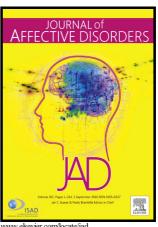
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Suicidal Ideation Declines with Improvement in the Subjective Symptoms of Major Depression

John G. Keilp, Ph.D., Steven P. Ellis, Ph.D., Marianne Gorlyn, Ph.D., Ainsley K. Burke, Ph.D., Maria A. Oquendo, M.D., J. John Mann, M.D., Michael F. Grunebaum, M.D.

ABSTRACT

Background

Suicidal ideation appears to be more strongly associated with subjective rather than neurovegetative symptoms of depression. Effective treatment, then, should produce reductions in suicidal ideation to the degree that these subjective symptoms are alleviated relative to treatment effects on other symptoms.

Methods

In a randomized clinical trial comparing paroxetine and bupropion for treatment of depression in patients with either suicidal ideation or past attempt, depression severity and suicidal ideation were assessed weekly during the 8-week study. Depression rating scales - the 24-item Hamilton Depression Rating Scale [HDRS] and the Beck Depression Scale [BDI] - were decomposed into symptom clusters based on our published factor analyses, and their change over time compared to changes on the Beck Scale for Suicidal Ideation [SSI].

Results

Improvement in factor scores associated with subjective symptoms of depression - HDRS Psychic Depression, BDI Subjective Depression, and BDI Self-Blame - were the best predictors

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