ORIGINAL ARTICLE

Short Personality and Life Event scale for detection of suicide attempters ☆

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Abstract

Objective: To develop a brief and reliable psychometric scale to identify individuals at risk for suicidal behaviour.

Method design: Case–control study. *Sample and setting:* 182 individuals (61 suicide attempters, 57 psychiatric controls, and 64 psychiatrically healthy controls) aged 18 or older, admitted to the Emergency Department at Puerta de Hierro University Hospital in Madrid, Spain. *Measures:* All participants completed a form including their socio-demographic and clinical character-istics, and the Personality and Life Events scale (27 items). To assess Axis I diagnoses, all psychiatric patients (including suicide attempters) were administered the Mini International Neuropsychiatric Interview. *Statistical analysis:* Descriptive statistics were computed for the socio-demographic factors. Additionally, χ^2 independence tests were applied to evaluate dif-ferences in socio-demographic and clinical variables, and the Personality and Life Events scale between groups. A stepwise linear regression with the backward variable selection was con-ducted to build the Short Personality Life Event (S-PLE) scale. In order to evaluate the accuracy, a ROC analysis was conducted. The internal reliability was assessed using Cronbach's α, and the external reliability was evaluated using a test–retest procedure.

Results: The S-PLE scale, composed of just 6 items, showed good performance in discriminat-ing between medical controls, psychiatric controls and suicide attempters in an independent sample. For instance, the S-PLE scale discriminated between past suicide and past non-suicide

attempters with sensitivity of 80% and specificity of 75%. The area under the ROC curve was 88%. A factor analysis extracted only one factor, revealing a single dimension of the S-PLE scale. Furthermore, the S-PLE scale provides values of internal and external reliability between poor (test–retest: 0.55) and acceptable (Cronbach's α: 0.65) ranges. Administration time is about one minute.

Conclusions: The S-PLE scale is a useful and accurate instrument for estimating the risk of suicidal behaviour in settings where the time is scarce.

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PALABRAS CLAVE
Personas que intentan suicidarse;
Personalidad;
Acontecimientos vitales;
Sensación de vacío

Escala Abreviada de Personalidad y Acontecimientos Vitales para la detección de los intentos de suicidio

Resumen

Objetivo: Desarrollar una escala breve y fiable para identificar a las personas en riesgo de conducta suicida.

Método Diseño: estudio de caso-control. *Muestra y centro:* 182 individuos (61 personas que intentaron suicidarse, 57 controles psiquiátricos y 64 controles sanos) con una edad de 18 años o más, admitidos en la Unidad de Urgencias del Hospital Universitario Puerta de Hierro de Madrid, España. *Mediciones:* todos los participantes rellenaron un formulario que incluía sus características sociodemográficas y clínicas, y la Escala de Personalidad y Acontecimientos Vitales (27 cuestiones). Para evaluar los diagnósticos del Eje I, a todos los pacientes psiquiátricos (incluyendo a las personas que intentaron suicidarse) se les realizó la Entrevista Neuropsiquiátrica Internacional. *Análisis estadístico:* se aplicó estadística descriptiva para los factores sociodemográficos. Además, se aplicaron las pruebas de independencia de χ^2 para evaluar las diferencias de las variables sociodemográficas y clínicas, y de la Escala de Personalidad y Acontecimientos Vitales entre grupos. Se llevó a cabo una regresión lineal escalonada con selección de variable retrospectiva para elaborar la escala abreviada de Personalidad y Acontecimientos Vitales (S-PLE). A fin de evaluar la precisión se realizó un análisis de ROC. Se evaluó la fiabilidad interna utilizando la α de Cronbach, y la fiabilidad externa mediante un procedimiento de prueba-reprueba.

Resultados: La escala S-PLE, que se compone únicamente de 6 cuestiones, reflejó un buen desempeño al discriminar los controles sanos, los controles psiquiátricos y los intentos de suicidio en una muestra independiente. Por ejemplo, la escala S-PLE discriminó a las personas que intentaron suicidarse y a las que no lo hicieron en el pasado, con una sensibilidad del 80% y una especificidad del 75%. El área bajo la curva ROC fue del 88%. Un análisis factorial extrajo solamente un factor, lo que revela la dimensión única de la escala S-PLE. Además, la escala S-PLE aporta valores de fiabilidad interna y externa que se incluyen dentro de los rangos débil (prueba-reprueba: 0,55) y aceptable (α de Cronbach: 0,65). El tiempo de realización es de alrededor de un minuto.

Conclusiones: La escala S-PLE es un instrumento útil y preciso para calcular el riesgo de conducta suicida en centros asistenciales donde escasea el tiempo.

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Introduction

Suicide prevention is a major public health concern.[1–3] According to the World Health Organization (WHO), suicide accounts approximately for 1.4% of the Global Burden of Disease.[4] It is estimated that about 800,000 people will suicide each year, and at least 10–20 times more will make non-lethal attempts annually by the year 2020.[5] Moreover, in the United States only, the annual estimated economic costs of suicide are about $33 billion per year.[6]

Despite these staggering figures, it is possible to partially prevent suicidal behaviour with specific interventions in high-risk populations.[7,8] For instance, some investigators have pointed out that access to adequate treatment might reduce suicide rates up to 25%.[9] More recently, Hampton[10] reported a 75% reduction of suicide rates by implementing a depression care programme.

One of the most difficult tasks in preventing suicide is the detection of individuals at risk.[11] Among the reasons behind this problem is the fact that most suicide attempters do not reveal their suicidal thoughts and plans to their physicians.[12,13] Moreover, although several risk factors such as major depression,[14] a previous suicide attempt,[15] or recent life events[16] increase the risk of suicide, previous