate risk factors or assessments
- 5 = ineligible publication type
- 6 = ineligible systematic review due to limitations in quality
- 7 = ineligible nonsystematic regulatory agency analysis
- 8 = did not account for major potential confounders
- 9 = primary articles about risk, not a Veteran or military population

Excluded Trials	Exclusion Code
1 Abe K, Mertz KJ, Powell KE, Hanzlick RL. Characteristics of black and white suicide decedents in Fulton County, Georgia, 1988-2002. <i>Am J Public Health</i> . 2006 Oct;96(10):1794-8.	9
2 Acharya N, Rosen AS, Polzer JP, et al. Duloxetine: meta-analyses of suicidal behaviors and ideation in clinical trials for major depressive disorder. [erratum appears in <i>J Clin Psychopharmacol</i> 27 (1): 57]. <i>J Clin Psychopharmacol</i> . 2006 Dec;26(6):587-94.	6
3 Afifi TO, MacMillan H, Cox BJ, Asmundson GJ, Stein MB, Sareen J. Mental health correlates of intimate partner violence in marital relationships in a nationally representative sample of males and females. <i>Journal of Interpersonal Violence</i> . 2009 Aug;24(8):1398-417.	9
4 Ahmadian M, Fata L, Asgharnejhad A, Malakooti K. A comparison of the early maladaptive schemas of suicidal and non-suicidal depressed patients with non-clinical sample. <i>Advances in Cognitive Science</i> . 2008 Win;10(4; 40):98.	1
5 Ahs AM, Westerling R. Mortality in relation to employment status during different levels of unemployment. <i>Scand J Public Health</i> . 2006;34(2):159-67.	2
6 Akdeniz F, Karadag F. Does menstrual cycle affect mood disorders? <i>Turk Psikiyatri Dergisi</i> . 2006;17(4):296-304.	6
7 Aksoy-Poyraz C, Ozdemir A, Ozmen M, Arikan K, Ozkara C. Electroconvulsive therapy for bipolar depressive and mixed episode with high suicide risk after epilepsy surgery. <i>Epilepsy & Behavior</i> . 2008 Nov;13(4):707-9.	2
8 Alexander MJ, Haugland G, Ashenden P, Knight E, Brown I. Coping with thoughts of suicide: techniques used by consumers of mental health services. <i>Psychiatr Serv</i> . 2009 Sep;60(9):1214-21.	4
9 Allen JP, Cross G, Swanner J. Suicide in the Army: a review of current information. <i>Mil Med</i> . 2005 Jul;170(7):580-4.	5
10 Allmer C, Ventegodt S, Kandel I, Merrick J. Positive effects, side effects and adverse events of clinical holistic medicine. A review of Gerda Boyesen's non-pharmaceutical mind-body medicine (biodynamic body-psychotherapy) at two centres in United Kingdom and Germany. <i>International Journal of Adolescent Medicine and Health</i> . 2009 Jul-Sep;21(3):281-97.	5
11 Altamura AC, Mundo E, Bassetti R, et al. Transcultural differences in suicide attempters: analysis on a high-risk population of patients with schizophrenia or schizoaffective disorder. <i>Schizophr Res</i> . 2007 Jan;89(1-3):140-6.	3
12 Ancoli-Israel S, Cooke JR. Prevalence and Comorbidity of Insomnia and Effect on Functioning in Elderly Populations. <i>J Am Geriatr Soc</i> . 2005;53(Suppl. 7):S264-71.	5
13 Andersson N, Ledogar RJ. The CIET Aboriginal Youth Resilience Studies: 14 Years of Capacity Building and Methods Development in Canada. <i>Pimatisiwin</i> . 2008 Summer;6(2):65-88.	5

Excluded Trials	Exclusion Code
14 Andrade C, Bhakta SG, Singh NM. Controversy revisited: Selective serotonin reuptake inhibitors in paediatric depression. <i>World J Biol Psychiatry</i> . 2006;7(4):251-60.	5
15 Andriessen K, Krysinska K. Can sports events affect suicidal behavior? A review of the literature and implications for prevention. <i>Crisis: The Journal of Crisis Intervention and Suicide Prevention</i> . 2009;30(3):144-52.	5
16 Anestis MD, Joiner TE. Examining the role of emotion in suicidality: negative urgency as an amplifier of the relationship between components of the interpersonal-psychological theory of suicidal behavior and lifetime number of suicide attempts. <i>J Affect Disord</i> . 2011 Mar;129(1-3):261-9.	9
17 Angst J, Angst F, Gerber-Werder R, Gamma A. Suicide in 406 Mood-Disorder Patients With and Without Long-Term Medication: A 40 to 44 Years' Follow-Up. <i>Archives of Suicide Research</i> . 2005 Sep;9(3):279-300.	2
18 Appleby BS, Duggan PS, Regenber A, Rabins PV. Psychiatric and neuropsychiatric adverse events associated with deep brain stimulation: A meta-analysis of ten years' experience. <i>Mov Disord</i> . 2007 Sep 15;22(12):1722-8.	6
19 Apter A, King RA, Bleich A, Fluck A, Kotler M, Kron S. Fatal and non-fatal suicidal behavior in Israeli adolescent males. <i>Arch Suicide Res</i> . 2008;12(1):20-9.	2
20 Apter A, Lipschitz A, Fong R, et al. Evaluation of suicidal thoughts and behaviors in children and adolescents taking paroxetine. <i>J Child Adolesc Psychopharmacol</i> . 2006 Feb-Apr;16(1-2):77-90.	5
21 Arata CM, Lanhinrichsen-Rohling J, Bowers D, O'Brien N. Differential correlates of multi-type maltreatment among urban youth. <i>Child Abuse Negl</i> . 2007 Apr;31(4):393-415.	3
22 Arling TA, Yolken RH, Lapidus M, et al. <i>Toxoplasma gondii</i> antibody titers and history of suicide attempts in patients with recurrent mood disorders. <i>J Nerv Ment Dis</i> . 2009 Dec;197(12):905-8.	9
23 Army Suicide Prevention Task Force. Army Health Promotion, Risk Reduction and Suicide Prevention: Report 2010. Washington, D.C.: Department of Defense; 2010.	5
24 Arnette NC, Mascaro N, Santana MC, Davis S, Kaslow NJ. Enhancing spiritual well-being among suicidal African American female survivors of intimate partner violence. <i>J Clin Psychol</i> . 2007 Oct;63(10):909-24.	4
25 Arnette NC. Prediction of adolescent suicidality: Relative contribution of diagnosis, psychopathy, and impulsivity. <i>Dissertation Abstracts International: Section B: The Sciences and Engineering</i> . 2007;67(12-B):7362.	9
26 Asarnow JR, Baraff LJ, Berk M, et al. Pediatric emergency department suicidal patients: two-site evaluation of suicide ideators, single attempters, and repeat attempters. <i>J Am Acad Child Adolesc Psychiatry</i> . 2008 Aug;47(8):958-66.	9
27 Asarnow JR, Porta G, Spirito A, et al. Suicide attempts and nonsuicidal self-injury in the treatment of resistant depression in adolescents: findings from the TORDIA study. <i>J Am Acad Child Adolesc Psychiatry</i> . 2011 Aug;50(8):772-81.	9
28 Aseltine RH, Jr., Schilling EA, James A, Glanovsky JL, Jacobs D. Age variability in the association between heavy episodic drinking and adolescent suicide attempts: findings from a large-scale, school-based screening program. <i>J Am Acad Child Adolesc Psychiatry</i> . 2009 Mar;48(3):262-70.	9
29 Atmaca M, Tezcan E, Parmaksiz S, Saribas M, Ozler S, Ustundag B. Serum ghrelin and cholesterol values in suicide attempters. <i>Neuropsychobiology</i> . 2006;54(1):59-63.	2
30 Auquier P, Lancon C, Rouillon F, Lader M, Holmes C. Mortality in schizophrenia. <i>Pharmacoepidemiol Drug Saf</i> . 2006 Dec;15(12):873-9.	5
31 Auquier P, Lancon C, Rouillon F, Lader M. Mortality in schizophrenia. <i>Pharmacoepidemiol Drug Saf</i> . 2007 Dec;16(12):1308-12.	5
32 Auxemery Y, Fidelle G. Internet and suicidality: A googling study about mediatic view of a suicidal pact. <i>Annales Medico-Psychologiques</i> . 2010 Sep;168(7):502-7.	1
33 Axelson D, Birmaher B, Strober M, et al. Phenomenology of children and adolescents with bipolar spectrum disorders. <i>Arch Gen Psychiatry</i> . 2006 Oct;63(10):1139-48.	3

Excluded Trials	Exclusion Code
34 Ayalon L, Mackin S, Areal PA, Chen H, McDonel Herr EC. The role of cognitive functioning and distress in suicidal ideation in older adults. <i>J Am Geriatr Soc.</i> 2007 Jul;55(7):1090-4.	3
35 Ayer DW, Jayathilake K, Meltzer HY. The InterSePT suicide scale for prediction of imminent suicidal behaviors. <i>Psychiatry Res.</i> 2008 Oct 30;161(1):87-96.	2
36 Ayer L, Althoff R, Ivanova M, et al. Child Behavior Checklist Juvenile Bipolar Disorder (CBCL-JBD) and CBCL Posttraumatic Stress Problems (CBCL-PTSP) scales are measures of a single dysregulatory syndrome. <i>Journal of Child Psychology and Psychiatry.</i> 2009 Oct;50(10):1291-300.	9
37 Ayliffe L, Lagace C, Muldoon P. The use of a mental health triage assessment tool in a busy Canadian tertiary care children's hospital. <i>J Emerg Nurs.</i> 2005;31(2):161-5.	5
38 Baca-Garcia E, Perez-Rodriguez M, Oquendo MA, et al. Estimating risk for suicide attempt: Are we asking the right questions?: Passive suicidal ideation as a marker for suicidal behavior. <i>Journal of Affective Disorders.</i> 2011 Nov;134(1-3):327-32.	8
39 Baca-Garcia E, Perez-Rodriguez MM, Diaz Sastre C, Saiz-Ruiz J, de Leon J. Suicidal behavior in schizophrenia and depression: a comparison. <i>Schizophr Res.</i> 2005 Jun 1;75(1):77-81.	2
40 Bach-Mizrachi H, Underwood MD, Kassir SA, et al. Neuronal tryptophan hydroxylase mRNA expression in the human dorsal and median raphe nuclei: major depression and suicide. <i>Neuropsychopharmacology.</i> 2006 Apr;31(4):814-24.	9
41 Bach-Mizrachi H, Underwood MD, Tin A, Ellis SP, Mann JJ, Arango V. Elevated expression of tryptophan hydroxylase-2 mRNA at the neuronal level in the dorsal and median raphe nuclei of depressed suicides. <i>Mol Psychiatry.</i> 2008 May;13(5):507-13, 465.	9
42 Baigent MF. Understanding alcohol misuse and comorbid psychiatric disorders. <i>Current Opinion in Psychiatry.</i> 2005 May;18(3):223-8.	5
43 Bajbouj M, Merkl A, Schlaepfer TE, et al. Two-year outcome of vagus nerve stimulation in treatment-resistant depression. <i>J Clin Psychopharmacol.</i> 2010 Jun;30(3):273-81.	2
44 Bakim B, Karamustafalioglu K, Akpinar A. Suicides and attempted suicides in alcohol and other substance use disorders. <i>Bagimlik Dergisi.</i> 2007 Aug;8(2):91-6.	1
45 Bakim B, Karamustafalioglu K, Ogutcen O, Yumrukcal H. Alcohol-Substance Use Disorders in HIV Infection. <i>Bagimlik Dergisi.</i> 2006 Aug;7(2):91-7.	1
46 Bakst S, Rabinowitz J, Bromet EJ. Antecedents and patterns of suicide behavior in first-admission psychosis. <i>Schizophr Bull.</i> 2010 Jul;36(4):880-9.	9
47 Bakst S, Rabinowitz J, Bromet EJ. Is poor premorbid functioning a risk factor for suicide attempts in first-admission psychosis? <i>Schizophr Res.</i> 2010 Feb;116(2-3):210-6.	9
48 Balci Y, Canogullari G, Ulupinar E. Characterization of the gunshot suicides. <i>J Forensic Leg Med.</i> 2007 May;14(4):203-8.	2
49 Baldassano CF. Illness course, comorbidity, gender, and suicidality in patients with bipolar disorder. <i>J Clin Psychiatry.</i> 2006;67 Suppl 11:8-11.	9
50 Baldessarini RJ, Pompili M, Tondo L. Suicidal risk in antidepressant drug trials. <i>Arch Gen Psychiatry.</i> 2006 Mar;63(3):246-8.	5
51 Baldessarini RJ, Tondo L, Davis P, Pompili M, Goodwin FK, Hennen J. Decreased risk of suicides and attempts during long-term lithium treatment: a meta-analytic review. <i>Bipolar Disord.</i> 2006 Oct;8(5 Pt 2):625-39.	6
52 Baldwin DS, Reines EH, Guiton C, Weiller E. Escitalopram therapy for major depression and anxiety disorders. <i>Ann Pharmacother.</i> 2007 Oct;41(10):1583-92.	5
53 Balestrieri M, Rucci P, Sbrana A, et al. Lifetime rhythmicity and mania as correlates of suicidal ideation and attempts in mood disorders. <i>Compr Psychiatry.</i> 2006 Sep-Oct;47(5):334-41.	2
54 Balis T, Postolache TT. Ethnic differences in adolescent suicide in the United States. <i>International Journal of Child Health and Human Development.</i> 2008;1(3,Spec Iss):281-96.	5
55 Ballard ED, Pao M, Horowitz L, Lee LM, Henderson DK, Rosenstein DL. Aftermath of suicide in the hospital: institutional response. <i>Psychosomatics.</i> 2008 Nov-Dec;49(6):461-9.	5

Excluded Trials	Exclusion Code
56 Balousek S, Plane MB, Fleming M. Prevalence of interpersonal abuse in primary care patients prescribed opioids for chronic pain. <i>J Gen Intern Med.</i> 2007 Sep;22(9):1268-73.	9
57 Balsis S, Cully JA. Comparing depression diagnostic symptoms across younger and older adults. <i>Aging Ment Health.</i> 2008 Nov;12(6):800-6.	3
58 Bangs ME, Tauscher-Wisniewski S, Polzer J, et al. Meta-analysis of suicide-related behavior events in patients treated with atomoxetine. <i>Journal of the American Academy of Child & Adolescent Psychiatry.</i> 2008 Feb;47(2):209-18.	5
59 Barak Y, Olmer A, Aizenberg D. Antidepressants reduce the risk of suicide among elderly depressed patients. <i>Neuropsychopharmacology.</i> 2006 Jan;31(1):178-81.	9
60 Barak Y. The aging of Holocaust survivors: myth and reality concerning suicide. <i>Isr Med Assoc J.</i> 2007 Mar;9(3):196-8.	5
61 Barbe RP, Rubovszky G, Venturini-Andreoli A, Andreoli A. The treatment of borderline personality disorder patients with current suicidal behaviour. <i>Clinical Neuropsychiatry: Journal of Treatment Evaluation.</i> 2005 Sep;2(5):283-91.	5
62 Basham C, Denneson LM, Millet L, Shen X, Duckart J, Dobscha SK. Characteristics and VA Health Care Utilization of U. S. Veterans Who Completed Suicide in Oregon Between 2000 and 2005. <i>Suicide Life Threat Behav.</i> 2011 Apr 4;42(3):287-96.	8
63 Bauer MS, Wisniewski SR, Kogan JN, Marangell LB, Thase ME, Sachs G. Brief report: paroxetine in younger and adult individuals at high risk for suicide. <i>Psychopharmacol Bull.</i> 2006;39(1):31-7.	3
64 Baum AL. Suicide in athletes: a review and commentary. <i>Clin Sports Med.</i> 2005 Oct;24(4):853-69, ix.	5
65 Beasley CM, Jr., Ball SG, Nilsson ME, et al. Fluoxetine and adult suicidality revisited: an updated meta-analysis using expanded data sources from placebo-controlled trials. <i>J Clin Psychopharmacol.</i> 2007 Dec;27(6):682-6.	7
66 Beautrais AL, Fergusson DM, Horwood LJ. Firearms legislation and reductions in firearm-related suicide deaths in New Zealand. <i>Aust N Z J Psychiatry.</i> 2006 Mar;40(3):253-9.	4
67 Beautrais AL, Gibb SJ, Fergusson DM, Horwood LJ, Larkin GL. Removing bridge barriers stimulates suicides: an unfortunate natural experiment. <i>Aust N Z J Psychiatry.</i> 2009 Jun;43(6):495-7.	4
68 Beghi M, Rosenbaum JF. Risk factors for fatal and nonfatal repetition of suicide attempt: a critical appraisal. <i>Curr Opin Psychiatry.</i> 2010 Jul;23(4):349-55.	6
69 Bell GS, Gaitatzis A, Bell CL, Johnson AL, Sander JW. Suicide in people with epilepsy: how great is the risk? <i>Epilepsia.</i> 2009 Aug;50(8):1933-42.	6
70 Benda BB. Gender Differences in Predictors of Suicidal Thoughts and Attempts Among Homeless Veterans that Abuse Substances. <i>Suicide and Life Threatening Behavior.</i> 2005 Feb;35(1):106-16.	8
71 Benham C. The relationship between creativity and psychiatric vulnerability: A meta-analysis of empirical studies. <i>Dissertation Abstracts International: Section B: The Sciences and Engineering.</i> 2005;65(12-B):6641.	3
72 Bennewith O, Nowers M, Gunnell D. Effect of barriers on the Clifton suspension bridge, England, on local patterns of suicide: implications for prevention. <i>Br J Psychiatry.</i> 2007 Mar;190:266-7.	4
73 Berard R, Fong R, Carpenter DJ, Thomason C, Wilkinson C. An international, multicenter, placebo-controlled trial of paroxetine in adolescents with major depressive disorder. <i>J Child Adolesc Psychopharmacol.</i> 2006 Feb-Apr;16(1-2):59-75.	2
74 Bergen H, Hawton K, Murphy E, et al. Trends in prescribing and self-poisoning in relation to UK regulatory authority warnings against use of SSRI antidepressants in under-18-year-olds. <i>Br J Clin Pharmacol.</i> 2009 Oct;68(4):618-29.	9
75 Bergman J, Miodownik C, Palatnik A, Lerner V. Efficacy of bupropion XR in treatment-resistant elderly patients: a case series study. <i>Clin Neuropharmacol.</i> 2011 Jan-Feb;34(1):17-20.	4

Excluded Trials	Exclusion Code
76 Berlin I, Chen H, Covey LS. Depressive mood, suicide ideation and anxiety in smokers who do and smokers who do not manage to stop smoking after a target quit day. <i>Addiction</i> . 2010 Dec;105(12):2209-16.	3
77 Bernert RA, Joiner TE. Sleep disturbances and suicide risk: A review of the literature. <i>Neuropsychiatr Dis Treat</i> . 2007 Dec;3(6):735-43.	5
78 Bessant M, King EA, Peveler R. Characteristics of suicides in recent contact with NHS Direct. <i>Psychiatric Bulletin</i> . 2008 Mar;32(3):92-5.	9
79 Bhui K, McKenzie K, Rasul F. Rates, risk factors & methods of self harm among minority ethnic groups in the UK: a systematic review. <i>BMC Public Health</i> . 2007;7:336.	6
80 Bishop SC, Basch S, Futterweit W. Polycystic ovary syndrome, depression, and affective disorders. <i>Endocr Pract</i> . 2009 Jul-Aug;15(5):475-82.	6
81 Black SA, Gallaway M, Bell MR, Ritchie EC. Prevalence and risk factors associated with suicides of Army soldiers 2001-2009. <i>Military Psychology</i> . 2011 Jul;23(4):433-51.	8
82 Bocchetta A, Fadda D, Satta G, Del Zompo M, Gessa GL, Cocco P. Long-term lithium treatment and survival from external causes including suicide. <i>Journal of Clinical Psychopharmacology</i> . 2007 Oct;27(5):544-6.	9
83 Bodner E, Ben-Artzi E, Kaplan Z. Soldiers who kill themselves: the contribution of dispositional and situational factors. <i>Arch Suicide Res</i> . 2006;10(1):29-43.	2
84 Bohnert AS, Roeder K, Ilgen MA. Unintentional overdose and suicide among substance users: A review of overlap and risk factors. <i>Drug and Alcohol Dependence</i> . 2010 Aug;110(3):183-92.	6
85 Boivin JF, Roy E, Haley N, Galbaud du Fort G. The health of street youth: a Canadian perspective. <i>Can J Public Health</i> . 2005 Nov-Dec;96(6):432-7.	5
86 Bonnewyn A, Shah A, Demyttenaere K. Suicidality and suicide in older people. <i>Reviews in Clinical Gerontology</i> . 2009 Nov;19(4):271-94.	6
87 Borges G, Loera CR. Alcohol and drug use in suicidal behaviour. <i>Current Opinion in Psychiatry</i> . 2010 May;23(3):195-204.	5
88 Borschmann R, Hogg J, Phillips R, Moran P. Measuring self-harm in adults: A systematic review. <i>Eur Psychiatry</i> . 2011 Jun 20.	6
89 Boscarino JA. Posttraumatic stress disorder and mortality among U.S. Army veterans 30 years after military service. <i>Ann Epidemiol</i> . 2006 Apr;16(4):248-56.	5
90 Boscarino JA. The mortality impact of combat stress 30 years after exposure: Implications for prevention, treatment, and research. Figley, Charles R [Ed]. 2007:97-117.	3
91 Bossarte RM, Claassen CA, Knox KL. Evaluating evidence of risk for suicide among veterans. <i>Mil Med</i> . 2010 Oct;175(10):703-4.	5
92 Bouris A, Guilamo-Ramos V, Pickard A, et al. A systematic review of parental influences on the health and well-being of lesbian, gay, and bisexual youth: time for a new public health research and practice agenda. <i>J Prim Prev</i> . 2010 Dec;31(5-6):273-309.	6
93 Bowers L, Banda T, Nijman H. Suicide inside: a systematic review of inpatient suicides. <i>J Nerv Ment Dis</i> . 2010 May;198(5):315-28.	6
94 Brady J. The association between alcohol misuse and suicidal behaviour. <i>Alcohol and Alcoholism</i> . 2006 Sep-Oct;41(5):473-8.	5
95 Brand BL, Classen CC, McNary SW, Zaveri P. A review of dissociative disorders treatment studies. <i>Journal of Nervous and Mental Disease</i> . 2009 Sep;197(9):646-54.	3
96 Bray RM, Pemberton MR, Lane ME, Hourani LL, Mattiko MJ, Babeu LA. Substance use and mental health trends among U.S. military active duty personnel: key findings from the 2008 DoD Health Behavior Survey. <i>Mil Med</i> . 2010 Jun;175(6):390-9.	8
97 Breggin PR. Recent U.S., Canadian, and British Regulatory Agency Actions Concerning Antidepressant-Induced Harm to Self and Others: A Review and Analysis. <i>Ethical Human Psychology and Psychiatry: An International Journal of Critical Inquiry</i> . 2005 Spr;7(1):7-22.	5

Excluded Trials	Exclusion Code
98 Brenner LA, Homaifar BY, Adler LE, Wolfman JH, Kemp J. Suicidality and veterans with a history of traumatic brain injury: precipitants events, protective factors, and prevention strategies. <i>Rehabil Psychol.</i> 2009 Nov;54(4):390-7.	3
99 Brent D, Emslie G, Clarke G, et al. Switching to another SSRI or to venlafaxine with or without cognitive behavioral therapy for adolescents with SSRI-resistant depression: the TORDIA randomized controlled trial. <i>JAMA.</i> 2008;299(8):901-13.	4
100 Brent DA, Emslie GJ, Clarke GN, et al. Predictors of spontaneous and systematically assessed suicidal adverse events in the treatment of SSRI-resistant depression in adolescents (TORDIA) study. <i>Am J Psychiatry.</i> 2009 Apr;166(4):418-26.	4
101 Brent DA, Greenhill LL, Compton S, et al. The Treatment of Adolescent Suicide Attempters study (TASA): predictors of suicidal events in an open treatment trial. <i>Journal of the American Academy of Child and Adolescent Psychiatry.</i> 2009 Oct;48(10):987-96.	9
102 Breslau N, Schultz LR, Johnson EO, Peterson EL, Davis GC. Smoking and the Risk of Suicidal Behavior. <i>Archives of General Psychiatry.</i> 2005 Mar;62(3):328-34.	9
103 Brewin C, Garnett R, Andrews B. Trauma, identity and mental health in UK military veterans. <i>Psychological Medicine: A Journal of Research in Psychiatry and the Allied Sciences.</i> 2011 Aug;41(8):1733-40.	3
104 Brezo J, Barker ED, Paris J, et al. Childhood trajectories of anxiousness and disruptiveness as predictors of suicide attempts. <i>Arch Pediatr Adolesc Med.</i> 2008 Nov;162(11):1015-21.	9
105 Brezo J, Paris J, Barker ED, et al. Natural history of suicidal behaviors in a population-based sample of young adults. <i>Psychol Med.</i> 2007 Nov;37(11):1563-74.	9
106 Brezo J, Paris J, Hebert M, Vitaro F, Tremblay R, Turecki G. Broad and narrow personality traits as markers of one-time and repeated suicide attempts: a population-based study. <i>BMC Psychiatry.</i> 2008;8:15.	9
107 Brezo J, Paris J, Tremblay R, Vitaro F, Hebert M, Turecki G. Identifying correlates of suicide attempts in suicidal ideators: a population-based study. <i>Psychol Med.</i> 2007 Nov;37(11):1551-62.	9
108 Brezo J, Paris J, Turecki G. Personality traits as correlates of suicidal ideation, suicide attempts, and suicide completions: A systematic review. <i>Acta Psychiatrica Scandinavica.</i> 2006 Mar;113(3):180-206.	6
109 Bridge JA, Barbe RP, Birmaher B, Kolko DJ, Brent DA. Emergent suicidality in a clinical psychotherapy trial for adolescent depression. <i>Am J Psychiatry.</i> 2005 Nov;162(11):2173-5.	4
110 Bridge JA, Goldstein TR, Brent DA. Adolescent suicide and suicidal behavior. <i>Journal of Child Psychology and Psychiatry.</i> 2006 Mar-Apr;47(3-4):372-94.	5
111 Britton PC, Conner KR. Suicide attempts within 12 months of treatment for substance use disorders. <i>Suicide Life Threat Behav.</i> 2010 Feb;40(1):14-21.	9
112 Brody S, Potterat JJ, Muth SQ, Woodhouse DE. Psychiatric and Characterological Factors Relevant to Excess Mortality in a Long-Term Cohort of Prostitute Women. <i>Journal of Sex & Marital Therapy.</i> 2005;31(2):97-112.	6
113 Brower KJ, McCammon RJ, Wojnar M, Ilgen MA, Wojnar J, Valenstein M. Prescription sleeping pills, insomnia, and suicidality in the National Comorbidity Survey Replication. <i>J Clin Psychiatry.</i> 2011 Apr;72(4):515-21.	9
114 Brown GR, McBride L, Bauer MS, Williford WO, Cooperative Studies Program 430 Study T. Impact of childhood abuse on the course of bipolar disorder: a replication study in U.S. veterans. <i>J Affect Disord.</i> 2005 Dec;89(1-3):57-67.	4
115 Bruce ML. Suicide risk and prevention in veteran populations. <i>Ann N Y Acad Sci.</i> 2010 Oct;1208:98-103.	5
116 Bryan CJ, Cukrowicz KC, West CL, Morrow CE. Combat experience and the acquired capability for suicide. <i>J Clin Psychol.</i> 2010 Oct;66(10):1044-56.	3
117 Bryan CJ, Cukrowicz KC. Associations between types of combat violence and the acquired capability for suicide. <i>Suicide Life Threat Behav.</i> 2011 Apr;41(2):126-36.	3

Excluded Trials	Exclusion Code
118 Bryan CJ, Johnson LG, David Rudd M, Joiner TE, Jr. Hypomanic symptoms among first-time suicide attempters predict future multiple attempt status. <i>J Clin Psychol.</i> 2008 Apr;64(4):519-30.	8
119 Bryan CJ, Morrow CE, Anestis MD, Joiner TE. A preliminary test of the interpersonal-psychological theory of suicidal behavior in a military sample. <i>Personality and Individual Differences.</i> 2010;48(3):347-50.	3
120 Burrows S, Laflamme L. Socioeconomic disparities and attempted suicide: state of knowledge and implications for research and prevention. <i>Int J Inj Contr Saf Promot.</i> 2010 Mar;17(1):23-40.	6
121 Bursztein Lipsicas C, Henrik Makinen I. Immigration and suicidality in the young. <i>The Canadian Journal of Psychiatry / La Revue canadienne de psychiatrie.</i> 2010 May;55(5):274-81.	6
122 Bushe CJ, Taylor M, Haukka J. Mortality in schizophrenia: a measurable clinical endpoint. <i>J Psychopharmacol.</i> 2010 Nov;24(4 Suppl):17-25.	5
123 Butler T, Allnutt S, Kariminia A, Cain D. Mental health status of Aboriginal and non-Aboriginal Australian prisoners. <i>Aust N Z J Psychiatry.</i> 2007 May;41(5):429-35.	9
124 Butterfield MI, Stechuchak KM, Connor KM, et al. Neuroactive Steroids and Suicidality in Posttraumatic Stress Disorder. <i>The American Journal of Psychiatry.</i> 2005 Feb;162(2):380-2.	8
125 Cahill K, Stead LF, Lancaster T. Nicotine receptor partial agonists for smoking cessation. <i>Cochrane Database Syst Rev.</i> 2011 (2):CD006103.	3
126 Calabrese J, Keck P, Macfadden W, et al. A randomized, double-blind, placebo-controlled trial of quetiapine in the treatment of Bipolar I or II depression. <i>Am J Psychiatry.</i> 2005;162:1351-60.	9
127 Calati R, Porcelli S, Giegling I, et al. Catechol-o-methyltransferase gene modulation on suicidal behavior and personality traits: Review, meta-analysis and association study. <i>Journal of Psychiatric Research.</i> 2011 Mar;45(3):309-21.	6
128 Capron DW, Cogle JR, Ribeiro JD, Joiner TE, Schmidt NB. An interactive model of anxiety sensitivity relevant to suicide attempt history and future suicidal ideation. <i>J Psychiatr Res.</i> 2011 Nov 4.	3
129 Carballo JJ, Currier D, Figueroa AE, et al. Neurobiological underpinnings of suicidal behavior: Integrating data from clinical and biological studies. <i>The European Journal of Psychiatry.</i> 2009 Oct-Dec;23(4):243-59.	5
130 Carpenter DJ, Fong R, Kraus JE, Davies JT, Moore C, Thase ME. Meta-analysis of efficacy and treatment-emergent suicidality in adults by psychiatric indication and age subgroup following initiation of paroxetine therapy: a complete set of randomized placebo-controlled trials. <i>J Clin Psychiatry.</i> 2011 Feb 22.	6
131 Carr A. Depression in young people: description, assessment and evidence-based treatment. <i>Dev Neurorehabil.</i> 2008 Jan-Mar;11(1):3-15.	5
132 Carragher N, Mewton L, Slade T, Teesson M. An item response analysis of the DSM-IV criteria for major depression: Findings from the Australian National Survey of Mental Health and Wellbeing. <i>Journal of Affective Disorders.</i> 2011 Apr;130(1-2):92-8.	3
133 Catanese AA, John MS, Di Battista J, Clarke DM. Acute cognitive therapy in reducing suicide risk following a presentation to an emergency department. <i>Behaviour Change.</i> 2009 May;26(1):16-26.	9
134 Cauffman E, MacIntosh R. A Rasch Differential Item Functioning Analysis of the Massachusetts Youth Screening Instrument: Identifying Race and Gender Differential Item Functioning Among Juvenile Offenders. <i>Educational and Psychological Measurement.</i> 2006 Jun;66(3):502-21.	3
135 Chan J, Draper B, Banerjee S. Deliberate self-harm in older adults: A review of the literature from 1995 to 2004. <i>International Journal of Geriatric Psychiatry.</i> 2007 Aug;22(8):720-32.	5
136 Chiesa M, Fonagy P, Gordon J. Community-based psychodynamic treatment program for severe personality disorders: clinical description and naturalistic evaluation. <i>J Psychiatr Pract.</i> 2009 Jan;15(1):12-24.	4
137 Chioqueta AP, Stiles TC. Psychometric properties of the Beck Scale for Suicide Ideation: a Norwegian study with university students. <i>Nord J Psychiatry.</i> 2006;60(5):400-4.	2

Excluded Trials	Exclusion Code
138 Chiou PN, Chen YS, Lee YC. Characteristics of adolescent suicide attempters admitted to an acute psychiatric ward in Taiwan. <i>J Chin Med Assoc.</i> 2006 Sep;69(9):428-35.	2
139 Church MK, Maurer M, Simons FE, et al. Risk of first-generation H(1)-antihistamines: a GA(2) LEN position paper. <i>Allergy.</i> 2010 Apr;65(4):459-66.	5
140 Cipriani A, Barbui C, Geddes JR. Suicide, depression, and antidepressants. <i>BMJ.</i> 2005;330(7488):373-4.	5
141 Cohen D. Should the use of selective serotonin reuptake inhibitors in child and adolescent depression be banned? <i>Psychother Psychosom.</i> 2007;76(1):5-14.	5
142 Cohen VK. Keeping students alive: mandating on-campus counseling saves suicidal college students' lives and limits liability. <i>Fordham Law Rev.</i> 2007 May;75(6):3081-135.	4
143 Colucci E, Martin G. Ethnocultural aspects of suicide in young people: a systematic literature review part 1: Rates and methods of youth suicide. <i>Suicide Life Threat Behav.</i> 2007 Apr;37(2):197-221.	6
144 Colucci E, Martin G. Ethnocultural aspects of suicide in young people: a systematic literature review part 2: Risk factors, precipitating agents, and attitudes toward suicide. <i>Suicide Life Threat Behav.</i> 2007 Apr;37(2):222-37.	6
145 Combs H, Romm S. Psychiatric inpatient suicide: A literature review. <i>Primary Psychiatry.</i> 2007 Dec;14(12):67-74.	6
146 Conrad AK, Jacoby AM, Jobs DA, et al. A psychometric investigation of the Suicide Status Form II with a psychiatric inpatient sample. <i>Suicide Life Threat Behav.</i> 2009 Jun;39(3):307-20.	9
147 Cooper J, Kapur N, Dunning J, Guthrie E, Appleby L, Mackway-Jones K. A clinical tool for assessing risk after self-harm. <i>Ann Emerg Med.</i> 2006 Oct;48(4):459-66.	9
148 Cooper J, Kapur N, Mackway-Jones K. A comparison between clinicians' assessment and the Manchester Self-Harm Rule: a cohort study. <i>Emerg Med J.</i> 2007 Oct;24(10):720-1.	9
149 Cooper SL, Lezotte D, Jacobellis J, Diguseppi C. Does availability of mental health resources prevent recurrent suicidal behavior? An ecological analysis. <i>Suicide Life Threat Behav.</i> 2006 Aug;36(4):409-17.	9
150 Coric V, Stock EG, Pultz J, Marcus R, Sheehan DV. Sheehan Suicidality Tracking Scale (Sheehan-STS): Preliminary results from a multicenter clinical trial in generalized anxiety disorder. <i>Psychiatry.</i> 2009 Jan;6(1):26-31.	3
151 Correa H, Viana MM, Romano-Silva MA, Duval F. Psychoneuroendocrinology and suicidal behaviour. <i>Jornal Brasileiro de Psiquiatria.</i> 2005 Apr-Jun;54(2):138-44.	1
152 Coryell WH. Clinical Assessment of Suicide Risk in Depressive Disorder. <i>CNS Spectrums.</i> 2006 Jun;11(6):455-61.	5
153 Cotton SM, Lambert M, Schimmelmann BG, et al. Gender differences in premorbid, entry, treatment, and outcome characteristics in a treated epidemiological sample of 661 patients with first episode psychosis. <i>Schizophr Res.</i> 2009 Oct;114(1-3):17-24.	9
154 Cox DW, Ghahramanlou-Holloway M, Greene FN, et al. Suicide in the United States Air Force: Risk factors communicated before and at death. <i>J Affect Disord.</i> 2011 Jun 6.	8
155 Crawford M, Kuforiji B, Ghosh P. The impact of social context on socio-demographic risk factors for suicide: A synthesis of data from case-control studies. <i>Journal of Epidemiology and Community Health.</i> 2010 Jun;64(6):530-4.	6
156 Crawford MJ, Sharpe D, Rutter D, Weaver T. Prevention of suicidal behaviour among army personnel: a qualitative study. <i>J R Army Med Corps.</i> 2009 Sep;155(3):203-7.	5
157 Crawford MJ, Thana L, Methuen C, et al. Impact of screening for risk of suicide: randomised controlled trial. <i>Br J Psychiatry.</i> 2011 May;198:379-84.	9
158 Crow S, Eisenberg ME, Story M, Neumark-Sztainer D. Are body dissatisfaction, eating disturbance, and body mass index predictors of suicidal behavior in adolescents? A longitudinal study. <i>J Consult Clin Psychol.</i> 2008 Oct;76(5):887-92.	9

Excluded Trials	Exclusion Code
159 Cutcliffe JR, Koehn CV. Hope and interpersonal psychiatric/mental health nursing: a systematic review of the literature--part two. <i>J Psychiatr Ment Health Nurs.</i> 2007;14(2):141-7.	5
160 Dahle K-P, Lohner JC, Konrad N. Suicide Prevention in Penal Institutions: Validation and Optimization of a Screening Tool for Early Identification of High-Risk Inmates in Pretrial Detention. <i>The International Journal of Forensic Mental Health.</i> 2005 Spr;4(1):53-62.	2
161 Daigle MS, Daniel AE, Dear GE, et al. Preventing suicide in prisons, part II. International comparisons of suicide prevention services in correctional facilities. <i>Crisis.</i> 2007;28(3):122-30.	5
162 Daigle MS, Labelle R, Cote G. Further evidence of the validity of the Suicide Risk Assessment Scale for prisoners. <i>Int J Law Psychiatry.</i> 2006 Sep-Oct;29(5):343-54.	3
163 Damm N. Risk and protective factors for suicide among combat veterans with posttraumatic stress disorder. <i>Dissertation Abstracts International: Section B: The Sciences and Engineering.</i> 2007;68(6-B):4127.	3
164 Daniel AE. Preventing Suicide in Prison: A Collaborative Responsibility of Administrative, Custodial, and Clinical Staff. <i>Journal of the American Academy of Psychiatry and the Law.</i> 2006;34(2):165-75.	5
165 Darke S, Kaye S, McKetin R, Dufflou J. Major physical and psychological harms of methamphetamine use. <i>Drug and Alcohol Review.</i> 2008 May;27(3):253-62.	5
166 Davis L, Uezato A, Newell JM, Frazier E. Major depression and comorbid substance use disorders. <i>Curr Opin Psychiatry.</i> 2008 Jan;21(1):14-8.	5
167 Davis LL, Frazier EC, Gaynes BN, et al. Are depressed outpatients with and without a family history of substance use disorder different? A baseline analysis of the STAR*D cohort. <i>J Clin Psychiatry.</i> 2007 Dec;68(12):1931-8.	9
168 Daviss W. A review of co-morbid depression in pediatric ADHD: Etiologies, phenomenology, and treatment. <i>Journal of Child and Adolescent Psychopharmacology.</i> 2008 Dec;18(6):565-71.	5
169 de Abreu LN, Lafer B, Baca-Garcia E, Oquendo MA. Suicidal ideation and suicide attempts in bipolar disorder type I: An update for the clinician. <i>Revista Brasileira de Psiquiatria.</i> 2009 Sep;31(3):271-80.	5
170 De Leo D. The world health organization: Approach to evidence-based suicide prevention. <i>Pompili, Maurizio [Ed].</i> 2011:55-64.	5
171 DeFife JA, Drill R, Nakash O, Westen D. Agreement between clinician and patient ratings of adaptive functioning and developmental history. <i>The American Journal of Psychiatry.</i> 2010 Dec;167(12):1472-8.	3
172 Dejong TM, Overholser JC. Assessment of depression and suicidal actions: agreement between suicide attempters and informant reports. <i>Suicide Life Threat Behav.</i> 2009 Feb;39(1):38-46.	9
173 Delgado-Gomez D, Blasco-Fontecilla H, Alegria AA, Legido-Gil T, Artes-Rodriguez A, Baca-Garcia E. Improving the accuracy of suicide attempter classification. <i>Artif Intell Med.</i> 2011 Jul;52(3):165-8.	2
174 Denneson LM, Basham C, Dickinson KC, et al. Suicide risk assessment and content of VA health care contacts before suicide completion by veterans in Oregon. <i>Psychiatr Serv.</i> 2010 Dec;61(12):1192-7.	4
175 Department of Defense Task Force on the Prevention of Suicide by Members of the Armed Forces. <i>The Challenge and the Promise: Strengthening the Force, Preventing Suicide and Saving Lives.</i> Washington D.C.: Department of Defense; 2010.	5
176 Desai RA, Dausey D, Rosenheck RA. Suicide among discharged psychiatric inpatients in the Department of Veterans Affairs. <i>Mil Med.</i> 2008 Aug;173(8):721-8.	3
177 Didham R, Dovey S, Reith D. Characteristics of general practitioner consultations prior to suicide: a nested case-control study in New Zealand. <i>N Z Med J.</i> 2006;119(1247):U2358.	9
178 Doggrell SA. Fluoxetine--do the benefits outweigh the risks in adolescent major depression? <i>Expert Opinion on Pharmacotherapy.</i> 2005;6(1):147-50.	5

Excluded Trials	Exclusion Code
179 Doruk A, Celik C, Ozdemir B, Ozsahin A. Adjustment disorder and life events. <i>Anadolu Psikiyatri Dergisi</i> . 2008 Dec;9(4):197-202.	2
180 Dour HJ, Cha CB, Nock MK. Evidence for an emotion-cognition interaction in the statistical prediction of suicide attempts. <i>Behaviour Research and Therapy</i> . 2011 Apr;49(4):294-8.	9
181 Duarte-Velez YM, Bernal G. Suicide behavior among Latino and Latino adolescents: Conceptual and methodological issues. <i>Death Studies</i> . 2007;31(5):435-55.	5
182 Dube P, Kurt K, Bair MJ, Theobald D, Williams LS. The p4 screener: evaluation of a brief measure for assessing potential suicide risk in 2 randomized effectiveness trials of primary care and oncology patients. <i>Prim Care Companion J Clin Psychiatry</i> . 2010;12(6).	9
183 Dudley M, Goldney R, Hadzi-Pavlovic D. Are adolescents dying by suicide taking SSRI antidepressants? A review of observational studies. <i>Australasian Psychiatry</i> . 2010 Jun;18(3):242-5.	6
184 Ebmeier KP. No apparent difference in suicide risk between older and newer antidepressants although older drugs may increase risk of suicide attempt during the first month of treatment. <i>Evid Based Ment Health</i> . 2006 Aug;9(3):82.	4
185 Eggleston AM, Calhoun PS, Svikis DS, Tuten M, Chisolm MS, Jones HE. Suicidality, aggression, and other treatment considerations among pregnant, substance-dependent women with posttraumatic stress disorder. <i>Compr Psychiatry</i> . 2009 Sep-Oct;50(5):415-23.	9
186 Eliason S. Murder-suicide: A review of the recent literature. <i>Journal of the American Academy of Psychiatry and the Law</i> . 2009 Sep;37(3):371-6.	6
187 Emslie G, Kratochvil C, Vitiello B, et al. Treatment for Adolescents with Depression Study (TADS): safety results. <i>J Am Acad Child Adolesc Psychiatry</i> . 2006 Dec;45(12):1440-55.	9
188 Emslie GJ, Wagner KD, Kutcher S, et al. Paroxetine treatment in children and adolescents with major depressive disorder: a randomized, multicenter, double-blind, placebo-controlled trial. <i>Journal of the American Academy of Child & Adolescent Psychiatry</i> . 2006;45(6):709-19.	9
189 Emslie GJ, Yeung PP, Kunz NR. Long-term, open-label venlafaxine extended-release treatment in children and adolescents with major depressive disorder. <i>CNS Spectr</i> . 2007 Mar;12(3):223-33.	9
190 Eneman M, Sabbe B. Hopelessness in patients with schizophrenia. Suffering from and with schizophrenia. <i>Tijdschrift voor Psychiatrie</i> . 2006;48(5):373-81.	1
191 Evans E, Hawton K, Rodham K, Deeks J. The prevalence of suicidal phenomena in adolescents: a systematic review of population-based studies. <i>Suicide Life Threat Behav</i> . 2005 Jun;35(3):239-50.	6
192 Evans E, Hawton K, Rodham K. Suicidal phenomena and abuse in adolescents: A review of epidemiological studies. <i>Child Abuse & Neglect</i> . 2005 Jan;29(1):45-58.	6
193 Everly GS, Jr., Flynn BW. Principles and practical procedures for acute psychological first aid training for personnel without mental health experience. <i>Int J Emerg Ment Health</i> . 2006 Spring;8(2):93-100.	5
194 Fajutrao L, Locklear J, Prialux J, Heyes A. A systematic review of the evidence of the burden of bipolar disorder in Europe. <i>Clin Pract Epidemiol Ment Health</i> . 2009;5:3.	4
195 Fazel S, Cartwright J, Norman-Nott A, Hawton K. Suicide in prisoners: a systematic review of risk factors. <i>J Clin Psychiatry</i> . 2008 Nov;69(11):1721-31.	6
196 Fear NT, Wessely S. Young people leaving the UK armed forces at increased risk of suicide. <i>Evid Based Ment Health</i> . 2009 Nov;12(4):123.	5
197 Fedyszyn IE, Robinson J, Matyas T, Harris MG, Paxton SJ. Temporal pattern of suicide risk in young individuals with early psychosis. <i>Psychiatry Res</i> . 2010 Jan 30;175(1-2):98-103.	9
198 Felde AB, Westermeyer J, Thuras P. Co-morbid traumatic brain injury and substance use disorder: childhood predictors and adult correlates. <i>Brain Inj</i> . 2006 Jan;20(1):41-9.	9
199 Fergusson D, Doucette S, Glass KC, et al. Association between suicide attempts and selective serotonin reuptake inhibitors: Systematic review of randomised controlled trials. <i>BMJ: British Medical Journal</i> . 2005 Feb;330(7488):396.	6

Excluded Trials	Exclusion Code
200 Fernandez WG, Hartman R, Olshaker J. Brief interventions to reduce harmful alcohol use among military personnel: lessons learned from the civilian experience. <i>Mil Med.</i> 2006 Jun;171(6):538-43.	5
201 Fleischmann A, Bertolote JM, Belfer M, Beauvais A. Completed suicide and psychiatric diagnoses in young people: a critical examination of the evidence. <i>Am J Orthopsychiatry.</i> 2005 Oct;75(4):676-83.	6
202 Flood AM, Boyle SH, Calhoun PS, et al. Prospective study of externalizing and internalizing subtypes of posttraumatic stress disorder and their relationship to mortality among Vietnam veterans. <i>Comprehensive Psychiatry.</i> 2010 May-Jun;51(3):236-42.	3
203 Florentine JB, Crane C. Suicide prevention by limiting access to methods: A review of theory and practice. <i>Social Science & Medicine.</i> 2010 May;70(10):1626-32.	5
204 Flouri E. Psychological and Sociological Aspects of Parenting and Their Relation to Suicidal Behavior. <i>Archives of Suicide Research.</i> 2005 Dec;9(4):373-83.	5
205 Foley DL, Goldston DB, Costello EJ, Angold A. Proximal psychiatric risk factors for suicidality in youth: the Great Smoky Mountains Study. <i>Arch Gen Psychiatry.</i> 2006 Sep;63(9):1017-24.	9
206 Foster EM. Deployment and the citizen soldier: need and resilience. <i>Med Care.</i> 2011 Mar;49(3):301-12.	3
207 Foster T. Adverse life events proximal to adult suicide: A synthesis of findings from psychological autopsy studies. <i>Archives of Suicide Research.</i> 2011 Jan;15(1):1-15.	5
208 Fountoulakis KN, Gonda X, Siamouli M, Rihmer Z. Psychotherapeutic intervention and suicide risk reduction in bipolar disorder: a review of the evidence. <i>J Affect Disord.</i> 2009 Feb;113(1-2):21-9.	6
209 Franko DL, Keel PK. Suicidality in eating disorders: Occurrence, correlates, and clinical implications. <i>Clinical Psychology Review.</i> 2006 Oct;26(6):769-82.	6
210 Fraser C, Smith K, Judd F, Humphreys J, Fragar L, Henderson A. Farming and Mental Health Problems and Mental Illness. <i>International Journal of Social Psychiatry.</i> 2005 Dec;51(4):340-9.	5
211 Freedenthal S. Assessing the wish to die: A 30-year review of Suicide Intent Scale. <i>Archives of Suicide Research.</i> 2008 Sep;12(4):277-98.	6
212 Freeman SA. Suicide risk and psychopharmacology: assessment and management of acute and chronic risk factors. <i>J Clin Psychiatry.</i> 2009 Jul;70(7):1052-3.	5
213 Frei A, Han A, Weiss MG, Dittmann V, Ajdacic-Gross V. Use of army weapons and private firearms for suicide and homicide in the region of Basel, Switzerland. <i>Crisis.</i> 2006;27(3):140-6.	2
214 Fremouw W, Tyner EA, Strunk JM, Musick R. Suicidal Adult Assessment Protocol--SAAP. VandeCreek, Leon [Ed]. 2008:179-89.	5
215 Friedman B, Heisel MJ, Delavan RL. Psychometric properties of the 15-item geriatric depression scale in functionally impaired, cognitively intact, community-dwelling elderly primary care patients. <i>J Am Geriatr Soc.</i> 2005 Sep;53(9):1570-6.	9
216 Friedman T, Wohl Y, Knobler HY, et al. Increased use of mental health services related to isotretinoin treatment: a 5-year analysis. <i>Eur Neuropsychopharmacol.</i> 2006 Aug;16(6):413-6.	2
217 Fung YL, Chan ZC. A systematic review of suicidal behaviour in old age: a gender perspective. <i>J Clin Nurs.</i> 2011 Apr 28.	6
218 Gallagher CA, Dobrin A. Facility-level characteristics associated with serious suicide attempts and deaths from suicide in juvenile justice residential facilities. <i>Suicide Life Threat Behav.</i> 2006 Jun;36(3):363-75.	9
219 Gallo JJ, Bogner HR, Morales KH, Post EP, Lin JY, Bruce ML. The effect of a primary care practice-based depression intervention on mortality in older adults: a randomized trial.[Summary for patients in <i>Ann Intern Med.</i> 2007 May 15;146(10):I38; PMID: 17502628]. <i>Annals of Internal Medicine.</i> 2007;146(10):689-98.	4

Excluded Trials	Exclusion Code
220 Galor S, Hentschel U. Analysis of suicidal behaviour in Israeli veterans and terror victims with post-traumatic stress disorder by using the computerised Gottschalk-Gleser scales. <i>Clinical Psychologist</i> . 2009 Nov;13(3):102-10.	2
221 Gardner W, Klima J, Chisolm D, et al. Screening, triage, and referral of patients who report suicidal thought during a primary care visit. <i>Pediatrics</i> . 2010 May;125(5):945-52.	3
222 Garlow SJ, Rosenberg J, Moore JD, et al. Depression, desperation, and suicidal ideation in college students: results from the American Foundation for Suicide Prevention College Screening Project at Emory University. <i>Depress Anxiety</i> . 2008;25(6):482-8.	9
223 Garvey KA, Penn JV, Campbell AL, Esposito-Smythers C, Spirito A. Contracting for safety with patients: Clinical practice and forensic implications. <i>Journal of the American Academy of Psychiatry and the Law</i> . 2009 Sep;37(3):363-70.	5
224 Garza MJ, Cramer RJ. The Spanish Reasons for Living Inventory (SRFL-I): Factor Structure and Association with Suicide Risk Among Spanish Speaking Hispanics. <i>Arch Suicide Res</i> . 2011 Oct;15(4):354-71.	3
225 Gaynes BN, Rush AJ, Trivedi MH, et al. Major depression symptoms in primary care and psychiatric care settings: a cross-sectional analysis. <i>Ann Fam Med</i> . 2007 Mar-Apr;5(2):126-34.	9
226 Gearing RE, Lizardi D. Religion and suicide. <i>Journal of Religion and Health</i> . 2009 Sep;48(3):332-41.	6
227 Geddes JR, Barbui C, Cipriani A. Risk of suicidal behaviour in adults taking antidepressants. <i>BMJ</i> . 2009;339:b3066.	4
228 Gentile S. Suicidal mothers. <i>J Inj Violence Res</i> . 2011 Jul;3(2):90-7.	2
229 Gibbons RD, Brown CH, Hur K, Marcus SM, Bhaumik DK, Mann JJ. Relationship between antidepressants and suicide attempts: an analysis of the Veterans Health Administration data sets. <i>Am J Psychiatry</i> . 2007 Jul;164(7):1044-9.	8
230 Gibbs D. Assessing suicidal cognitions in adolescents: Establishing the reliability and validity of the Suicide Cognitions Scale. <i>Dissertation Abstracts International: Section B: The Sciences and Engineering</i> . 2011;71(10-B):6438.	9
231 Giner L, Carballo JJ, Guija JA, et al. Psychological autopsy studies: The role of alcohol use in adolescent and young adult suicides. <i>International Journal of Adolescent Medicine and Health</i> . 2007 Jan-Mar;19(1):99-113.	6
232 Glass JE, Ilgen MA, Winters JJ, Murray RL, Perron BE, Chermack ST. Inpatient hospitalization in addiction treatment for patients with a history of suicide attempt: A case of support for treatment performance measures. <i>Journal of Psychoactive Drugs</i> . 2010 Sep;42(3):315-25.	3
233 Goeb J, Even C, Nicolas G, Gohier B, Dubas F, Garre J. Psychiatric side effects of interferon-beta in multiple sclerosis. <i>European Psychiatry</i> . 2006 May;21(3):186-93.	6
234 Golden WE, Hermann RC, Jewell M, Brewster C. Development of evidence-based performance measures for bipolar disorder: overview of methodology. <i>J Psychiatr Pract</i> . 2008 May;14 Suppl 2:18-30.	5
235 Goldman-Mellor SJ, Saxton KB, Catalano RC. Economic contraction and mental health: A review of the evidence, 1990-2009. <i>International Journal of Mental Health</i> . 2010 Sum;39(2):6-31.	6
236 Goldstein BI, Bukstein OG. Comorbid substance use disorders among youth with bipolar disorder: opportunities for early identification and prevention. <i>J Clin Psychiatry</i> . 2010 Mar;71(3):348-58.	5
237 Gonda X, Fountoulakis KN, Harro J, et al. The possible contributory role of the S allele of 5-HTTLPR in the emergence of suicidality. <i>J Psychopharmacol</i> . 2010 Sep 13;25(7):857-66.	5
238 Goodman WK, Murphy TK, Lazowitz M. Risk of Suicidality During Antidepressant Treatment of Children and Adolescents. <i>Primary Psychiatry</i> . 2006 Jan;13(1):43-50.	5
239 Goodman WK, Murphy TK, Storch EA. Risk of adverse behavioral effects with pediatric use of antidepressants. <i>Psychopharmacology</i> . 2007 Mar;191(1):87-96.	5

Excluded Trials	Exclusion Code
240 Goodyer IM, Dubicka B, Wilkinson P, et al. A randomised controlled trial of cognitive behaviour therapy in adolescents with major depression treated by selective serotonin reuptake inhibitors. The ADAPT trial. <i>Health Technol Assess.</i> 2008 May;12(14):iii-iv, ix-60.	4
241 Gournellis R, Lykouras L. Psychotic (Delusional) Major Depression in the Elderly: A Review. <i>Current Psychiatry Reviews.</i> 2006 May;2(2):235-44.	6
242 Gradus JL, Qin P, Lincoln AK, et al. Acute stress reaction and completed suicide. <i>Int J Epidemiol.</i> 2010 Dec;39(6):1478-84.	2
243 Gradus JL, Qin P, Lincoln AK, et al. Posttraumatic stress disorder and completed suicide. <i>Am J Epidemiol.</i> 2010 Mar 15;171(6):721-7.	2
244 Gradus JL, Qin P, Lincoln AK, Miller M, Lawler E, Lash TL. The association between adjustment disorder diagnosed at psychiatric treatment facilities and completed suicide. <i>Clin Epidemiol.</i> 2010;2:23-8.	2
245 Graham J, Banaschewski T, Buitelaar J, et al. European guidelines on managing adverse effects of medication for ADHD. <i>Eur Child Adolesc Psychiatry.</i> 2011 Jan;20(1):17-37.	5
246 Graham P. Review of Assessment scales in child and adolescent psychiatry. <i>European Child & Adolescent Psychiatry.</i> 2007 Oct;16(7):471.	5
247 Grek A. Clinical management of suicidality in the elderly: an opportunity for involvement in the lives of older patients. <i>Can J Psychiatry.</i> 2007 Jun;52(6 Suppl 1):47S-57S.	6
248 Greydanus D, Patel D, Pratt H. Suicide risk in adolescents with chronic illness: Implications for primary care and specialty pediatric practice: A review. <i>Developmental Medicine & Child Neurology.</i> 2010 Dec;52(12):1083-7.	6
249 Grisso T. Review of Jail Screening Assessment Tool (JSAT): Guidelines for Mental Health Screening in Jails. <i>Psychiatric Services.</i> 2006 Jul;57(7):1049-50.	5
250 Gulec G, Aksaray G. Assessment of sociodemographic, sociocultural and family traits in young suicide attempters. <i>Yeni Symposium: psikiyatri, noroloji ve davranis bilimleri dergisi.</i> 2006 Jul;44(3):141-50.	1
251 Gunnell D, Eddleston M, Phillips MR, Konradsen F. The global distribution of fatal pesticide self-poisoning: systematic review. <i>BMC Public Health.</i> 2007;7:357.	2
252 Gunnell D, Saperia J, Ashby D. Selective serotonin reuptake inhibitors (SSRIs) and suicide in adults: Meta-analysis of drug company data from placebo controlled, randomised controlled trials submitted to the MHRA's safety review. <i>BMJ: British Medical Journal.</i> 2005 Feb;330(7488):385.	6
253 Gutierrez PM, Brenner LA, Huggins JA. A preliminary investigation of suicidality in psychiatrically hospitalized veterans with traumatic brain injury. <i>Arch Suicide Res.</i> 2008;12(4):336-43.	8
254 Gutierrez PM, Osman A. Getting the best return on your screening investment: An analysis of the Suicidal Ideation Questionnaire and Reynolds Adolescent Depression Scale. <i>School Psychology Review.</i> 2009;38(2):200-17.	9
255 Gutierrez PM. Integratively Assessing Risk and Protective Factors for Adolescent Suicide. <i>Suicide and Life Threatening Behavior.</i> 2006 Apr;36(2):129-35.	5
256 Haas AP, Eliason M, Mays VM, et al. Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: Review and recommendations. <i>Journal of Homosexuality.</i> 2011 Jan;58(1):10-51.	5
257 Haffner WH. Veteran suicide. <i>Mil Med.</i> 2010 Oct;175(10):i.	5
258 Hall WD, Lucke J. How have the selective serotonin reuptake inhibitor antidepressants affected suicide mortality? <i>Australian and New Zealand Journal of Psychiatry.</i> 2006 Nov;40(11-12):941-50.	6
259 Hallahan B, Hibbeln JR, Davis JM, Garland MR. Omega-3 fatty acid supplementation in patients with recurrent self-harm. Single-centre double-blind randomised controlled trial. <i>NA.</i> 2007;190:118-22.	4
260 Hammad TA, Laughren T, Racoosin J. Suicidality in pediatric patients treated with antidepressant drugs. <i>Arch Gen Psychiatry.</i> 2006 Mar;63(3):332-9.	3

Excluded Trials	Exclusion Code
261 Hammad TA, Laughren TP, Racoosin JA. Suicide rates in short-term randomized controlled trials of newer antidepressants. <i>J Clin Psychopharmacol.</i> 2006 Apr;26(2):203-7.	7
262 Hammerness PG, Vivas FM, Geller DA. Selective serotonin reuptake inhibitors in pediatric psychopharmacology: a review of the evidence. <i>J Pediatr.</i> 2006 Feb;148(2):158-65.	6
263 Hamrin V, Scahill L. Selective serotonin reuptake inhibitors for children and adolescents with major depression: current controversies and recommendations. <i>Issues Ment Health Nurs.</i> 2005 May;26(4):433-50.	5
264 Han D, Wang EC. Remission from depression: A review of venlafaxine clinical and economic evidence. <i>Pharmacoeconomics.</i> 2005;23(6):567-81.	5
265 Harrison-Woolrych M. Varenicline and suicide. Safety data from New Zealand. <i>BMJ.</i> 2009;339:b5654.	5
266 Harriss L, Hawton K, Zahl D. Value of measuring suicidal intent in the assessment of people attending hospital following self-poisoning or self-injury. <i>British Journal of Psychiatry.</i> 2005 Jan;186(1):60-6.	9
267 Harriss L, Hawton K. Suicidal intent in deliberate self-harm and the risk of suicide: The predictive power of the Suicide Intent Scale. <i>Journal of Affective Disorders.</i> 2005 Jun;86(2-3):225-33.	9
268 Hart BG. Cutting: unraveling the mystery behind the marks. <i>AAOHN J.</i> 2007 Apr;55(4):161-6; quiz 7-8.	5
269 Hasley JP, Ghosh B, Huggins J, Bell MR, Adler LE, Shroyer AL. A review of “suicidal intent” within the existing suicide literature. <i>Suicide Life Threat Behav.</i> 2008 Oct;38(5):576-91.	6
270 Haukka J, Arffman M, Partonen T, et al. Antidepressant use and mortality in Finland: a register-linkage study from a nationwide cohort. <i>Eur J Clin Pharmacol.</i> 2009 Jul;65(7):715-20.	2
271 Haukka J, Tiihonen J, Harkanen T, Lonnqvist J. Association between medication and risk of suicide, attempted suicide and death in nationwide cohort of suicidal patients with schizophrenia. <i>Pharmacoepidemiol Drug Saf.</i> 2008 Jul;17(7):686-96.	2
272 Haw C, Harwood D, Hawton K. Dementia and suicidal behavior: A review of the literature. <i>International Psychogeriatrics.</i> 2009 Jun;21(3):440-53.	6
273 Haw C, Hawton K, Sutton L, Sinclair J, Deeks J. Schizophrenia and Deliberate Self-Harm: A Systematic Review of Risk Factors. <i>Suicide and Life Threatening Behavior.</i> 2005 Feb;35(1):50-62.	6
274 Hawgood J, De Leo D. Anxiety disorders and suicidal behaviour: an update. <i>Curr Opin Psychiatry.</i> 2008 Jan;21(1):51-64.	6
275 Hawton K, Harriss L, Casey D, et al. Self-harm in UK armed forces personnel: descriptive and case-control study of general hospital presentations. <i>Br J Psychiatry.</i> 2009 Mar;194(3):266-72.	9
276 Hawton K, Sutton L, Haw C, Sinclair J, Deeks JJ. Schizophrenia and suicide: systematic review of risk factors. <i>Br J Psychiatry.</i> 2005 Jul;187:9-20.	6
277 Hawton K. Completed suicide after attempted suicide. <i>BMJ.</i> 2010;341:c3064.	5
278 Hays JT, Ebbert JO. Adverse effects and tolerability of medications for the treatment of tobacco use and dependence. <i>Drugs.</i> 2010 Dec 24;70(18):2357-72.	5
279 Hazell P. Depression in children and adolescents. <i>Clin Evid (Online).</i> 2009;2009.	3
280 Hazell P. Depression in children and adolescents. <i>Clin Evid (Online).</i> 2011;2011.	6
281 Heisel MJ, Duberstein PR. Suicide Prevention in Older Adults. <i>Clinical Psychology: Science and Practice.</i> 2005 Fal;12(3):242-59.	5
282 Heisel MJ, Links PS, Conn D, van Reekum R, Flett GL. Narcissistic personality and vulnerability to late-life suicidality. <i>Am J Geriatr Psychiatry.</i> 2007 Sep;15(9):734-41.	3
283 Heisel MJ. Suicide and Its Prevention Among Older Adults. <i>The Canadian Journal of Psychiatry / La Revue canadienne de psychiatrie.</i> 2006 Mar;51(3):143-54.	6
284 Hennekens CH, Hennekens AR, Hollar D, Casey DE. Schizophrenia and increased risks of cardiovascular disease. <i>Am Heart J.</i> 2005 Dec;150(6):1115-21.	3

Excluded Trials	Exclusion Code
285 Hennen J, Baldessarini RJ. Suicidal risk during treatment with clozapine: A meta-analysis. <i>Schizophrenia Research</i> . 2005 Mar;73(2-3):139-45.	5
286 Herman SM. Is the SADPERSONS Scale accurate for the veterans affairs population? <i>Psychological Services</i> . 2006 May;3(2):137-41.	3
287 Hernandez JAR, Navarro-Ruiz JM, Hernandez GT, Gonzalez AR. Construction of an attitudinal beliefs questionnaire towards suicidal behaviour. <i>Psicothema</i> . 2005 Nov;17(4):684-90.	1
288 Herrell R, Henter ID, Mojtabei R, et al. First psychiatric hospitalizations in the US military: the National Collaborative Study of Early Psychosis and Suicide (NCSEPS). <i>Psychol Med</i> . 2006 Oct;36(10):1405-15.	3
289 Hesdorffer DC, Berg AT, Kanner AM. An update on antiepileptic drugs and suicide: are there definitive answers yet? <i>Epilepsy Curr</i> . 2010 Nov;10(6):137-45.	5
290 Hesdorffer DC, Rauch SL, Tamminga CA. Long-term psychiatric outcomes following traumatic brain injury: a review of the literature. <i>J Head Trauma Rehabil</i> . 2009 Nov-Dec;24(6):452-9.	6
291 Hetrick S, Merry S, McKenzie J, Sindahl P, Proctor M. Selective serotonin reuptake inhibitors (SSRIs) for depressive disorders in children and adolescents. <i>Cochrane Database Syst Rev</i> . 2007 (3):CD004851.	3
292 Hirsch JK. A review of the literature on rural suicide: Risk and protective factors, incidence, and prevention. <i>Crisis: The Journal of Crisis Intervention and Suicide Prevention</i> . 2006;27(4):189-99.	5
293 Hittner JB. How robust is the Werther effect? A re-examination of the suggestion-imitation model of suicide. <i>Mortality</i> . 2005 Aug;10(3):193-200.	5
294 Holden RR, DeLisle MM. Factor analysis of the Beck Scale for Suicide Ideation with female suicide attempters. <i>Assessment</i> . 2005 Jun;12(2):231-8.	9
295 Holden RR, DeLisle MM. Factor Structure of the Reasons for Attempting Suicide Questionnaire (RASQ) with Suicide Attempters. <i>Journal of Psychopathology and Behavioral Assessment</i> . 2006 Mar;28(1):1-8.	4
296 Holi MM, Pelkonen M, Karlsson L, et al. Psychometric properties and clinical utility of the Scale for Suicidal Ideation (SSI) in adolescents. <i>BMC Psychiatry</i> . 2005 Feb;5:8.	2
297 Holtmann M, Bolte S, Poustka F. [Suicidality in depressive children and adolescents during treatment with selective serotonin reuptake inhibitors. Review and meta-analysis of the available randomised, placebo controlled trials]. <i>Nervenarzt</i> . 2006 Nov;77(11):1332-7.	1
298 Hong J, Reed C, Novick D, Haro JM, Aguado J. Clinical and economic consequences of medication non-adherence in the treatment of patients with a manic/mixed episode of bipolar disorder: Results from the European Mania in Bipolar Longitudinal Evaluation of Medication (EMBLEM) Study. <i>Psychiatry Res</i> . 2011 May 14.	2
299 Hopwood CJ, Baker KL, Morey LC. Extratest validity of Selected Personality Assessment Inventory scales and indicators in an inpatient substance abuse setting. <i>Journal of Personality Assessment</i> . 2008 Nov-Dec;90(6):574-7.	9
300 Hor K, Taylor M. Suicide and schizophrenia: a systematic review of rates and risk factors. <i>J Psychopharmacol</i> . 2010 Nov;24(4 Suppl):81-90.	6
301 Hough D, Lewis P. A suicide prevention advisory group at an academic medical center. <i>Mil Med</i> . 2010 May;175(5):347-51.	5
302 Huesmann L, Taylor LD. The role of media violence in violent behavior. <i>Annual Review of Public Health</i> . 2006;27:393-415.	5
303 Hughes JR. Smoking and suicide: A brief overview. <i>Drug and Alcohol Dependence</i> . 2008 Dec;98(3):169-78.	5
304 Hughes S, Cohen D. A systematic review of long-term studies of drug treated and non-drug treated depression. <i>Journal of Affective Disorders</i> . 2009;118(1-3):9-18.	3
305 Humeau M, Papet N, Jaafari N, Gotzamanis L, Lafay N, Senon J. Availability of firearms and risk of suicide: A review of the literature. <i>Annales Medico Psychologiques</i> . 2007 May;165(4):269-75.	1

Excluded Trials	Exclusion Code
306 Hutchinson JW, Greene JP, Hansen SL. Evaluating active duty risk-taking: military home, education, activity, drugs, sex, suicide, and safety method. <i>Mil Med.</i> 2008 Dec;173(12):1164-7.	5
307 Huth-Bocks AC, Kerr DC, Ivey AZ, Kramer AC, King CA. Assessment of psychiatrically hospitalized suicidal adolescents: self-report instruments as predictors of suicidal thoughts and behavior. <i>J Am Acad Child Adolesc Psychiatry.</i> 2007 Mar;46(3):387-95.	9
308 Hwang JP, Lee TW, Tsai SJ, et al. Cortical and subcortical abnormalities in late-onset depression with history of suicide attempts investigated with MRI and voxel-based morphometry. <i>J Geriatr Psychiatry Neurol.</i> 2010 Sep;23(3):171-84.	2
309 Ide N, Wyder M, Kolves K, De Leo D. Separation as an important risk factor for suicide: A systematic review. <i>Journal of Family Issues.</i> 2010 Dec;31(12):1689-716.	6
310 Ilgen MA, Burnette ML, Conner KR, Czyz E, Murray R, Chermack S. The association between violence and lifetime suicidal thoughts and behaviors in individuals treated for substance use disorders. <i>Addict Behav.</i> 2010 Feb;35(2):111-5.	9
311 Ilgen MA, Tiet Q, Finney JW, Harris AH. Recent suicide attempt and the effectiveness of inpatient and outpatient substance use disorder treatment. <i>Alcohol Clin Exp Res.</i> 2005 Sep;29(9):1664-71.	4
312 Ilgen MA, Zivin K, McCammon RJ, Valenstein M. Mental illness, previous suicidality, and access to guns in the United States. <i>Psychiatr Serv.</i> 2008 Feb;59(2):198-200.	9
313 Ilgen MA, Zivin K, McCammon RJ, Valenstein M. Pain and suicidal thoughts, plans and attempts in the United States. <i>Gen Hosp Psychiatry.</i> 2008 Nov-Dec;30(6):521-7.	9
314 Ille R, Spona J, Zickl M, et al. "Add-On"-therapy with an individualized preparation consisting of free amino acids for patients with a major depression. <i>European Archives of Psychiatry and Clinical Neuroscience.</i> 2007 Jun;257(4):222-9.	2
315 Innamorati M, Pompili M, Amore M, et al. Suicide prevention in late life: Is there sound evidence for practice? In: Pompili M, Tatarelli R, eds. <i>Evidence-based practice in suicidology: A source book.</i> Cambridge, MA: Hogrefe Publishing; 2011:211-32.	6
316 Inoue K, Tani H, Abe S, et al. The risk factors of suicide by poisoning among psychiatry department outpatients. <i>J Forensic Leg Med.</i> 2008 Jan;15(1):65-7.	2
317 Iorio A, Marchesini E, Awad T, Gluud LL. Antiviral treatment for chronic hepatitis C in patients with human immunodeficiency virus. <i>Cochrane Database Syst Rev.</i> 2010 (1):CD004888.	4
318 Irons J. Fluvoxamine in the treatment of anxiety disorders. <i>Neuropsychiatr Dis Treat.</i> 2005 Dec;1(4):289-99.	5
319 Jacono J, Jacono B. The use of puppetry for health promotion and suicide prevention among Mi'kmaq youth. <i>J Holist Nurs.</i> 2008 Mar;26(1):50-5.	5
320 Jakupcak M, Cook J, Imel Z, Fontana A, Rosenheck R, McFall M. Posttraumatic stress disorder as a risk factor for suicidal ideation in Iraq and Afghanistan War veterans. <i>J Trauma Stress.</i> 2009 Aug;22(4):303-6.	3
321 Jakupcak M, Hoerster KD, Varra A, Vannoy S, Felker B, Hunt S. Hopelessness and suicidal ideation in Iraq and Afghanistan War Veterans reporting subthreshold and threshold posttraumatic stress disorder. <i>J Nerv Ment Dis.</i> 2011 Apr;199(4):272-5.	3
322 Jakupcak M, Vannoy S, Imel Z, et al. Does PTSD moderate the relationship between social support and suicide risk in Iraq and Afghanistan War Veterans seeking mental health treatment? <i>Depress Anxiety.</i> 2010 Nov;27(11):1001-5.	3
323 Jakupcak M, Varra EM. Treating Iraq and Afghanistan war veterans with PTSD who are at high risk for suicide. <i>Cognitive and Behavioral Practice.</i> 2011 Feb;18(1):85-97.	5
324 Janet Kuramoto S, Brent DA, Wilcox HC. The impact of parental suicide on child and adolescent offspring. <i>Suicide Life Threat Behav.</i> 2009 Apr;39(2):137-51.	6
325 Jayasekera H, Carter G, Clover K. Comparison of the Composite International Diagnostic Interview (CIDI-Auto) with clinical diagnosis in a suicidal population. <i>Archives of Suicide Research.</i> 2011 Jan;15(1):43-55.	3

Excluded Trials	Exclusion Code
326 Jimenez-Trevino L, Blasco-Fontecilla H, Braquehais MD, Ceverino-Dominguez A, Baca-Garcia E. Endophenotypes and suicide behaviour. <i>Actas Esp Psiquiatr</i> . 2011 Jan;39(1):61-9.	5
327 Jobe TH, Harrow M. Long-Term Outcome of Patients With Schizophrenia: A Review. <i>The Canadian Journal of Psychiatry / La Revue canadienne de psychiatrie</i> . 2005 Dec;50(14):892-900.	5
328 Joe S, Bryant H. Evidence-based suicide prevention screening in schools. <i>Children & Schools</i> . 2007 Oct;29(4):219-27.	5
329 Joe S, Niedermeier D. Preventing Suicide: A Neglected Social Work Research Agenda. <i>Br J Soc Work</i> . 2006 Nov 8;38(3):507-30.	6
330 Joe S, Niedermeier DM. Social work research on African Americans and suicidal behavior: a systematic 25-year review. <i>Health Soc Work</i> . 2008 Nov;33(4):249-57.	6
331 Johansson K, Ekblad S, Lindencrona F, Shahnava S. Promoting mental health and preventing mental disorder among refugees in Western countries. <i>The International Journal of Mental Health Promotion</i> . 2009 Feb;11(1):32-44.	5
332 Johnson J, Wood AM, Gooding P, Taylor PJ, Tarrrier N. Resilience to suicidality: The buffering hypothesis. <i>Clinical Psychology Review</i> . 2011 Jun;31(4):563-91.	6
333 Joiner TE, Jr., Brown JS, Wingate LR. The Psychology and Neurobiology of Suicidal Behavior. <i>Annual Review of Psychology</i> . 2005;56:287-314.	5
334 Jones G, Gavrilovic JJ, McCabe R, Beckett C, Priebe S. Treating suicidal patients in an acute psychiatric day hospital: a challenge to assumptions about risk and overnight care. <i>Journal of Mental Health</i> . 2008;17(4):375-87.	3
335 Jones-Fairnie H, Ferroni P, Silburn S, D. L. Suicide in Australian veterinarians. <i>Aust Vet J</i> . 2008;86(4):114-6.	4
336 Jorm AF, Kelly CM, Morgan AJ. Participant distress in psychiatric research: a systematic review. <i>Psychol Med</i> . 2007 Jul;37(7):917-26.	3
337 Judd F, Cooper A-M, Fraser C, Davis J. Rural suicide--people or place effects? <i>Australian and New Zealand Journal of Psychiatry</i> . 2006 Mar;40(3):208-16.	5
338 Juurlink DN, Mamdani MM, Kopp A, Redelmeier DA. The risk of suicide with selective serotonin reuptake inhibitors in the elderly. <i>Am J Psychiatry</i> . 2006 May;163(5):813-21.	9
339 Kaczmarek TL, Hagan MP, Kettler RJ. Screening for Suicide Among Juvenile Delinquents: Reliability and Validity Evidence for the Suicide Screening Inventory (SSI). <i>International Journal of Offender Therapy and Comparative Criminology</i> . 2006 Apr;50(2):204-17.	3
340 Kaizar EE, Greenhouse JB, Seltman H, Kelleher K. Do antidepressants cause suicidality in children? A Bayesian meta-analysis. <i>Clin Trials</i> . 2006;3(2):73-90; discussion 1-8.	7
341 Kang HK, Bullman TA. Risk of suicide among US veterans after returning from the Iraq or Afghanistan war zones. <i>JAMA: Journal of the American Medical Association</i> . 2008 Aug;300(6):652-3.	8
342 Kanner AM. Depression and epilepsy: A review of multiple facets of their close relation. <i>Neurologic Clinics</i> . 2009 Nov;27(4):865-80.	5
343 Kao YC, Liu YP. Suicidal Behavior and Insight into Illness Among Patients with Schizophrenia Spectrum Disorders. <i>Psychiatr Q</i> . 2010 Oct 26.	2
344 Kaplan MS, Huguet N, McFarland BH, Mandle JA. Factors associated with suicide by firearm among U.S. older adult men. <i>Psychology of Men & Masculinity</i> Mar. 2011 Mar(Pagination):No Pagination Specified.	3
345 Kaplan MS, McFarland BH, Huguet N. Characteristics of adult male and female firearm suicide decedents: findings from the National Violent Death Reporting System. <i>Inj Prev</i> . 2009 Oct;15(5):322-7.	9
346 Kaplan MS, McFarland BH, Huguet N. Firearm suicide among veterans in the general population: findings from the national violent death reporting system. <i>J Trauma</i> . 2009 Sep;67(3):503-7.	8
347 Kapur N, While D, Blatchley N, Bray I, Harrison K. Suicide after leaving the UK armed forces--a cohort study. <i>PLoS Med</i> . 2009 Mar 3;6(3):e26.	8

Excluded Trials	Exclusion Code
348 Karayal ON, Anway SD, Batzar E, Vanderburg DG. Assessments of suicidality in double-blind, placebo-controlled trials of ziprasidone. <i>J Clin Psychiatry</i> . 2011 Mar;72(3):367-75.	5
349 Kascow J, Montross L, Golshan S, et al. Suicidality in middle aged and older patients with schizophrenia and depressive symptoms: relationship to functioning and Quality of Life. <i>Int J Geriatr Psychiatry</i> . 2007 Dec;22(12):1223-8.	3
350 Kashdan TB, Frueh B, Knapp RG, Hebert R, Magruder KM. Social anxiety disorder in veterans affairs primary care clinics. <i>Behaviour Research and Therapy</i> . 2006 Feb;44(2):233-47.	3
351 Kasper S, Montgomery SA, Moller HJ, et al. Longitudinal analysis of the suicidal behaviour risk in short-term placebo-controlled studies of mirtazapine in major depressive disorder. <i>World J Biol Psychiatry</i> . 2010 Feb;11(1):36-44.	3
352 Katz LY, Elias B, O'Neil J, et al. Aboriginal suicidal behaviour research: from risk factors to culturally-sensitive interventions. <i>J Can Acad Child Adolesc Psychiatry</i> . 2006 Nov;15(4):159-67.	5
353 Kausch O, Rugle L, Rowland DY. Lifetime histories of trauma among pathological gamblers. <i>Am J Addict</i> . 2006 Jan-Feb;15(1):35-43.	4
354 Kelly CM, Jorm AF, Kitchener BA, Langlands RL. Development of mental health first aid guidelines for suicidal ideation and behaviour: a Delphi study. <i>BMC Psychiatry</i> . 2008;8:17.	4
355 Kene-Allampalli P, Hovey JD, Meyer GJ, Mihura JL. Evaluation of the reliability and validity of two clinician-judgment suicide risk assessment instruments. <i>Crisis</i> . 2010;31(2):76-85.	9
356 Kenedi CA, Goforth HW. A Systematic Review of the Psychiatric Side-Effects of Efavirenz. <i>AIDS Behav</i> . 2011 Apr 12.	6
357 Kennard BD, Silva SG, Mayes TL, et al. Assessment of safety and long-term outcomes of initial treatment with placebo in TADS. <i>The American Journal of Psychiatry</i> . 2009 Mar;166(3):337-44.	3
358 Kennedy A, Cloutier P, Glennie JE, Gray C. Establishing best practice in pediatric emergency mental health: a prospective study examining clinical characteristics. <i>Pediatr Emerg Care</i> . 2009 Jun;25(6):380-6.	3
359 Kennedy CH, Cook JH, Poole DR, Brunson CL, Jones DE. Review of the first year of an overseas military gambling treatment program. <i>Mil Med</i> . 2005 Aug;170(8):683-7.	8
360 Kessing LV, Sondergard L, Kvist K, Andersen PK. Suicide risk in patients treated with lithium. <i>Arch Gen Psychiatry</i> . 2005 Aug;62(8):860-6.	2
361 Khan A, Schwartz K. Suicide risk and symptom reduction in patients assigned to placebo in duloxetine and escitalopram clinical trials: Analysis of the FDA summary basis of approval reports. <i>Annals of Clinical Psychiatry</i> . 2007 Mar;19(1):31-6.	7
362 Kilbane EJ, Gokbayrak N, Galynker I, Cohen L, Tross S. A review of panic and suicide in bipolar disorder: Does comorbidity increase risk? <i>Journal of Affective Disorders</i> . 2009 May;115(1-2):1-10.	6
363 Kim YA, Bogner HR, Brown GK, Gallo JJ. Chronic medical conditions and wishes to die among older primary care patients. <i>Int J Psychiatry Med</i> . 2006;36(2):183-98.	3
364 Kim YS, Leventhal B. Bullying and suicide. A review. <i>Int J Adolesc Med Health</i> . 2008 Apr-Jun;20(2):133-54.	6
365 King CA, Klaus N, Kramer A, Venkataraman S, Quinlan P, Gillespie B. The Youth-Nominated Support Team-Version II for suicidal adolescents: A randomized controlled intervention trial. <i>J Consult Clin Psychol</i> . 2009 Oct;77(5):880-93.	4
366 King CA, Kramer A, Preuss L, Kerr DC, Weisse L, Venkataraman S. Youth-Nominated Support Team for Suicidal Adolescents (Version 1): a randomized controlled trial. <i>J Consult Clin Psychol</i> . 2006 Feb;74(1):199-206.	4
367 King CA, Merchant CR. Social and interpersonal factors relating to adolescent suicidality: A review of the literature. <i>Archives of Suicide Research</i> . 2008;12(3):181-96.	6
368 Kirsch I. Medication and suggestion in the treatment of depression. <i>Contemporary Hypnosis</i> . 2005;22(2):59-66.	5
369 Kleespies PM, AhnAllen CG, Knight JA, et al. A study of self-injurious and suicidal behavior in a veteran population. <i>Psychological Services</i> . 2011 Aug;8(3):236-50.	3

Excluded Trials	Exclusion Code
370 Klein DF. The flawed basis for FDA post-marketing safety decisions: the example of anti-depressants and children. <i>Neuropsychopharmacology</i> . 2006 Apr;31(4):689-99.	5
371 Klomek AB, Sourander A, Gould M. The association of suicide and bullying in childhood to young adulthood: A review of cross-sectional and longitudinal research findings. <i>The Canadian Journal of Psychiatry / La Revue canadienne de psychiatrie</i> . 2010 May;55(5):282-8.	6
372 Klonsky E, May A. Rethinking impulsivity in suicide. <i>Suicide and Life-Threatening Behavior</i> . 2010 Dec;40(6):612-9.	9
373 Kodaka M, Postuvan V, Inagaki M, Yamada M. A systematic review of scales that measure attitudes toward suicide. <i>Int J Soc Psychiatry</i> . 2010 Apr 8.	4
374 Koenig HG. Research on religion, spirituality, and mental health: a review. <i>Can J Psychiatry</i> . 2009 May;54(5):283-91.	5
375 Koerts J, Leenders K, Koning M, Bouma A, van Beilen M. The assessment of depression in Parkinson's disease. <i>European Journal of Neurology</i> . 2008 May;15(5):487-92.	3
376 Kohli MA, Salyakina D, Pfenning A, et al. Association of genetic variants in the neurotrophic receptor-encoding gene NTRK2 and a lifetime history of suicide attempts in depressed patients. <i>Arch Gen Psychiatry</i> . 2010 Apr;67(4):348-59.	2
377 Kolla NJ, Eisenberg H, Links PS. Epidemiology, risk factors, and psychopharmacological management of suicidal behavior in borderline personality disorder. <i>Archives of Suicide Research</i> . 2008 Jan;12(1):1-19.	6
378 Konrad N, Daigle MS, Daniel AE, et al. Preventing suicide in prisons, part I. Recommendations from the International Association for Suicide Prevention Task Force on Suicide in Prisons. <i>Crisis</i> . 2007;28(3):113-21.	5
379 Kooyman I, Dean K, Harvey S, Walsh E. Outcomes of public concern in schizophrenia. <i>Br J Psychiatry Suppl</i> . 2007 Aug;50:s29-36.	5
380 Kostenuik M, Ratnapalan M. Approach to adolescent suicide prevention. <i>Can Fam Physician</i> . 2010 Aug;56(8):755-60.	5
381 Koukopoulos A, Albert MJ, Sani G, Koukopoulos AE, Girardi P. Mixed depressive states: Nosologic and therapeutic issues. <i>International Review of Psychiatry</i> . 2005 Feb;17(1):21-37.	5
382 Kovacic Z, Henigsberg N, Pivac N, Nedic G, Borovecki A. Platelet serotonin concentration and suicidal behavior in combat related posttraumatic stress disorder. <i>Prog Neuropsychopharmacol Biol Psychiatry</i> . 2008 Feb 15;32(2):544-51.	2
383 Kratochvil CJ, Vitiello B, Walkup J, et al. Selective serotonin reuptake inhibitors in pediatric depression: is the balance between benefits and risks favorable? <i>J Child Adolesc Psychopharmacol</i> . 2006 Feb-Apr;16(1-2):11-24.	7
384 Krause JS, Reed KS, McArdle JJ. Factor structure and predictive validity of somatic and nonsomatic symptoms from the patient health questionnaire-9: a longitudinal study after spinal cord injury. <i>Arch Phys Med Rehabil</i> . 2010 Aug;91(8):1218-24.	4
385 Krishnan K. Psychiatric and Medical Comorbidities of Bipolar Disorder. <i>Psychosomatic Medicine</i> . 2005 Jan-Feb;67(1):1-8.	5
386 Krishnan P, Hawranik P. Diagnosis and management of geriatric insomnia: a guide for nurse practitioners. <i>J Am Acad Nurse Pract</i> . 2008 Dec;20(12):590-9.	5
387 Krysinska K, De Leo D. Suicide on railway networks: Epidemiology, risk factors and prevention. <i>Australian and New Zealand Journal of Psychiatry</i> . 2008 Sep;42(9):763-71.	6
388 Krysinska K, Heller TS, De Leo D. Suicide and deliberate self-harm in personality disorders. <i>Current Opinion in Psychiatry</i> . 2006 Jan;19(1):95-101.	6
389 Krysinska K, Lester D. Post-traumatic stress disorder and suicide risk: a systematic review. <i>Arch Suicide Res</i> . 2010;14(1):1-23.	5
390 Krysinska K, Martin G. The struggle to prevent and evaluate: Application of population attributable risk and preventive fraction to suicide prevention research. <i>Suicide and Life Threatening Behavior</i> . 2009 Oct;39(5):548-57.	5

Excluded Trials	Exclusion Code
391 Kryzhanovskaya LA, Robertson-Plouch CK, Xu W, Carlson JL, Merida KM, Dittmann RW. The safety of olanzapine in adolescents with schizophrenia or bipolar I disorder: a pooled analysis of 4 clinical trials. <i>J Clin Psychiatry</i> . 2009 Feb;70(2):247-58.	5
392 Ku YC, Tsai YF, Lin YC, Lin YP. Suicide experiences among institutionalized older veterans in Taiwan. <i>Gerontologist</i> . 2009 Dec;49(6):746-54.	2
393 Kukla L, Hrubá D, Tyrlik M. [Suicidal attempts within the set of young adult parents of children observed in ELSPAC study]. <i>Cas Lek Cesk</i> . 2008;147(10):527-34.	1
394 Kumar S, Malone D. Panic disorder. <i>Clin Evid (Online)</i> . 2008;2008.	3
395 Kuritarne SI. [Features of borderline suicidality. Review of the literature]. <i>Psychiatr Hung</i> . 2008;23(1):22-33.	1
396 Kutcher S, Gardner DM. Use of selective serotonin reuptake inhibitors and youth suicide: Making sense from a confusing story. <i>Current Opinion in Psychiatry</i> . 2008 Jan;21(1):65-9.	5
397 Lake CR. How academic psychiatry can better prepare students for their future patients. Part I: the failure to recognize depression and risk for suicide in primary care; problem identification, responsibility, and solutions. <i>Behav Med</i> . 2008 Fall;34(3):95-100.	5
398 Lake CR. How academic psychiatry can better prepare students for their future patients. Part II: a course in ultra-brief initial diagnostic screening suitable for future primary care physicians. <i>Behav Med</i> . 2008 Fall;34(3):101-16.	4
399 Lakeman R, FitzGerald M. How people live with or get over being suicidal: a review of qualitative studies. <i>J Adv Nurs</i> . 2008 Oct;64(2):114-26.	4
400 Langhinrichsen-Rohling J, Friend J, Powell A. Adolescent suicide, gender, and culture: A rate and risk factor analysis. <i>Aggression and Violent Behavior</i> . 2009 Sep-Oct;14(5):402-14.	5
401 Langhinrichsen-Rohling J, Snarr JD, Slep AM, Heyman RE, Foran HM. Risk for suicidal ideation in the U.S. Air Force: An ecological perspective. <i>Journal of Consulting and Clinical Psychology</i> . 2011 Oct;79(5):600-12.	3
402 Lapierre S, Dube M, Bouffard L, Alain M. Addressing suicidal ideations through the realization of meaningful personal goals. <i>Crisis</i> . 2007;28(1):16-25.	3
403 Large M, Ryan C, Nielssen O. The validity and utility of risk assessment for inpatient suicide. <i>Australas Psychiatry</i> . 2011 Dec;19(6):507-12.	5
404 Large M, Smith G, Nielssen O. The epidemiology of homicide followed by suicide: a systematic and quantitative review. <i>Suicide Life Threat Behav</i> . 2009 Jun;39(3):294-306.	4
405 Large MM, Nielssen OB, Lackersteen SM. Did the introduction of ‘dangerousness’ and ‘risk of harm’ criteria in mental health laws increase the incidence of suicide in the United States of America? <i>Soc Psychiatry Psychiatr Epidemiol</i> . 2009 Aug;44(8):614-21.	5
406 Large MM, Nielssen OB. Suicide in Australia: meta-analysis of rates and methods of suicide between 1988 and 2007. <i>Med J Aust</i> . 2010 Apr 19;192(8):432-7.	4
407 LeGris J, van Reekum R. The Neuropsychological Correlates of Borderline Personality Disorder and Suicidal Behaviour. <i>The Canadian Journal of Psychiatry / La Revue canadienne de psychiatrie</i> . 2006 Mar;51(3):131-42.	6
408 Lemaire CM, Graham DP. Factors associated with suicidal ideation in OEF/OIF veterans. <i>J Affect Disord</i> . 2011 Apr;130(1-2):231-8.	3
409 Lemon DD. Killing me softly: A meta-analysis examining risk factors associated with suicide among young African American males. <i>Dissertation Abstracts International: Section B: The Sciences and Engineering</i> . 2009;69(10-B):6420.	6
410 Leon AC, Solomon DA, Li C, et al. Antidepressants and risks of suicide and suicide attempts: a 27-year observational study. <i>Journal of Clinical Psychiatry</i> . 2011;72(5):580-6.	9
411 Lester D, McSwain S, Gunn JF, 3rd. A test of the validity of the IS PATH WARM warning signs for suicide. <i>Psychol Rep</i> . 2011 Apr;108(2):402-4.	9
412 Lester D. Resources and Tactics for Preventing Suicide. <i>Clinical Neuropsychiatry: Journal of Treatment Evaluation</i> . 2005 Feb;2(1):32-6.	4

Excluded Trials	Exclusion Code
413 Lester D. Suicide and Islam. Archives of Suicide Research. 2006;10(1):77-97.	5
414 Levinson DF. The genetics of depression: a review. Biol Psychiatry. 2006 Jul 15;60(2):84-92.	5
415 Lewis MD, Hibbeln JR, Johnson JE, Lin YH, Hyun DY, Loewke JD. Suicide deaths of active-duty US military and omega-3 fatty-acid status: a case-control comparison. J Clin Psychiatry. 2011 Aug 23.	8
416 Li D, Duan Y, He L. Association study of serotonin 2A receptor (5-HT2A) gene with schizophrenia and suicidal behavior using systematic meta-analysis. Biochem Biophys Res Commun. 2006 Feb 17;340(3):1006-15.	6
417 Li D, He L. Meta-analysis supports association between serotonin transporter (5-HTT) and suicidal behavior. Mol Psychiatry. 2007 Jan;12(1):47-54.	6
418 Li Z, Page A, Martin G, Taylor R. Attributable risk of psychiatric and socio-economic factors for suicide from individual-level, population-based studies: a systematic review. Soc Sci Med. 2011 Feb;72(4):608-16.	6
419 Licinio J, Wong M-L. Depression, antidepressants and suicidality: a critical appraisal. Nat Rev Drug Discov. 2005;4(2):165-71.	5
420 Lindahl V, Pearson JL, Colpe L. Prevalence of suicidality during pregnancy and the postpartum. Archives of Women's Mental Health. 2005;8(2):77-87.	6
421 Links PS, Eynan R, Heisel MJ, et al. Affective instability and suicidal ideation and behavior in patients with borderline personality disorder. Journal of Personality Disorders. 2007 Feb;21(1):72-86.	3
422 Links PS, Hoffman B. Preventing suicidal behaviour in a general hospital psychiatric service: priorities for programming. Can J Psychiatry. 2005 Jul;50(8):490-6.	6
423 Liu X, Buysse DJ. Sleep and youth suicidal behavior: A neglected field. Current Opinion in Psychiatry. 2006 May;19(3):288-93.	5
424 Lizardi D, Dervic K, Grunebaum MF, Burke AK, Mann J, Oquendo MA. The role of moral objections to suicide in the assessment of suicidal patients. Journal of Psychiatric Research. 2008 Aug;42(10):815-21.	9
425 Lizardi D, Gearing R. Religion and suicide: Buddhism, Native American and African religions, atheism, and agnosticism. Journal of Religion and Health. 2010 Sep;49(3):377-84.	6
426 Lizardi D, Stanley B. Treatment engagement: A neglected aspect in the psychiatric care of suicidal patients. Psychiatric Services. 2010 Dec;61(12):1183-91.	6
427 Long CG, Fulton B, Dolley O, Hollin CR. Dealing with Feelings: the effectiveness of cognitive behavioural group treatment for women in secure settings. Behav Cogn Psychother. 2011 Mar;39(2):243-7.	4
428 Lopez-Morinigo JD, Ramos-Rios R, David AS, Dutta R. Insight in schizophrenia and risk of suicide: a systematic update. Compr Psychiatry. 2011 Aug 5.	6
429 Ludwig J, Marcotte DE, Norberg K. Anti-depressants and suicide. J Health Econ. 2009 May;28(3):659-76.	2
430 Luxton DD, Greenburg D, Ryan J, Niven A, Wheeler G, Mysliwicz V. Prevalence and impact of short sleep duration in redeployed OIF soldiers. Sleep. 2011 Sep;34(9):1189-95.	3
431 Lynch MA, Howard PB, El-Mallakh P, Matthews JM. Assessment and management of hospitalized suicidal patients. J Psychosoc Nurs Ment Health Serv. 2008 Jul;46(7):45-52.	5
432 Lyness JM, Heo M, Datto CJ, et al. Outcomes of minor and subsyndromal depression among elderly patients in primary care settings. Ann Intern Med. 2006 Apr 4;144(7):496-504.	3
433 MacNeil MS. An epidemiologic study of Aboriginal adolescent risk in Canada: The meaning of suicide. Journal of Child and Adolescent Psychiatric Nursing. 2008 Feb;21(1):3-12.	5
434 Madhusoodanan S, Ibrahim FA, Malik A. Primary prevention in geriatric psychiatry. Annals of Clinical Psychiatry. 2010 Nov;22(4):249-61.	5

Excluded Trials	Exclusion Code
435 Magnusson PK, Rasmussen F, Lawlor DA, Tynelius P, Gunnell D. Association of body mass index with suicide mortality: a prospective cohort study of more than one million men. <i>Am J Epidemiol</i> . 2006 Jan 1;163(1):1-8.	2
436 Maharaj RG, Nunes P, Renwick S. Health risk behaviours among adolescents in the English-speaking Caribbean: A review. <i>Child and Adolescent Psychiatry and Mental Health</i> . 2009 Mar;3:10.	2
437 Mak A. A short review on the diagnostic issues of bipolar spectrum disorders in clinically depressed patients--bipolar II disorder. <i>Hong Kong Journal of Psychiatry</i> . 2007;17(4):139-44.	5
438 Malmberg, Lena, Fenton, Mark, Rathbone, John. Individual psychodynamic psychotherapy and psychoanalysis for schizophrenia and severe mental illness [Systematic Review]. <i>Cochrane Database of Systematic Reviews</i> . 2010 (3).	3
439 Mann J, Currier D. A Review of Prospective Studies of Biologic Predictors of Suicidal Behavior in Mood Disorders. <i>Archives of Suicide Research</i> . 2007;11(1):3-16.	5
440 Mann J, Currier D. Evidence-based suicide prevention strategies: An overview. Pompili, Maurizio [Ed]. 2011:67-87.	5
441 Manna M. Effectiveness of formal observation in inpatient psychiatry in preventing adverse outcomes: The state of the science. <i>Journal of Psychiatric and Mental Health Nursing</i> . 2010 Apr;17(3):268-73.	6
442 Manor I, Gutnik I, Ben-Dor DH, et al. Possible association between attention deficit hyperactivity disorder and attempted suicide in adolescents - a pilot study. <i>Eur Psychiatry</i> . 2010 Apr;25(3):146-50.	2
443 Manthorpe J, Iliffe S. Social work with older people--Reducing suicide risk: A critical review of practice and prevention. <i>British Journal of Social Work</i> . 2011 Jan;41(1):131-47.	5
444 Manthorpe J, Iliffe S. Suicide in later life: public health and practitioner perspectives. <i>Int J Geriatr Psychiatry</i> . 2010 Dec;25(12):1230-8.	5
445 Marangell LB, Bauer MS, Dennehy EB, et al. Prospective predictors of suicide and suicide attempts in 1,556 patients with bipolar disorders followed for up to 2 years. <i>Bipolar Disord</i> . 2006 Oct;8(5 Pt 2):566-75.	9
446 March J, Silva S, Vitiello B, Team T. The Treatment for Adolescents with Depression Study (TADS): methods and message at 12 weeks. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> . 2006 Dec;45(12):1393-403.	9
447 March JS, Klee BJ, Kremer CM. Treatment benefit and the risk of suicidality in multicenter, randomized, controlled trials of sertraline in children and adolescents. <i>J Child Adolesc Psychopharmacol</i> . 2006 Feb-Apr;16(1-2):91-102.	7
448 March JS, Silva S, Petrycki S, et al. The Treatment for Adolescents With Depression Study (TADS): long-term effectiveness and safety outcomes. <i>Arch Gen Psychiatry</i> . 2007 Oct;64(10):1132-43.	9
449 Marqueling AL, Zane LT. Depression and suicidal behavior in acne patients treated with isotretinoin: a systematic review. <i>Semin Cutan Med Surg</i> . 2005 Jun;24(2):92-102.	6
450 Marqueling AL, Zane LT. Depression and suicidal behavior in acne patients treated with isotretinoin: a systematic review. <i>Semin Cutan Med Surg</i> . 2007 Dec;26(4):210-20.	6
451 Marshall BD, Werb D. Health outcomes associated with methamphetamine use among young people: a systematic review. <i>Addiction</i> . 2010 Jun;105(6):991-1002.	4
452 Martin SL, Macy RJ, Sullivan K, Magee ML. Pregnancy-associated violent deaths: the role of intimate partner violence. <i>Trauma Violence Abuse</i> . 2007 Apr;8(2):135-48.	6
453 Maslov B, Marcinko D, Milicevic R, Babic D, Dordevic V, Jakovljevic M. Metabolic syndrome, anxiety, depression and suicidal tendencies in post-traumatic stress disorder and schizophrenic patients. <i>Coll Antropol</i> . 2009 Dec;33 Suppl 2:7-10.	2
454 Maughan B, Iervolino AC, Collishaw S. Time trends in child and adolescent mental disorders. <i>Current Opinion in Psychiatry</i> . 2005 Jul;18(4):381-5.	5

Excluded Trials	Exclusion Code
455 McAuliffe N, Perry L. Making it safer: a health centre's strategy for suicide prevention. <i>Psychiatr Q</i> . 2007 Dec;78(4):295-307.	3
456 McCarthy JF, Valenstein M, Kim HM, Ilgen M, Zivin K, Blow FC. Suicide mortality among patients receiving care in the veterans health administration health system. <i>American journal of epidemiology</i> . 2009 Apr 15;169(8):1033-8.	8
457 McCartney G, Thomas S, Thomson H, et al. The health and socioeconomic impacts of major multi-sport events: systematic review (1978-2008). <i>BMJ</i> . 2010;340:c2369.	4
458 McElroy SL, Kotwal R, Kaneria R, Keck PE, Jr. Antidepressants and suicidal behavior in bipolar disorder. <i>Bipolar Disorders</i> . 2006 Oct;8(5 pt 2):596-617.	6
459 McMillan D, Gilbody S, Beresford E, Neilly L. Can we predict suicide and non-fatal self-harm with the Beck Hopelessness Scale? A meta-analysis. <i>Psychol Med</i> . 2007 Jun;37(6):769-78.	6
460 Mee S, Bunney BG, Reist C, Potkin SG, Bunney WE. Psychological pain: a review of evidence. <i>J Psychiatr Res</i> . 2006 Dec;40(8):680-90.	5
461 Melle I, Johannessen JO, Friis S, et al. Course and predictors of suicidality over the first two years of treatment in first-episode schizophrenia spectrum psychosis. <i>Arch Suicide Res</i> . 2010 Apr;14(2):158-70.	2
462 Merikangas KR, Jin R, He JP, et al. Prevalence and correlates of bipolar spectrum disorder in the world mental health survey initiative. <i>Arch Gen Psychiatry</i> . 2011 Mar;68(3):241-51.	2
463 Merrick J, Merrick E, Lunskey Y, Kandel I. Review of suicidality in persons with intellectual disability. <i>Israel Journal of Psychiatry and Related Sciences</i> . 2006;43(4):258-64.	5
464 Michel PO, Lundin T, Larsson G. Suicide rate among former Swedish peacekeeping personnel. <i>Mil Med</i> . 2007 Mar;172(3):278-82.	2
465 Miller EJ, Chung H. A literature review of studies of depression and treatment outcomes among U.S. College students since 1990. <i>Psychiatr Serv</i> . 2009 Sep;60(9):1257-60.	3
466 Miller M, Barber C, Azrael D, Calle EE, Lawler E, Mukamal KJ. Suicide among US veterans: A prospective study of 500,000 middle-aged and elderly men. <i>Am J Epidemiol</i> . 2009 Aug 15;170(4):494-500.	8
467 Miller PG, Coomber K, Staiger P, Zinkiewicz L, Toumbourou JW. Review of rural and regional alcohol research in Australia. <i>Aust J Rural Health</i> . 2010 Jun;18(3):110-7.	3
468 Mills JF, Green K, Reddon JR. An evaluation of the Psychache Scale on an offender population. <i>Suicide Life Threat Behav</i> . 2005 Oct;35(5):570-80.	9
469 Mills JF, Kroner DG. Predicting suicidal ideation with the Depression Hopelessness and Suicide Screening Form (DHS). <i>Journal of Offender Rehabilitation</i> . 2008;47(1-2):74-100.	9
470 Mills PD, Neily J, Luan D, Osborne A, Howard K. Actions and implementation strategies to reduce suicidal events in the Veterans Health Administration. <i>Jt Comm J Qual Patient Saf</i> . 2006 Mar;32(3):130-41.	3
471 Mills PD, Watts BV, Miller S, et al. A checklist to identify inpatient suicide hazards in veterans affairs hospitals. <i>Jt Comm J Qual Patient Saf</i> . 2010 Feb;36(2):87-93.	3
472 Milner A, De Leo D. Who seeks treatment where? Suicidal behaviors and health care: evidence from a community survey. <i>J Nerv Ment Dis</i> . 2010 Jun;198(6):412-9.	9
473 Mironova P, Rhodes AE, Bethell JM, et al. Childhood physical abuse and suicide-related behavior: A systematic review. <i>Vulnerable Children and Youth Studies</i> . 2011 Mar;6(1):1-7.	6
474 Moller HJ, Baldwin DS, Goodwin G, et al. Do SSRIs or antidepressants in general increase suicidality? WPA Section on Pharmacopsychiatry: consensus statement. <i>Eur Arch Psychiatry Clin Neurosci</i> . 2008 Aug;258 Suppl 3:3-23.	6
475 Moller HJ. Evidence for beneficial effects of antidepressants on suicidality in depressive patients: a systematic review. <i>Eur Arch Psychiatry Clin Neurosci</i> . 2006 Sep;256(6):329-43.	5
476 Moller HJ. Is there evidence for negative effects of antidepressants on suicidality in depressive patients? A systematic review. <i>Eur Arch Psychiatry Clin Neurosci</i> . 2006 Dec;256(8):476-96.	5

Excluded Trials	Exclusion Code
477 Montross LP, Zisook S, Kasckow J. Suicide Among Patients with Schizophrenia: A Consideration of Risk and Protective Factors. <i>Annals of Clinical Psychiatry</i> . 2005 Jul-Sep;17(3):173-82.	5
478 Moreira-Almeida A, Neto FL, Koenig HG. Religiousness and mental health: a review. <i>Rev Bras Psiquiatr</i> . 2006 Sep;28(3):242-50.	5
479 Morey LC, Hopwood CJ, Gunderson JG, et al. Comparison of alternative models for personality disorders. <i>Psychological Medicine: A Journal of Research in Psychiatry and the Allied Sciences</i> . 2007 Jul;37(7):983-94.	9
480 Morrison R, O'Connor RC. A systematic review of the relationship between rumination and suicidality. <i>Suicide Life Threat Behav</i> . 2008 Oct;38(5):523-38.	6
481 Mortimer AM, Singh P, Shepherd CJ, Puthiryackal J. Clozapine for treatment-resistant schizophrenia: National Institute of Clinical Excellence (NICE) guidance in the real world. <i>Clin Schizophr Relat Psychoses</i> . 2010 Apr;4(1):49-55.	3
482 Moscicki EK, West JC, Rae DS, Rubio-Stipec M, Wilk JE, Regier DA. Suicidality is associated with medication access problems in publicly insured psychiatric patients. <i>The Journal of clinical psychiatry</i> . 2010 Dec;71(12):1657-63.	3
483 Mosholder AD, Willy M. Suicidal adverse events in pediatric randomized, controlled clinical trials of antidepressant drugs are associated with active drug treatment: a meta-analysis. <i>J Child Adolesc Psychopharmacol</i> . 2006 Feb-Apr;16(1-2):25-32.	7
484 Mouly S, Mahe I, Champion K, et al. Graphology for the diagnosis of suicide attempts: a blind proof of principle controlled study. <i>Int J Clin Pract</i> . 2007 Mar;61(3):411-5.	2
485 Mrnak-Meyer J, Tate SR, Tripp JC, Worley MJ, Jajodia A, McQuaid JR. Predictors of suicide-related hospitalization among U.S. veterans receiving treatment for comorbid depression and substance dependence: who is the riskiest of the risky? <i>Suicide Life Threat Behav</i> . 2011 Oct;41(5):532-42.	3
486 Muehlenkamp JJ, Cowles ML, Gutierrez PM. Validity of the Self-Harm Behavior Questionnaire with diverse adolescents. <i>Journal of Psychopathology and Behavioral Assessment</i> . 2010 Jun;32(2):236-45.	9
487 Muehlenkamp JJ, Gutierrez PM, Osman A, Barrios FX. Validation of the Positive and Negative Suicide Ideation (PANSI) Inventory in a Diverse Sample of Young Adults. <i>Journal of Clinical Psychology</i> . 2005 Apr;61(4):431-45.	4
488 Mulder RT, Joyce PR, Frampton CM, Luty SE. Antidepressant treatment is associated with a reduction in suicidal ideation and suicide attempts. <i>Acta Psychiatr Scand</i> . 2008 Aug;118(2):116-22.	9
489 Muller B, Georgi K, Schnabel A, Schneider B. Does sport have a protective effect against suicide? <i>Epidemiol Psychiatr Soc</i> . 2009 Oct-Dec;18(4):331-5.	2
490 Mulye TP, Park M, Nelson CD, Adams SH, Irwin CE, Jr., Brindis CD. Trends in adolescent and young adult health in the United States. <i>Journal of Adolescent Health</i> . 2009 Jul;45(1):8-24.	4
491 Mundt JC, Greist JH, Gelenberg AJ, Katzelnick DJ, Jefferson JW, Modell JG. Feasibility and validation of a computer-automated Columbia-Suicide Severity Rating Scale using interactive voice response technology. <i>J Psychiatr Res</i> . 2010 Dec;44(16):1224-8.	4
492 Murphy E, Kapur N, Webb R, Cooper J. Risk assessment following self-harm: comparison of mental health nurses and psychiatrists. <i>J Adv Nurs</i> . 2011 Jan;67(1):127-39.	3
493 Nademin ME. An investigation of interpersonal-psychological variables in Air force suicides: A controlled-comparison study. <i>Dissertation Abstracts International: Section B: The Sciences and Engineering</i> . 2008;68(9-B):6325.	3
494 Naud H, Daigle MS. Predictive validity of the Suicide Probability Scale in a male inmate population. <i>Journal of Psychopathology and Behavioral Assessment</i> . 2010 Sep;32(3):333-42.	9
495 Navarro-Mancilla AA, Rueda-Jaimes GE. Internet Addiction: A Critical Review of the Literature. <i>Revista Colombiana de Psiquiatria</i> . 2007 Dec;36(4):691-700.	1

Excluded Trials	Exclusion Code
496 Nimeus A, Hjalmarsson Stahlfors F, Sunnqvist C, Stanley B, Traskman-Bendz L. Evaluation of a modified interview version and of a self-rating version of the Suicide Assessment Scale. <i>Eur Psychiatry</i> . 2006 Oct;21(7):471-7.	2
497 Noble M, Treadwell J, R., Tregear S, J., et al. Long-term opioid management for chronic noncancer pain. <i>Cochrane Database of Systematic Reviews</i> . 2010 (11).	4
498 Nock MK, Borges G, Bromet EJ, Cha CB, Kessler RC, Lee S. Suicide and suicidal behavior. <i>Epidemiol Rev</i> . 2008;30:133-54.	6
499 Nock MK, Holmberg EB, Photos VI, Michel BD. Self-Injurious Thoughts and Behaviors Interview: Development, reliability, and validity in an adolescent sample. <i>Psychological Assessment</i> . 2007 Sep;19(3):309-17.	9
500 Nock MK, Prinstein MJ, Sterba SK. Revealing the form and function of self-injurious thoughts and behaviors: A real-time ecological assessment study among adolescents and young adults. <i>J Abnorm Psychol</i> . 2009 Nov;118(4):816-27.	3
501 Nordentoft M, Branner J. Gender differences in suicidal intent and choice of method among suicide attempters. <i>Crisis</i> . 2008;29(4):209-12.	2
502 Norstrom T, Ramstedt M. Mortality and population drinking: a review of the literature. <i>Drug Alcohol Rev</i> . 2005 Nov;24(6):537-47.	5
503 Novick DM, Swartz HA, Frank E. Suicide attempts in bipolar I and bipolar II disorder: a review and meta-analysis of the evidence. <i>Bipolar Disord</i> . 2010 Feb;12(1):1-9.	6
504 O'Connor RC. The relations between perfectionism and suicidality: a systematic review. <i>Suicide Life Threat Behav</i> . 2007 Dec;37(6):698-714.	6
505 O'Donovan C, Garnham JS, Hajek T, Alda M. Antidepressant monotherapy in pre-bipolar depression; predictive value and inherent risk. <i>J Affect Disord</i> . 2008 Apr;107(1-3):293-8.	9
506 Oldham J. PTSD and suicide. <i>Journal of Psychiatric Practice</i> . 2008 Jul;14(4):195.	5
507 Oldham J. Visible and invisible wounds. <i>Journal of Psychiatric Practice</i> . 2009 Nov;15(6):429.	5
508 Olfson M, Gameroff MJ, Marcus SC, Greenberg T, Shaffer D. Emergency treatment of young people following deliberate self-harm. <i>Arch Gen Psychiatry</i> . 2005 Oct;62(10):1122-8.	9
509 Olmsted CL, Kockler DR. Topiramate for alcohol dependence. <i>Ann Pharmacother</i> . 2008 Oct;42(10):1475-80.	6
510 Olson LM, Wahab S. American Indians and Suicide: A Neglected Area of Research. <i>Trauma, Violence, & Abuse</i> . 2006 Jan;7(1):19-33.	5
511 Omalu B, Hammers JL, Bailes J, et al. Chronic traumatic encephalopathy in an Iraqi war veteran with posttraumatic stress disorder who committed suicide. <i>Neurosurg Focus</i> . 2011 Nov;31(5):E3.	5
512 Omar HA. A model program for youth suicide prevention. <i>Int J Adolesc Med Health</i> . 2005 Jul-Sep;17(3):275-8.	4
513 Oordt MS, Jobes DA, Rudd M, et al. Development of a Clinical Guide to Enhance Care for Suicidal Patients. <i>Professional Psychology: Research and Practice</i> . 2005 Apr;36(2):208-18.	5
514 Opler M, Sodhi D, Zaveri D, Madhusoodanan S. Primary psychiatric prevention in children and adolescents. <i>Annals of Clinical Psychiatry</i> . 2010 Nov;22(4):220-34.	5
515 Oquendo M, Currier D, Mann J. Prospective studies of suicidal behavior in major depressive and bipolar disorders: What is the evidence for predictive risk factors? <i>Acta Psychiatrica Scandinavica</i> . 2006 Sep;114(3):151-8.	6
516 Oquendo MA, Chaudhury SR, Mann J. Pharmacotherapy of Suicidal Behavior in Bipolar Disorder. <i>Archives of Suicide Research</i> . 2005 Sep;9(3):237-50.	5
517 Osman A, Barrios FX, Gutierrez PM, Williams JE, Bailey J. Psychometric properties of the Beck Depression Inventory-II in nonclinical adolescent samples. <i>Journal of Clinical Psychology</i> . 2008 Jan;64(1):83-102.	3
518 Osman A, Gutierrez PM, Schweers R, Fang Q, Holguin-Mills RL, Cashin M. Psychometric evaluation of the body investment scale for use with adolescents. <i>J Clin Psychol</i> . 2010 Mar;66(3):259-76.	3

Excluded Trials	Exclusion Code
519 Owens C, Lambert H, Donovan J, Lloyd KR. A qualitative study of help seeking and primary care consultation prior to suicide. <i>Br J Gen Pract.</i> 2005 Jul;55(516):503-9.	3
520 Owens C, Owen G, Lambert H, et al. Public involvement in suicide prevention: understanding and strengthening lay responses to distress. <i>BMC Public Health.</i> 2009;9:308.	3
521 Owens D, Wood C, Greenwood DC, Hughes T, Dennis M. Mortality and suicide after non-fatal self-poisoning: 16-year outcome study. <i>Br J Psychiatry.</i> 2005 Nov;187:470-5.	9
522 Ozturk S, Bozkurt A, Durmus M, Deveci M, Sengezer M. Psychiatric analysis of suicide attempt subjects due to maxillofacial gunshot. <i>J Craniofac Surg.</i> 2006 Nov;17(6):1072-5.	2
523 Pae C-U, Koh JS, Lee S-J, Han C, Patkar AA, Masand PS. Association of sedative-hypnotic medications with suicidality. <i>Expert Review of Neurotherapeutics.</i> 2011 Mar;11(3):345-9.	5
524 Page SA, King MC. No-suicide agreements: current practices and opinions in a Canadian urban health region. <i>Can J Psychiatry.</i> 2008 Mar;53(3):169-76.	3
525 Pagura J, Fotti S, Katz LY, Sareen J, Swampy Cree Suicide Prevention T. Help seeking and perceived need for mental health care among individuals in Canada with suicidal behaviors. <i>Psychiatr Serv.</i> 2009 Jul;60(7):943-9.	9
526 Palmer BA, Pankratz V, Bostwick JM. The Lifetime Risk of Suicide in Schizophrenia: A Reexamination. <i>Archives of General Psychiatry.</i> 2005 Mar;62(3):247-53.	6
527 Palmer S. Suicide statistics for the UK and the National Suicide Prevention Strategy. Palmer, Stephen [Ed]. 2008:27-47.	5
528 Panagioti M, Gooding P, Tarrrier N. Post-traumatic stress disorder and suicidal behavior: A narrative review. <i>Clinical Psychology Review.</i> 2009 Aug;29(6):471-82.	6
529 Parellada M, Saiz P, Moreno D, et al. Is attempted suicide different in adolescent and adults? <i>Psychiatry Res.</i> 2008 Jan 15;157(1-3):131-7.	2
530 Patorno E, Bohn RL, Wahl PM, et al. Anticonvulsant medications and the risk of suicide, attempted suicide, or violent death. <i>JAMA.</i> 2010 Apr 14;303(14):1401-9.	9
531 Pavot W, Diener E. The Satisfaction With Life Scale and the emerging construct of life satisfaction. <i>The Journal of Positive Psychology.</i> 2008 Apr;3(2):137-52.	5
532 Pedersen AG. Citalopram and suicidality in adult major depression and anxiety disorders. <i>Nord J Psychiatry.</i> 2006;60(5):392-9.	5
533 Pedersen AG. Escitalopram and suicidality in adult depression and anxiety. <i>Int Clin Psychopharmacol.</i> 2005 May;20(3):139-43.	2
534 Pena JB, Caine ED. Screening as an Approach for Adolescent Suicide Prevention. <i>Suicide and Life Threatening Behavior.</i> 2006 Dec;36(6):614-37.	6
535 Peterson J, Skeem J, Manchak S. If you want to know, consider asking: How likely is it that patients will hurt themselves in the future? <i>Psychological Assessment.</i> 2011 Sep;23(3):626-34.	9
536 Pettit JW, Garza MJ, Grover KE, et al. Factor structure and psychometric properties of the Modified Scale for Suicidal Ideation among suicidal youth. <i>Depression and Anxiety.</i> 2009 Aug;26(8):769-74.	3
537 Phillips KA. Suicidality in body dysmorphic disorder. <i>Primary Psychiatry.</i> 2007 Dec;14(12):58-66.	5
538 Pirruccello LM. Preventing adolescent suicide: a community takes action. <i>J Psychosoc Nurs Ment Health Serv.</i> 2010 May;48(5):34-41.	5
539 Pisani AR, Cross WF, Gould MS. The Assessment and Management of Suicide Risk: State of Workshop Education. <i>Suicide Life Threat Behav.</i> 2011 Apr 7;41(3):255-76.	6
540 Platt B, Hawton K, Simkin S, Mellanby RJ. Suicidal behaviour and psychosocial problems in veterinary surgeons: a systematic review. <i>Soc Psychiatry Psychiatr Epidemiol.</i> 2010 Dec 23.	3
541 Ploderl M, Sauer J, Fartacek R. Suicidality and mental health of homosexual and bisexual men and women--a meta analysis of international probability samples. <i>Verhaltenstherapie & Psychosoziale Praxis.</i> 2006 Aug;38(3):537-58.	1

Excluded Trials	Exclusion Code
542 Pompili M, Di Cosimo D, Innamorati M, Lester D, Tatarelli R, Martelletti P. Psychiatric comorbidity in patients with chronic daily headache and migraine: a selective overview including personality traits and suicide risk. <i>J Headache Pain</i> . 2009 Aug;10(4):283-90.	5
543 Pompili M, Girardi P, Ruberto A, Tatarelli R. Suicide in borderline personality disorder: A meta-analysis. <i>Nordic Journal of Psychiatry</i> . 2005 Oct;59(5):319-24.	5
544 Pompili M, Girardi P, Ruberto A, Tatarelli R. Suicide in the epilepsies: a meta-analytic investigation of 29 cohorts. <i>Epilepsy Behav</i> . 2005 Sep;7(2):305-10.	5
545 Pompili M, Girardi P, Tatarelli G, Ruberto A, Tatarelli R. Suicide and attempted suicide in eating disorders, obesity and weight-image concern. <i>Eating Behaviors</i> . 2006 Oct;7(4):384-94.	6
546 Pompili M, Girardi P, Tatarelli R. Death from suicide versus mortality from epilepsy in the epilepsies: a meta-analysis. <i>Epilepsy Behav</i> . 2006 Dec;9(4):641-8.	5
547 Pompili M, Innamorati M, Girardi P, Tatarelli R, Lester D. Evidence-based interventions for preventing suicide in youths. In: Pompili M, Tatarelli R, eds. <i>Evidence-based practice in suicidology: A source book</i> . Cambridge, MA: Hogrefe Publishing; 2011:171-209.	6
548 Pompili M, Innamorati M, Tatarelli R. Suicide and anorexia nervosa. <i>Minerva Psichiatrica</i> . 2007 Dec;48(4):387-96.	1
549 Pompili M, Lester D, Innamorati M, et al. Preventing suicide in jails and prisons: Suggestions from experience with psychiatric inpatients. <i>Journal of Forensic Sciences</i> . 2009 Sep;54(5):1155-62.	3
550 Pompili M, Mancinelli I, Girardi P, Ruberto A, Tatarelli R. Suicide in Anorexia Nervosa: A Meta-Analysis. <i>International Journal of Eating Disorders</i> . 2004;36(1):99-103.	5
551 Pompili M, Mancinelli I, Ruberto A, Kotzalidis GD, Girardi P, Tatarelli R. Where Schizophrenic Patients Commit Suicide: A Review of Suicide among Inpatients and Former Inpatients. <i>International Journal of Psychiatry in Medicine</i> . 2005;35(2):171-90.	6
552 Pompili M, Serafini G, Forte A, Del Casale A, Innamorati M, Tatarelli R. Suicide risk in cancer patients. <i>Medicina Psicosomatica</i> . 2008 Jul-Sep;53(3):105-16.	1
553 Pompili M, Serafini G, Innamorati M, et al. Suicide risk in first episode psychosis: A selective review of the current literature. <i>Schizophr Res</i> . 2011 Jun;129(1):1-11.	6
554 Poon LH, Kang GA, Lee AJ. Role of tetrabenazine for Huntington's disease-associated chorea. <i>Ann Pharmacother</i> . 2010 Jun;44(6):1080-9.	4
555 Portzky G, van Heeringen K. Deliberate self-harm in adolescents. <i>Current Opinion in Psychiatry</i> . 2007 Jul;20(4):337-42.	5
556 Posey S. Veterans and suicide: A review of potential increased risk. <i>Smith College Studies in Social Work</i> . 2009 Jul;79(3-4):368-74.	5
557 Posner K, Melvin GA, Stanley B. Identification and monitoring of suicide risk in primary care settings. <i>Primary Psychiatry</i> . 2007 Dec;14(12):50-5.	5
558 Posner K, Oquendo MA, Gould M, Stanley B, Davies M. Columbia Classification Algorithm of Suicide Assessment (C-CASA): classification of suicidal events in the FDA's pediatric suicidal risk analysis of antidepressants. <i>Am J Psychiatry</i> . 2007 Jul;164(7):1035-43.	5
559 Posternak MA, Zimmerman M. Therapeutic effect of follow-up assessments on antidepressant and placebo response rates in antidepressant efficacy trials: meta-analysis. <i>British Journal of Psychiatry</i> . 2007;190:287-92.	6
560 Preston E, Hansen L. A systematic review of suicide rating scales in schizophrenia. <i>Crisis: The Journal of Crisis Intervention and Suicide Prevention</i> . 2005;26(4):170-80.	6
561 Preti A, Rocchi MB, Sisti D, Camboni MV, Miotto P. A comprehensive meta-analysis of the risk of suicide in eating disorders. <i>Acta Psychiatr Scand</i> . 2011 Jul;124(1):6-17.	5
562 Price RK, Chen L-S, Risk NK, et al. Suicide in a natural history study: Lessons and insights learned from a follow-up of Vietnam veterans at risk for suicide. Buchanan, David [Ed]. 2009:109-32.	3
563 Probst C, Zelle BA, Sittaro NA, Lohse R, Krettek C, Pape HC. Late death after multiple severe trauma: when does it occur and what are the causes? <i>J Trauma</i> . 2009 Apr;66(4):1212-7.	2

Excluded Trials	Exclusion Code
564 Procter NG. Parasuicide, self-harm and suicide in Aboriginal people in rural Australia: A review of the literature with implications for mental health nursing practice. <i>International Journal of Nursing Practice</i> . 2005 Oct;11(5):237-41.	5
565 Purselle DC, Heninger M, Hanzlick R, Garlow SJ. Differential association of socioeconomic status in ethnic and age-defined suicides. <i>Psychiatry Res</i> . 2009 May 30;167(3):258-65.	9
566 Quarantini LC, Netto LR, Andrade-Nascimento M, et al. Comorbid mood and anxiety disorders in victims of violence with posttraumatic stress disorder. <i>Revista Brasileira de Psiquiatria</i> . 2009 Oct;31(Suppl 2):S66-S76.	3
567 Raja M, Azzoni A, Koukopoulos AE. Psychopharmacological treatment before suicide attempt among patients admitted to a psychiatric intensive care unit. <i>J Affect Disord</i> . 2009 Feb;113(1-2):37-44.	2
568 Raja M, Azzoni A. Are antidepressants warranted in the treatment of patients who present suicidal behavior? <i>Hum Psychopharmacol</i> . 2008 Dec;23(8):661-8.	2
569 Ramey HL, Busseri MA, Khanna N, Hamilton YN, Ottawa YN, Rose-Krasnor L. Youth engagement and suicide risk: testing a mediated model in a Canadian community sample. <i>J Youth Adolesc</i> . 2010 Mar;39(3):243-58.	3
570 Randle AA, Graham CA. A review of the evidence on the effects of intimate partner violence on men. <i>Psychology of Men & Masculinity</i> . 2011 Apr;12(2):97-111.	5
571 Reardon CL, Factor RM. Sport psychiatry: a systematic review of diagnosis and medical treatment of mental illness in athletes. <i>Sports Med</i> . 2010 Nov 1;40(11):961-80.	5
572 Redden L, Pritchett Y, Robieson W, et al. Suicidality and divalproex sodium: Analysis of controlled studies in multiple indications. <i>Annals of General Psychiatry</i> . 2011 Jan;10:1.	7
573 Reeves RR, Ladner ME. Antidepressant-induced suicidality: An update. <i>CNS Neuroscience & Therapeutics</i> . 2010 Aug;16(4):227-34.	5
574 Reeves RR, Ladner ME. Antidepressant-induced suicidality: implications for clinical practice. <i>South Med J</i> . 2009 Jul;102(7):713-8.	5
575 Reeves RR, Panguluri RL. Neuropsychiatric complications of traumatic brain injury. <i>J Psychosoc Nurs Ment Health Serv</i> . 2011 Mar;49(3):42-50.	5
576 Rehkopf DH, Buka SL. The association between suicide and the socio-economic characteristics of geographical areas: a systematic review. <i>Psychol Med</i> . 2006 Feb;36(2):145-57.	6
577 Reinherz HZ, Tanner JL, Berger SR, Beardslee WR, Fitzmaurice GM. Adolescent suicidal ideation as predictive of psychopathology, suicidal behavior, and compromised functioning at age 30. <i>Am J Psychiatry</i> . 2006 Jul;163(7):1226-32.	3
578 Reutfors J, Bahmanyar S, Jonsson EG, et al. Diagnostic profile and suicide risk in schizophrenia spectrum disorder. <i>Schizophrenia Research</i> . 2010 Nov;123(2-3):251-6.	2
579 Reviere SL, Farber EW, Twomey H, et al. Intimate partner violence and suicidality in low-income African American women: a multimethod assessment of coping factors. <i>Violence Against Women</i> . 2007 Nov;13(11):1113-29.	9
580 Reynolds SK, Lindenboim N, Comtois KA, Murray A, Linehan MM. Risky assessments: participant suicidality and distress associated with research assessments in a treatment study of suicidal behavior. <i>Suicide and Life-Threatening Behavior</i> . 2006;36(1):19-34.	3
581 Rhodes AE, Boyle MH, Tonmyr L, et al. Sex differences in childhood sexual abuse and suicide-related behaviors. <i>Suicide Life Threat Behav</i> . 2011 Jun;41(3):235-54.	6
582 Ribeiro JD, Pease JL, Gutierrez PM, et al. Sleep problems outperform depression and hopelessness as cross-sectional and longitudinal predictors of suicidal ideation and behavior in young adults in the military. <i>J Affect Disord</i> . 2011 Oct 25.	8
583 Richa N, Richa S, Salloum S, Baddoura C, Millet B, Mirabel-Sarron C. Familial risk factors influencing the course and the evolution of bipolar disorder: Literature review. <i>Journal de Therapie Comportementale et Cognitive</i> . 2009 Dec;19(4):141-5.	1

Excluded Trials	Exclusion Code
584 Richardson T. Correlates of substance use disorder in bipolar disorder: A systematic review and meta-analysis. <i>Mental Health and Substance Use: dual diagnosis</i> . 2011 Aug;4(3):239-55.	6
585 Ridenour TA. Inhalants: Not to be taken lightly anymore. <i>Current Opinion in Psychiatry</i> . 2005 May;18(3):243-7.	5
586 Rihmer Z, Akiskal H. Do antidepressants t(h)reat(en) depressives? Toward a clinically judicious formulation of the antidepressant-suicidality FDA advisory in light of declining national suicide statistics from many countries. <i>Journal of Affective Disorders</i> . 2006 Aug;94(1-3):3-13.	5
587 Rihmer Z, Gonda X. The Effect of Pharmacotherapy on Suicide Rates in Bipolar Patients. <i>CNS Neurosci Ther</i> . 2011 Aug 1.	5
588 Rihmer Z. Suicide risk in mood disorders. <i>Current Opinion in Psychiatry</i> . 2007 Jan;20(1):17-22.	5
589 Roaldset JO, Bjorkly S. Patients' own statements of their future risk for violent and self-harm behaviour: A prospective inpatient and post-discharge follow-up study in an acute psychiatric unit. <i>Psychiatry Research</i> . 2010 Jun;178(1):153-9.	2
590 Roberts SE, Jaremin B, Chalasani P, Rodgers SE. Suicides among seafarers in UK merchant shipping, 1919-2005. <i>Occupational Medicine</i> . 2010 Jan;60(1):54-61.	9
591 Roberts SJ. Health care recommendations for lesbian women. <i>J Obstet Gynecol Neonatal Nurs</i> . 2006 Sep-Oct;35(5):583-91.	5
592 Robertson HT, Allison DB. Drugs associated with more suicidal ideations are also associated with more suicide attempts. <i>PLoS One</i> . 2009;4(10):e7312.	9
593 Robertson K, Parsons TD, Van Der Horst C, Hall C. Thoughts of death and suicidal ideation in nonpsychiatric human immunodeficiency virus seropositive individuals. <i>Death Studies</i> . 2006 Jun;30(5):455-69.	9
594 Robinson J, Harris MG, Harrigan SM, et al. Suicide attempt in first-episode psychosis: a 7.4 year follow-up study. <i>Schizophr Res</i> . 2010 Jan;116(1):1-8.	9
595 Robson A, Scrutton F, Wilkinson L, MacLeod F. The risk of suicide in cancer patients: a review of the literature. <i>Psychooncology</i> . 2010 Dec;19(12):1250-8.	6
596 Rodriguez JR, Quinones-Maldonado R, Alvarado-Pomales A. Military suicide: factors that need to be taken into consideration to understand the phenomena. <i>Bol Asoc Med P R</i> . 2009 Jul-Sep;101(3):33-41.	5
597 Rossow I, Romelsjo A. The extent of the 'prevention paradox' in alcohol problems as a function of population drinking patterns. <i>Addiction</i> . 2006 Jan;101(1):84-90.	2
598 Rowell K, Green B, Guidry J, Eddy J. Factors associated with suicide among African American adult men: A systematic review of the literature. <i>Journal of Men's Health</i> . 2008 Dec;5(4):274-81.	6
599 Roy A, Janal MN. Risk factors for suicide attempts among alcohol dependent patients. <i>Arch Suicide Res</i> . 2007;11(2):211-7.	9
600 Roy A, Roy M, Janal M. Suicide attempts and ideation in African-American type 1 diabetic patients. <i>Psychiatry Res</i> . 2010 Aug 30;179(1):53-6.	9
601 Roy A, Sarchiapone M, Carli V. Low resilience in suicide attempters. <i>Arch Suicide Res</i> . 2007;11(3):265-9.	2
602 Roy A, Sarchiapone M, Carli V. Gene-environment interaction and suicidal behavior. <i>J Psychiatr Pract</i> . 2009 Jul;15(4):282-8.	5
603 Roy A. Characteristics of cocaine dependent patients who attempt suicide. <i>Arch Suicide Res</i> . 2009;13(1):46-51.	9
604 Roy A. Combination of family history of suicidal behavior and childhood trauma may represent correlate of increased suicide risk. <i>J Affect Disord</i> . 2011 Apr;130(1-2):205-8.	9
605 Rubino A, Roskell N, Tennis P, Mines D, Weich S, Andrews E. Risk of suicide during treatment with venlafaxine, citalopram, fluoxetine, and dothiepin: retrospective cohort study. <i>BMJ</i> . 2007 Feb 3;334(7587):242.	9

Excluded Trials	Exclusion Code
606 Rucci P, Frank E, Scocco P, et al. Treatment-emergent suicidal ideation during 4 months of acute management of unipolar major depression with SSRI pharmacotherapy or interpersonal psychotherapy in a randomized clinical trial. <i>Depress Anxiety</i> . 2011 Apr;28(4):303-9.	2
607 Rudd M, Goulding J, Bryan CJ. Student veterans: A national survey exploring psychological symptoms and suicide risk. <i>Professional Psychology: Research and Practice</i> . 2011 Oct;42(5):354-60.	8
608 Rutledge CM, Rimer D, Scott M. Vulnerable Goth teens: the role of schools in this psychosocial high-risk culture. <i>J Sch Health</i> . 2008 Sep;78(9):459-64.	5
609 Ryan C, Huebner D, Diaz RM, Sanchez J. Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. <i>Pediatrics</i> . 2009 Jan;123(1):346-52.	9
610 Ryden G, Ryden E, Hetta J. Borderline personality disorder and autism spectrum disorder in females: A cross-sectional study. <i>Clinical Neuropsychiatry: Journal of Treatment Evaluation</i> . 2008 Feb;5(1):22-30.	2
611 Sadeghi-Nejad H, Watson R. Premature ejaculation: current medical treatment and new directions (CME). <i>J Sex Med</i> . 2008 May;5(5):1037-50; quiz 51-2.	5
612 Safer DJ, Zito JM. Do antidepressants reduce suicide rates? <i>Public Health</i> . 2007 Apr;121(4):274-7.	5
613 Sahin NH, Batigun AD. [Testing the probability of a model to predict suicide risk in high school and university students]. <i>Turk Psikiyatri Derg</i> . 2009 Spring;20(1):28-36.	1
614 Sajatovic M, Biswas K, Kilbourne AK, Fenn H, Williford W, Bauer MS. Factors associated with prospective long-term treatment adherence among individuals with bipolar disorder. <i>Psychiatr Serv</i> . 2008 Jul;59(7):753-9.	8
615 Sakinofsky I. The current evidence base for the clinical care of suicidal patients: strengths and weaknesses. <i>Can J Psychiatry</i> . 2007 Jun;52(6 Suppl 1):7S-20S.	6
616 Sakinofsky I. Treating suicidality in depressive illness. Part 1: current controversies. <i>Can J Psychiatry</i> . 2007 Jun;52(6 Suppl 1):71S-84S.	6
617 Sakinofsky I. Treating suicidality in depressive illness. Part 2: does treatment cure or cause suicidality? <i>Can J Psychiatry</i> . 2007 Jun;52(6 Suppl 1):85S-101S.	6
618 Santa Mina E, Gallop R, Links P, et al. The Self-Injury Questionnaire: Evaluation of the psychometric properties in a clinical population. <i>Journal of Psychiatric and Mental Health Nursing</i> . 2006 Apr;13(2):221-7.	9
619 Sareen J, Afifi TO, McMillan KA, Asmundson GJ. Relationship between household income and mental disorders: Findings from a population-based longitudinal study. <i>Archives of General Psychiatry</i> . 2011 Apr;68(4):419-26.	9
620 Sareen J, Cox BJ, Afifi TO, et al. Combat and peacekeeping operations in relation to prevalence of mental disorders and perceived need for mental health care: findings from a large representative sample of military personnel. <i>Arch Gen Psychiatry</i> . 2007 Jul;64(7):843-52.	3
621 Sareen J, Cox BJ, Stein MB, Afifi TO, Fleet C, Asmundson GJ. Physical and mental comorbidity, disability, and suicidal behavior associated with posttraumatic stress disorder in a large community sample. <i>Psychosom Med</i> . 2007 Apr;69(3):242-8.	9
622 Sareen J, Stein MB, Thoresen S, Belik SL, Zamorski M, Asmundson GJ. Is peacekeeping peaceful? A systematic review. <i>Can J Psychiatry</i> . 2010 Jul;55(7):464-72.	6
623 Sarkar NN. Childhood sexual abuse and its impact on woman's health. <i>International Medical Journal</i> . 2010 Jun;17(2):107-12.	5
624 Saunders KE, Hawton K. Suicidal behaviour and the menstrual cycle. <i>Psychological Medicine: A Journal of Research in Psychiatry and the Allied Sciences</i> . 2006 Jul;36(7):901-12.	6
625 Schafer DW. Causes and rates of death among help-seeking male Vietnam veterans treated for PTSD: A follow-up study. <i>Dissertation Abstracts International: Section B: The Sciences and Engineering</i> . 2008;69(5-B):3277.	3

Excluded Trials	Exclusion Code
626 Schneeweiss S, Patrick AR, Solomon DH, et al. Comparative safety of antidepressant agents for children and adolescents regarding suicidal acts. <i>Pediatrics</i> . 2010 May;125(5):876-88.	9
627 Schneeweiss S, Patrick AR, Solomon DH, et al. Variation in the risk of suicide attempts and completed suicides by antidepressant agent in adults: a propensity score-adjusted analysis of 9 years' data. <i>Arch Gen Psychiatry</i> . 2010 May;67(5):497-506.	9
628 Schneider B, Bartusch B, Schnabel A, Fritze J. [Age and gender: confounders for axis I disorders as risk factors for suicide]. <i>Psychiatr Prax</i> . 2005 May;32(4):185-94.	1
629 Schneider B, Georgi K, Weber B, Schnabel A, Ackermann H, Wetterling T. [Risk factors for suicide in substance-related disorders]. <i>Psychiatr Prax</i> . 2006 Mar;33(2):81-7.	1
630 Schneider R, Burnette ML, Ilgen MA, Timko C. Prevalence and correlates of intimate partner violence victimization among men and women entering substance use disorder treatment. <i>Violence Vict</i> . 2009;24(6):744-56.	9
631 Scholz BA, Hammonds CL, Boomershine CS. Duloxetine for the management of fibromyalgia syndrome. <i>J Pain Res</i> . 2009;2:99-108.	5
632 Schulte PF. Risk of clozapine-associated agranulocytosis and mandatory white blood cell monitoring. <i>Ann Pharmacother</i> . 2006 Apr;40(4):683-8.	3
633 Schumock GT, Lee TA, Joo MJ, Valuck RJ, Stayner LT, Gibbons RD. Association between Leukotriene-Modifying Agents and Suicide: What is the Evidence? <i>Drug Saf</i> . 2011 Jul 1;34(7):533-44.	6
634 Scoville SL, Gubata ME, Potter RN, White MJ, Pearse LA. Deaths attributed to suicide among enlisted U.S. armed forces recruits, 1980-2004. <i>Military Medicine</i> . 2007 Oct;172(10):1024-31.	8
635 Seemuller F, Lewitzka U, Muller HJ. In people taking antidepressants, suicidal behaviour is less common when they are taking them than in unexposed periods. <i>Evid Based Ment Health</i> . 2011 Nov;14(4):98.	5
636 Semiz UB, Basoglu C, Oner O, et al. Effects of diagnostic comorbidity and dimensional symptoms of attention-deficit-hyperactivity disorder in men with antisocial personality disorder. <i>Aust N Z J Psychiatry</i> . 2008 May;42(5):405-13.	2
637 Shah A. Psychiatry of old age and ethnic minority older people in the United Kingdom. <i>Reviews in Clinical Gerontology</i> . 2009 May;19(2):119-34.	5
638 Shahid M, Hyder AA. Deliberate self-harm and suicide: a review from Pakistan. <i>Int J Inj Contr Saf Promot</i> . 2008 Dec;15(4):233-41.	2
639 Sharma S, Sharma M. Stress-induced psychological vital signs in military domain: Assessment and intervention issues. <i>Psychological Studies</i> . 2008 Jan;53(1):7-19.	5
640 Sher L. Alcoholism and suicidal behavior: A clinical overview. <i>Acta Psychiatrica Scandinavica</i> . 2006 Jan;113(1):13-22.	5
641 Sher L. Brain-derived neurotrophic factor and suicidal behavior. <i>QJM</i> . 2011 May;104(5):455-8.	5
642 Shields LB, Hunsaker DM, Hunsaker JC, III. Schizophrenia and suicide: A 10-year review of Kentucky Medical Examiner cases. <i>Journal of Forensic Sciences</i> . 2007 Jul;52(4):930-7.	4
643 Shreeram SS, Malik A. Suicidality in the juvenile justice environment. <i>International Journal of Child Health and Human Development</i> . 2008;1(3,Spec Iss):245-60.	6
644 Simon GE, Savarino J, Operskalski B, Wang PS. Suicide risk during antidepressant treatment. <i>Am J Psychiatry</i> . 2006 Jan;163(1):41-7.	9
645 Simon NM, Pollack MH, Fischmann D, et al. Complicated grief and its correlates in patients with bipolar disorder. <i>J Clin Psychiatry</i> . 2005 Sep;66(9):1105-10.	9
646 Simpson G, Franke B, Gillett L. Suicide prevention training outside the mental health service system: evaluation of a state-wide program in Australia for rehabilitation and disability staff in the field of traumatic brain injury. <i>Crisis</i> . 2007;28(1):35-43.	3
647 Simpson G, Tate R. Suicidality in people surviving a traumatic brain injury: prevalence, risk factors and implications for clinical management. <i>Brain Inj</i> . 2007 Dec;21(13-14):1335-51.	6

Excluded Trials	Exclusion Code
648 Sinclair JM, Gray A, Hawton K. Systematic review of resource utilization in the hospital management of deliberate self-harm. <i>Psychol Med.</i> 2006 Dec;36(12):1681-93.	3
649 Singh T, Williams K. Atypical depression. <i>Psychiatry.</i> 2006 Apr;3(4):33-9.	3
650 Skegg K, Firth H, Gray A, Cox B. Suicide by occupation: does access to means increase the risk? <i>Aust N Z J Psychiatry.</i> 2010 May;44(5):429-34.	9
651 Skopp NA, Luxton DD, Bush N, Sirotn A. Childhood adversity and suicidal ideation in a clinical military sample: Military unit cohesion and intimate relationships as protective factors. <i>Journal of Social and Clinical Psychology.</i> 2011 Apr;30(4):361-77.	8
652 Skruibis P, Gailiene D, Kazlauskas E. Level of hopelessness, attitudes towards suicide and suicide risk. <i>Psichologija.</i> 2008;37:44-56.	1
653 Slee N, Garnefski N, van der Leeden R, Arensman E, Spinhoven P. Cognitive-behavioural intervention for self-harm: Randomised controlled trial. <i>British Journal of Psychiatry.</i> 2008 Mar;192(3):202-11.	2
654 Smith EG, Craig TJ, Ganoczy D, Walters HM, Valenstein M. Treatment of Veterans with depression who died by suicide: timing and quality of care at last Veterans Health Administration visit. <i>J Clin Psychiatry.</i> 2011 Sep 7;72(5):622-9.	4
655 Smith EG. Association between antidepressant half-life and the risk of suicidal ideation or behavior among children and adolescents: confirmatory analysis and research implications. <i>J Affect Disord.</i> 2009 Apr;114(1-3):143-8.	6
656 Smyth CL, MacLachlan M. Confirmatory Factor Analysis of the Trinity Inventory of Precursors to Suicide (TIPS) and its Relationship to Hopelessness and Depression. <i>Death Studies.</i> 2005 May;29(4):333-50.	3
657 Snarr JD, Heyman RE, Slep AM. Recent suicidal ideation and suicide attempts in a large-scale survey of the U.S. Air Force: prevalences and demographic risk factors. <i>Suicide Life Threat Behav.</i> 2010 Dec;40(6):544-52.	8
658 Soyka M, Schmidt P. Outpatient alcoholism treatment--24-month outcome and predictors of outcome. <i>Subst Abuse Treat Prev Policy.</i> 2009;4:15.	9
659 Speckens AE, Hawton K. Social problem solving in adolescents with suicidal behavior: a systematic review. <i>Suicide Life Threat Behav.</i> 2005 Aug;35(4):365-87.	6
660 Spiegel B, Schoenfeld P, Naliboff B. Systematic review: the prevalence of suicidal behaviour in patients with chronic abdominal pain and irritable bowel syndrome. <i>Aliment Pharmacol Ther.</i> 2007 Jul 15;26(2):183-93.	6
661 Stanley N, Mallon S, Bell J, Manthorpe J. Suicidal students' use of and attitudes to primary care support services. <i>Primary Health Care Research and Development.</i> 2010 Oct;11(4):315-25.	3
662 Stapleton J. Do the 10 UK suicides among those taking the smoking cessation drug varenicline suggest a causal link? <i>Addiction.</i> 2009 May;104(5):864-5.	5
663 Steele MM, Doey T. Suicidal behaviour in children and adolescents. part 1: etiology and risk factors. <i>Can J Psychiatry.</i> 2007 Jun;52(6 Suppl 1):21S-33S.	6
664 Stefansson J, Nordstrom P, Jokinen J. Suicide Intent Scale in the prediction of suicide. <i>J Affect Disord.</i> 2010 Dec 8.	2
665 Stone M, Laughren T, Jones ML, et al. Risk of suicidality in clinical trials of antidepressants in adults: analysis of proprietary data submitted to US Food and Drug Administration. <i>BMJ.</i> 2009;339:b2880.	7
666 Strauss JL, Calhoun PS, Marx CE, et al. Comorbid posttraumatic stress disorder is associated with suicidality in male veterans with schizophrenia or schizoaffective disorder. <i>Schizophr Res.</i> 2006 May;84(1):165-9.	8
667 Strutt AM, Simpson R, Jankovic J, York MK. Changes in cognitive-emotional and physiological symptoms of depression following STN-DBS for the treatment of Parkinson's disease. <i>Eur J Neurol.</i> 2011 Jun 11.	9

Excluded Trials	Exclusion Code
668 Studdert DM, Gurrin LC, Jatkar U, Pirkis J. Relationship between vehicle emissions laws and incidence of suicide by motor vehicle exhaust gas in Australia, 2001-06: an ecological analysis. <i>PLoS Med.</i> 2010 Jan;7(1):e1000210.	3
669 Sumner SA, Layde PM, Guse CE. Firearm death rates and association with level of firearm purchase background check. <i>Am J Prev Med.</i> 2008 Jul;35(1):1-6.	3
670 Szumilas M, Kutcher S. Teen suicide information on the internet: a systematic analysis of quality. <i>Can J Psychiatry.</i> 2009 Sep;54(9):596-604.	5
671 Tang NK, Crane C. Suicidality in chronic pain: a review of the prevalence, risk factors and psychological links. <i>Psychol Med.</i> 2006 May;36(5):575-86.	6
672 Taur FM, Chai S, Chen MB, Hou JL, Lin S, Tsai SL. Evaluating the suicide risk-screening scale used by general nurses on patients with chronic obstructive pulmonary disease and lung cancer: a questionnaire survey. <i>J Clin Nurs.</i> 2011 Aug 1.	2
673 Taylor J, Kemper TS, Loney BR, Kistner JA. Classification of severe male juvenile offenders using the MACI clinical and personality scales. <i>J Clin Child Adolesc Psychol.</i> 2006 Feb;35(1):90-102.	9
674 Taylor PJ, Gooding P, Wood AM, Tarrier N. The role of defeat and entrapment in depression, anxiety, and suicide. <i>Psychol Bull.</i> 2011 May;137(3):391-420.	3
675 Teasdale T, Engberg A. Suicide after traumatic brain injury: a population study. <i>Journal of Neurology, Neurosurgery & Psychiatry.</i> 2001;71(4):436-40.	2
676 Thomas SH, Drici MD, Hall GC, et al. Safety of sertindole versus risperidone in schizophrenia: principal results of the sertindole cohort prospective study (SCoP). <i>Acta Psychiatrica Scandinavica.</i> 2010 Nov;122(5):345-55.	2
677 Thompson R, Kane V, Cook JM, Greenstein R, Walker P, Woody G. Suicidal ideation in veterans receiving treatment for opiate dependence. <i>J Psychoactive Drugs.</i> 2006 Jun;38(2):149-56.	3
678 Thorell L. Valid electrodermal hyporeactivity for depressive suicidal propensity offers links to cognitive theory. <i>Acta Psychiatrica Scandinavica.</i> 2009 May;119(5):338-49.	5
679 Thoresen S, Mehlum L, Roysamb E, Tonnessen A. Risk factors for completed suicide in veterans of peacekeeping: repatriation, negative life events, and marital status. <i>Arch Suicide Res.</i> 2006;10(4):353-63.	2
680 Thoresen S, Mehlum L. Suicide in peacekeepers: risk factors for suicide versus accidental death. <i>Suicide Life Threat Behav.</i> 2006 Aug;36(4):432-42.	2
681 Thoresen S, Mehlum L. Traumatic stress and suicidal ideation in Norwegian male peacekeepers. <i>J Nerv Ment Dis.</i> 2008 Nov;196(11):814-21.	2
682 Tondo L, Baldessarini RJ. Long-term lithium treatment in the prevention of suicidal behavior in bipolar disorder patients. <i>Epidemiol Psichiatr Soc.</i> 2009 Jul-Sep;18(3):179-83.	5
683 Troister T, Links PS, Cutcliffe J. Review of predictors of suicide within 1 year of discharge from a psychiatric hospital. <i>Curr Psychiatry Rep.</i> 2008 Feb;10(1):60-5.	6
684 Tsai SJ, Hong CJ, Liou YJ. Recent molecular genetic studies and methodological issues in suicide research. <i>Prog Neuropsychopharmacol Biol Psychiatry.</i> 2010 Oct 23.	6
685 Turner O, Windfuhr K, Kapur N. Suicide in deaf populations: a literature review. <i>Ann Gen Psychiatry.</i> 2007;6:26.	6
686 Uebelacker LA, German NM, Gaudiano BA, Miller IW. Patient health questionnaire depression scale as a suicide screening instrument in depressed primary care patients: A cross-sectional study [NCT00541957]. <i>Primary Care Companion to the Journal of Clinical Psychiatry.</i> 2011;13(1):e1-e6.	3
687 Utsey SO, Hook JN, Stanard P. A re-examination of cultural factors that mitigate risk and promote resilience in relation to African American suicide: A review of the literature and recommendations for future research. <i>Death Studies.</i> 2007;31(5):399-416.	5
688 Valente SM, Saunders J. Screening for depression and suicide: self-report instruments that work. <i>J Psychosoc Nurs Ment Health Serv.</i> 2005 Nov;43(11):22-31.	5
689 van den Bosch LM, Verheul R. Patients with addiction and personality disorder: Treatment outcomes and clinical implications. <i>Current Opinion in Psychiatry.</i> 2007 Jan;20(1):67-71.	5

Excluded Trials	Exclusion Code
690 Van Orden KA, Witte TK, Holm-Denoma J, Gordon KH, Joiner TE, Jr. Suicidal behavior on Axis VI: Clinical data supporting a sixth axis for DSM-V. <i>Crisis: The Journal of Crisis Intervention and Suicide Prevention</i> . 2011;32(2):110-3.	3
691 VanCott AC, Cramer JA, Copeland LA, et al. Suicide-related behaviors in older patients with new anti-epileptic drug use: data from the VA hospital system. <i>BMC Med</i> . 2010;8:4.	3
692 Vitiello B, Silva SG, Rohde P, et al. Suicidal events in the Treatment for Adolescents With Depression Study (TADS). <i>J Clin Psychiatry</i> . 2009 May;70(5):741-7.	4
693 Voracek M, Loibl LM. Consistency of immigrant and country-of-birth suicide rates: a meta-analysis. <i>Acta Psychiatr Scand</i> . 2008 Oct;118(4):259-71.	6
694 Voracek M, Loibl LM. Genetics of suicide: a systematic review of twin studies. <i>Wien Klin Wochenschr</i> . 2007;119(15-16):463-75.	6
695 Wagenaar AC, Toomey TL. Effects of minimum drinking age laws: a review and analyses of the literature from 1960 to 2000. <i>Journal of Studies on Alcohol</i> . 2002 (Supplement 14):206-25.	3
696 Wagner KD, Jonas J, Findling RL, Ventura D, Saikali K. A double-blind, randomized, placebo-controlled trial of escitalopram in the treatment of pediatric depression. <i>J Am Acad Child Adolesc Psychiatry</i> . 2006 Mar;45(3):280-8.	9
697 Walker J, Hansen CH, Hodges L, et al. Screening for suicidality in cancer patients using Item 9 of the nine-item patient health questionnaire; does the item score predict who requires further assessment? <i>Gen Hosp Psychiatry</i> . 2010 Mar-Apr;32(2):218-20.	3
698 Walker R, Cole JE, Logan T, Corrigan JD. Screening substance abuse treatment clients for traumatic brain injury: Prevalence and characteristics. <i>The Journal of Head Trauma Rehabilitation</i> . 2007 Nov-Dec;22(6):360-7.	9
699 Wallin MT, Wilken JA, Turner AP, Williams RM, Kane R. Depression and multiple sclerosis: Review of a lethal combination. <i>J Rehabil Res Dev</i> . 2006 Jan-Feb;43(1):45-62.	5
700 Walsh S, Clayton R, Liu L, Hodges S. Divergence in contributing factors for suicide among men and women in Kentucky: recommendations to raise public awareness. <i>Public Health Rep</i> . 2009 Nov-Dec;124(6):861-7.	9
701 Warner CH, Appenzeller GN, Parker JR, Warner C, Diebold CJ, Grieger T. Suicide prevention in a deployed military unit. <i>Psychiatry</i> . 2011 Summer;74(2):127-41.	4
702 Warner CH, Breitbach JE, Appenzeller GN, Yates V, Grieger T, Webster WG. Division mental health in the new brigade combat team structure: part II. Redeployment and postdeployment. <i>Mil Med</i> . 2007 Sep;172(9):912-7.	4
703 Webb L. Counting girls out: A review of suicide among young substance misusers and gender difference implications in the evaluation of risk. <i>Drugs: Education, Prevention & Policy</i> . 2009 Apr;16(2):103-26.	5
704 Webb RT, Marshall CE, Abel KM. Teenage motherhood and risk of premature death: long-term follow-up in the ONS Longitudinal Study. <i>Psychol Med</i> . 2011 Jan 28;1-11.	9
705 Weich S, Patterson J, Shaw R, Stewart-Brown S. Family relationships in childhood and common psychiatric disorders in later life: systematic review of prospective studies. <i>Br J Psychiatry</i> . 2009 May;194(5):392-8.	6
706 Weiner J, Richmond TS, Conigliaro J, Wiebe DJ. Military veteran mortality following a survived suicide attempt. <i>BMC Public Health</i> . 2011 May 23;11(1):374.	4
707 Welton R. The management of suicidality: Assessment and intervention. <i>Psychiatry</i> . 2007 May;4(5):24-32.	5
708 Werry JS. Predicting completed suicide. <i>Journal of the American Academy of Child & Adolescent Psychiatry</i> . 2007 Sep;46(9):1097.	5
709 White N, Litovitz T, Clancy C. Suicidal antidepressant overdoses: a comparative analysis by antidepressant type. <i>J Med Toxicol</i> . 2008 Dec;4(4):238-50.	9
710 Whitlock J, Eckenrode J, Silverman D. Self-injurious behaviors in a college population. <i>Pediatrics</i> . 2006 Jun;117(6):1939-48.	3

Excluded Trials	Exclusion Code
711 Wilcox HC, Storr CL, Breslau N. Posttraumatic stress disorder and suicide attempts in a community sample of urban American young adults. <i>Arch Gen Psychiatry</i> . 2009 Mar;66(3):305-11.	9
712 Williams JW, Jr., Slubicki MN, Tweedy DS, Bradford DW, Trivedi RB, Baker D. Determining the Responsiveness of Depression Questionnaires and Optimal Treatment Duration for Antidepressant Medications. 2009 Oct <i>Questionnaires and Optimal Treatment Duration for Antidepressant Medications</i> .	3
713 Witte TK, Joiner TE, Jr., Brown GK, et al. Factors of suicide ideation and their relation to clinical and other indicators in older adults. <i>Journal of Affective Disorders</i> . 2006 Aug;94(1-3):165-72.	3
714 Wockel L, Goth K, Matic N, Zepf FD, Holtmann M, Poustka F. Psychopharmacotherapy in adolescents with borderline personality disorder in inpatient and outpatient psychiatric treatment. <i>Zeitschrift für Kinder- und Jugendpsychiatrie und Psychotherapie</i> . 2010 Jan;38(1):37-49.	1
715 Wohlfarth TD, van Zwieten BJ, Lekkerkerker FJ, et al. Antidepressants use in children and adolescents and the risk of suicide. <i>Eur Neuropsychopharmacol</i> . 2006 Feb;16(2):79-83.	7
716 Wojcik BE, Akhtar FZ, Hassell LH. Hospital admissions related to mental disorders in U.S. Army soldiers in Iraq and Afghanistan. <i>Mil Med</i> . 2009 Oct;174(10):1010-8.	8
717 Woo J-M, Postolache TT. The impact of work environment on mood disorders and suicide: Evidence and implications. <i>International Journal on Disability and Human Development</i> . 2008 Apr-Jun;7(2):185-200.	6
718 Woodhead C, Rona RJ, Iversen A, et al. Mental health and health service use among post-national service veterans: results from the 2007 Adult Psychiatric Morbidity Survey of England. <i>Psychol Med</i> . 2011 Feb;41(2):363-72.	9
719 Wortzel HS, Binswanger IA, Anderson CA, Adler LE. Suicide among incarcerated veterans. <i>J Am Acad Psychiatry Law</i> . 2009;37(1):82-91.	6
720 Yackel EE, McKennan MS, Fox-Deise A. A nurse-facilitated depression screening program in an Army primary care clinic: an evidence-based project. <i>Nurs Res</i> . 2010 Jan-Feb;59(1 Suppl):S58-65.	3
721 Yamane GK, Butler JL. Suicide burden in the U.S. Air Force: 1990-2004. <i>Mil Med</i> . 2009 Oct;174(10):1019-23.	8
722 Yang AC, Tsai SJ, Huang NE. Decomposing the association of completed suicide with air pollution, weather, and unemployment data at different time scales. <i>J Affect Disord</i> . 2011 Mar;129(1-3):275-81.	2
723 Yoon YH, Chen CM, Yi HY, Moss HB. Effect of comorbid alcohol and drug use disorders on premature death among unipolar and bipolar disorder decedents in the United States, 1999 to 2006. <i>Compr Psychiatry</i> . 2010 Dec 10.	9
724 Young KA, Bonkale WL, Holcomb LA, Hicks PB, German DC. Major depression, 5HTTLPR genotype, suicide and antidepressant influences on thalamic volume. <i>Br J Psychiatry</i> . 2008 Apr;192(4):285-9.	3
725 Youssef NA, Rich CL. Does acute treatment with sedatives/hypnotics for anxiety in depressed patients affect suicide risk? A literature review. <i>Annals of Clinical Psychiatry</i> . 2008;20(3):157-69.	6
726 Yurgelun-Todd DA, Bueler CE, McGlade EC, Churchwell JC, Brenner LA, Lopez-Larson MP. Neuroimaging correlates of traumatic brain injury and suicidal behavior. <i>J Head Trauma Rehabil</i> . 2011 Jul-Aug;26(4):276-89.	3
727 Zamorski MA. Suicide prevention in military organizations. <i>Int Rev Psychiatry</i> . 2011 Apr;23(2):173-80.	6
728 Zhang J, McKeown RE, Hussey JR, Thompson SJ, Woods JR. Gender differences in risk factors for attempted suicide among young adults: Findings from the Third National Health and Nutrition Examination Survey. <i>Annals of Epidemiology</i> . 2005;15(2):167-74.	9
729 Zisook S, Rush AJ, Lesser I, et al. Preadult onset vs. adult onset of major depressive disorder: a replication study. <i>Acta Psychiatr Scand</i> . 2007 Mar;115(3):196-205.	9
730 Zisook S, Trivedi MH, Warden D, et al. Clinical correlates of the worsening or emergence of suicidal ideation during SSRI treatment of depression: an examination of citalopram in the STAR*D study. <i>J Affect Disord</i> . 2009 Sep;117(1-2):63-73.	9

Excluded Trials	Exclusion Code
731 Zivin K, Eisenberg D, Gollust SE, Golberstein E. Persistence of mental health problems and needs in a college student population. <i>J Affect Disord.</i> 2009 Oct;117(3):180-5.	3
732 Zivin K, Pfeiffer PN, McCammon RJ, et al. "No-shows": who fails to follow up with initial behavioral health treatment? <i>Am J Manag Care.</i> 2009 Feb;15(2):105-12.	3