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Re: Can suicide be prevented?

Re: Can suicide be prevented? Douglas Kamerow. 345:doi [10.1136/bmj.e7557](https://doi.org/10.1136/bmj.e7557)

Dear Dr Kamerow

I am writing in response to your article in the BMJ "Can suicide be prevented?"

Your article struck me deeply, because my family, like yours, has been scarred by suicide and I wholeheartedly share your wish to see a reduction in the national suicide rate.

I believe, from what we learnt after our son's death, that there is one type of suicide that could be prevented.

Suicide among head injury survivors is three or four times more common than among other people, depending on the type of injury [1]. Many of these suicides may be due to post-traumatic hypopituitarism (PTHP), which is a common consequence of head injury [2]. The connection between undiagnosed hypopituitarism and suicide has understandably not been proved, but I believe it exists for two reasons:

1. Deficiency in growth hormone releasing hormone, ACTH, the gonadotrophic hormones and thyroid stimulating hormone are all associated with anterior pituitary dysfunction, and each of these deficiencies is associated with depression [3]. Prolactin levels can rise when the pituitary is damaged and raised levels are also associated with depression. [4]
2. Since our son's death I have been in contact with three hypopituitarism patients (in two cases caused by head injury) who before diagnosis either felt suicidal or made suicide attempts [5]. I have only corresponded with 20 hypopituitarism patients in all.

The figures are considerable. There are 135,000 head injuries a year in the UK, and, given that the suicide rate is tripled or quadrupled for these people, this yields between 60 and 90 'extra' suicides annually [6]. If even a fraction could be prevented by diagnosing and treating hypopituitarism, this would save much heartbreak.

However, hypopituitarism is rarely diagnosed, despite plentiful evidence for its high incidence. There has been a stranglehold on information about it, with the effect that many medics consider the condition vanishingly rare. For example, both the 2003 and 2007 versions of the NICE head injury guideline are silent on the subject, and so, I hear, will be the 2014 revision. SIGN who are producing a brain injury rehabilitation guideline, have proved deaf to a letter from 50 consultants and charities pleading for the inclusion of just two sentences to alert the medical

community. <http://www.bmj.com/content/335/7622/719?tab=responses> The Cochrane Foundation, who were at first keen to do a review on PTHP, cancelled a meeting with me at 2 hours' notice. Those responsible for the National Strategy for the Prevention of Suicide have also robustly rejected my call for head injury survivors to be highlighted as a high risk group despite the evidence given below [1].

This is a condition that affects 50 in every 100,000 people in the UK annually [7], which equates to a prevalence of 0.9 million people when you remember that PTHP has remained virtually undiagnosed over the past 30 years. Its effects of impotence, infertility, obesity, fatigue and depression can lead to marriage breakdown and suicide. We are in effect allowing a sixtieth of the UK population to languish, leading miserable unproductive lives often on benefits, often shunted into a diagnosis of Chronic Fatigue Syndrome where the only treatment they will receive is counselling and exercise therapy – when all the time, hormone therapy could save them. We cannot afford to do this.

Interestingly this is a condition that is well known to the US army [8] and is also screened for by the British Army [9]. Why does the UK screen its soldiers, yet not even warn civilians?

[1] Teasdale TW, Engberg AW, Suicide after Traumatic Brain Injury: a population study, *J Neurol Neurosurg Psychiatry* 2001;71:436-440 doi:10.1136/jnnp.71.4.436
<http://jnnp.bmj.com/content/71/4/436.full>

[2] Schneider H J et al, Hypothalamopituitary dysfunction following traumatic brain injury and aneurismal subarachnoid haemorrhage, *JAMA* Sept 26, 2007, Vol 298, No 12 2007
<http://jama.jamanetwork.com/article.aspx?volume=298&issue=12&page=1429>

[3] I have listed evidence for this as follows:

Growth hormone

Kelly, D F et al, Neurobehavioral and quality of life changes associated with growth hormone insufficiency after complicated mild, moderate or severe traumatic brain injury, 2006, *J of Neurotrauma* 23(6): 928-42.
<http://online.liebertpub.com/doi/abs/10.1089/neu.2006.23.928?journalCode...>

Mahajan et al, Atypical depression in growth hormone deficient adults and the beneficial effects of growth hormone treatment on depression and quality of life *Eur J Endocrinol* 151(3) 325-32, 2004
<http://www.eje.org/content/151/3/325.full.pdf>

ACTH deficiency (secondary hypoadrenalism)

Clinical Knowledge summaries http://www.cks.nhs.uk/print_preview?pageid=402708001&pagepath=/depressio...

Thyroid deficiency

Harvard Medical School Family Health Guide August 2007, Thyroid Deficiency and mental health
<http://www.health.harvard.edu/fhg/updates/Thyroid-deficiency-and-mental-...>

Hypogonadism

Makhlouf A et al, Hypogonadism is associated with overt depression symptoms in men with erectile dysfunction, 2008, *International J. of Impotence Research* 20:2:157-161 <http://www.mendeley.com/research/hypogonadism-associated-overt-depressio...>

Mazer NA, Testosterone deficiency in women: etiologies, diagnosis and emerging treatments, 2002, *Int J Fertil Women's Med* Mar-Apr 47(2) 77-86 <http://www.ncbi.nlm.nih.gov/pubmed/11991434>

The Pituitary Foundation GP Fact File 2011, section on Hypogonadism: "Symptoms include tiredness, reduced libido and sexual functioning, reduced body and facial hair and muscle mass, infertility and a lack of general well-being including depression."

[4] Raised prolactin levels

Black McL, Loeffler JS, *Cancer of the nervous system*, 2005, John Wiley and Sons: "Reports in the literature first started appearing about 25 years ago, suggesting a relationship between prolactin levels and depression (86).

Several other reports have documented the association between elevated prolactin levels and depression (87, 88)" <http://books.google.co.uk/books?id=CTGXvRvKO2kC&pg=PA261&dq=raised+prola...>

[5] A: James Smith, PTHP sufferer, (BBC Radio Solent 20 March 2012) "I tried to take my own life two or three times . . . if I hadn't received help I guess I'd be no further forward and probably – I'd hate to say it – maybe even dead."

B: PTHP patient responding through headinjuryhypo.org.uk website. "Sometimes you feel that there is just no way and taking your own life is the only option . . . Before and after my wife left me [because he felt ill all the time] I had considered it many many times, thinking this would be the final outcome if I didn't get fixed as I didn't know how much more of it I could take."

C: A patient in Wales told me the same thing in a phone conversation.

[6] The UK suicide rate is 22.3 per 100,000 (17 male, 5.3 female) [Samaritans website figure]. Among TBI survivors therefore annually there will be between 44.6 and 66.9 excess suicides per 100,000 (allowing for the 22.3 that would have happened in any case among that number of people). The actual number for the 135,000 will be 60.2 – 90.3 excess suicides.

[7] Fernandez-Rodriguez et al, Hypopituitarism Following Traumatic Brain Injury: Determining Factors for Diagnosis, *Front Endocrinol (Lausanne)*, 2011; 2:25. This paper whose co-authors include internationally recognized endocrinologists Prof Kelestimur and Prof Casanueva puts the incidence of post-traumatic hypopituitarism at "around 50 patients per 100,000 individuals per year, which results in a high number of patients affected." <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3355957/>

[8] DCoE Clinical Recommendation / August 2012, Indications and Conditions for Neuroendocrine Dysfunction Screening Post Mild Traumatic Brain Injury

[9] Freedom of Information request 20110620 FOI Lane-head injuries pituitary damage-reply

Joanna Lane BA Hons (Oxon) joannalane@blueyonder.co.uk

Competing interests: No competing interests

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Joanna Lane
patient's mother
None

Coulsdon, Surrey CR5

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