



Tabac et attitudes suicidaires

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Sucidalité ou idées et attitudes/comportements suicidaires

(suicide related outcomes : SRO - traduction:
attitudes suicidaires: AS)

- idées suicidaires
- le vouloir de mourir – prédicteur de suicide donc fait partie des AS
- la planification de l'acte
- tentative de suicide (TS)

sont des prédicteurs majeurs de suicide – les facteurs les influençant sont à étudier

Suicide - une catégorie à part

Mortalité par suicide

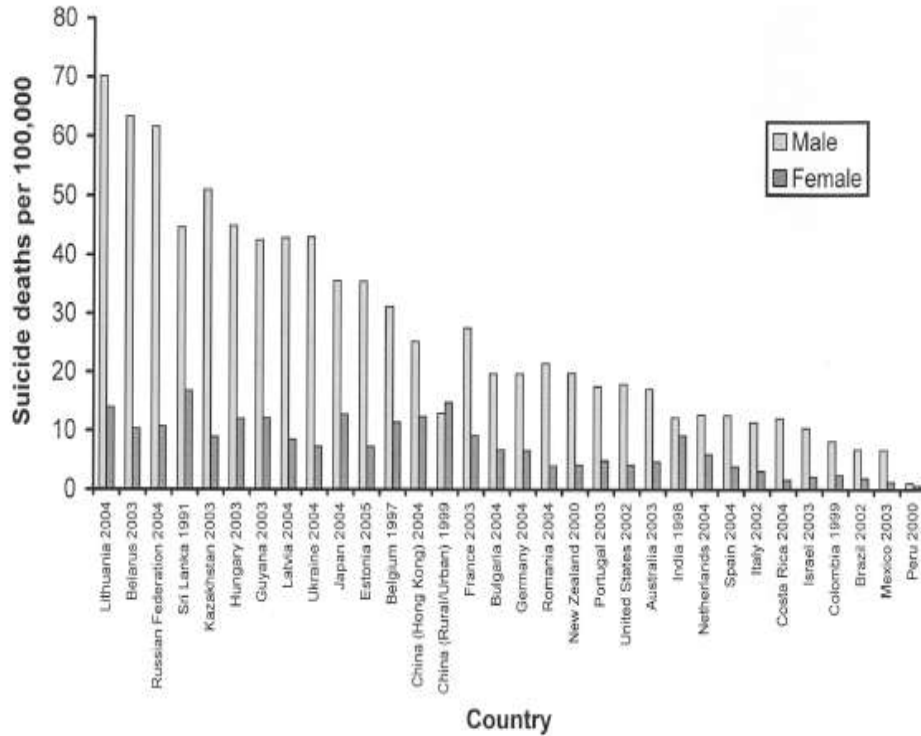


FIGURE 3. Numbers of suicide deaths in numerous nations, for the most recent year available. Data were obtained from the World Health Organization (8).

H>F

Non-fatal self-injury

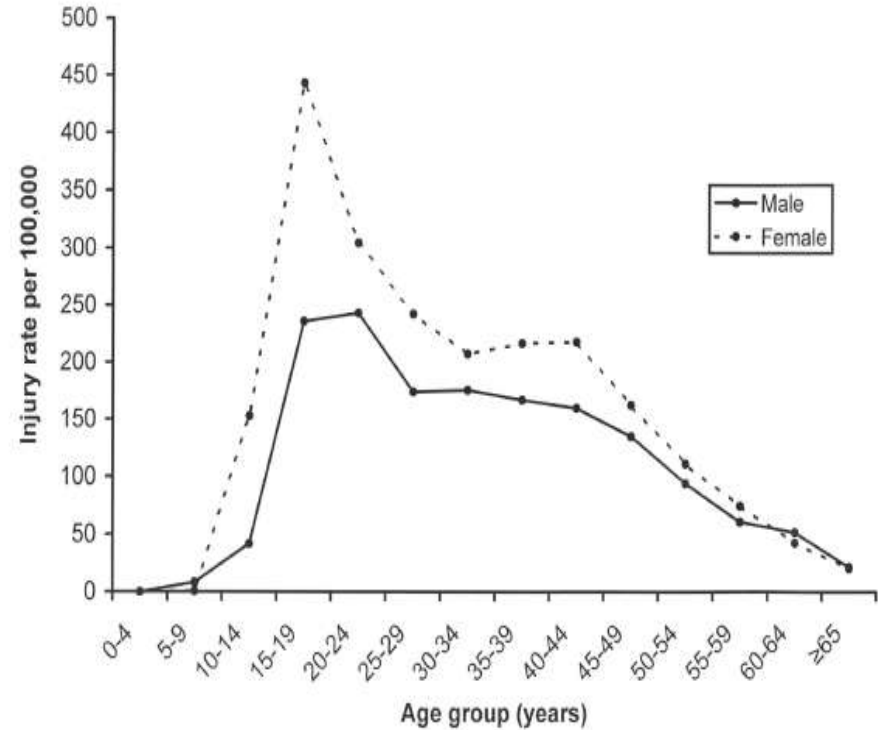


FIGURE 4. Rates of nonfatal self-injury in the United States, by sex and age group, 2006. Data were obtained from the US Centers for Disease Control and Prevention's Web-based Injury Statistics Query and Reporting System (WISQARS) (37). Data points for persons under age 10 years were based on relatively few cases and may be unreliable.

F>H

Jeune>âgé

Tabagisme par cigarettes - suicide

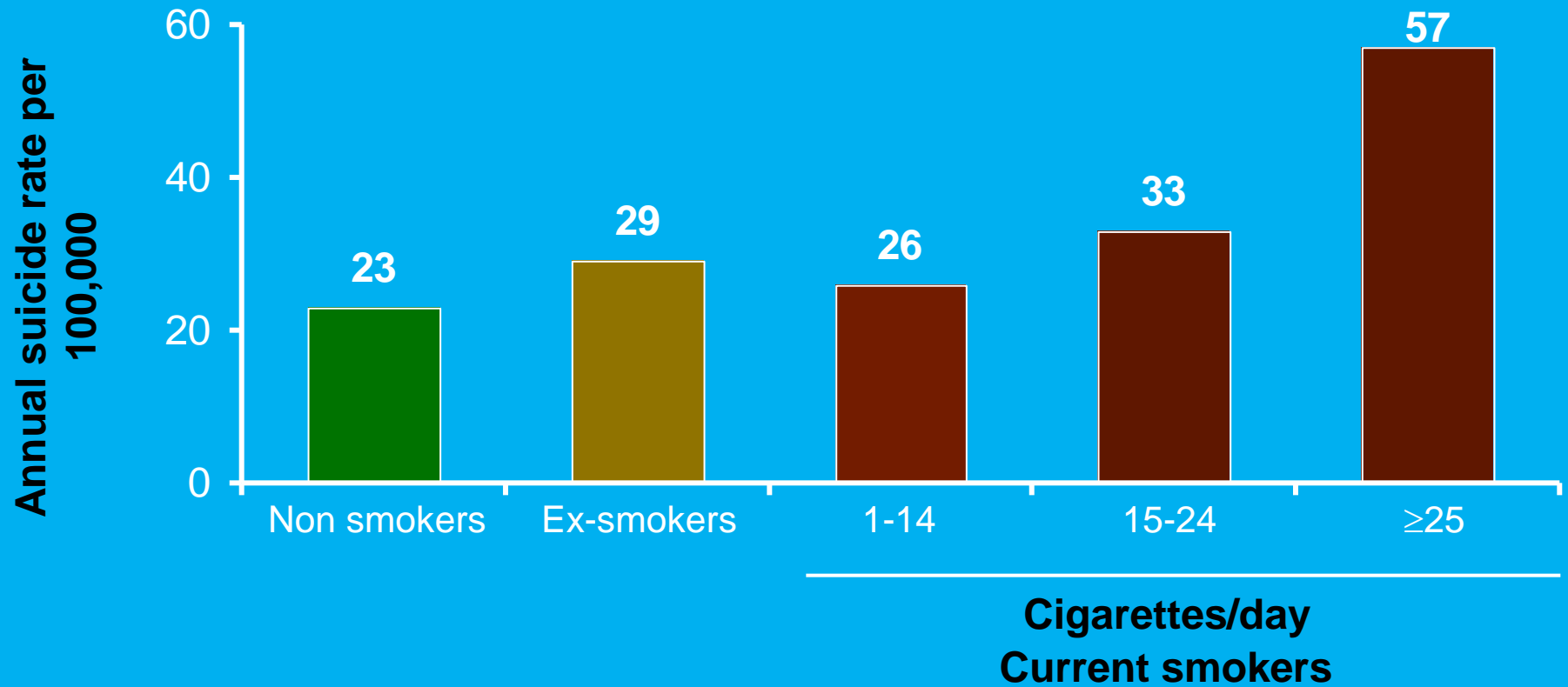
TABLE III—Death rate by cause of death and smoking habits when last asked

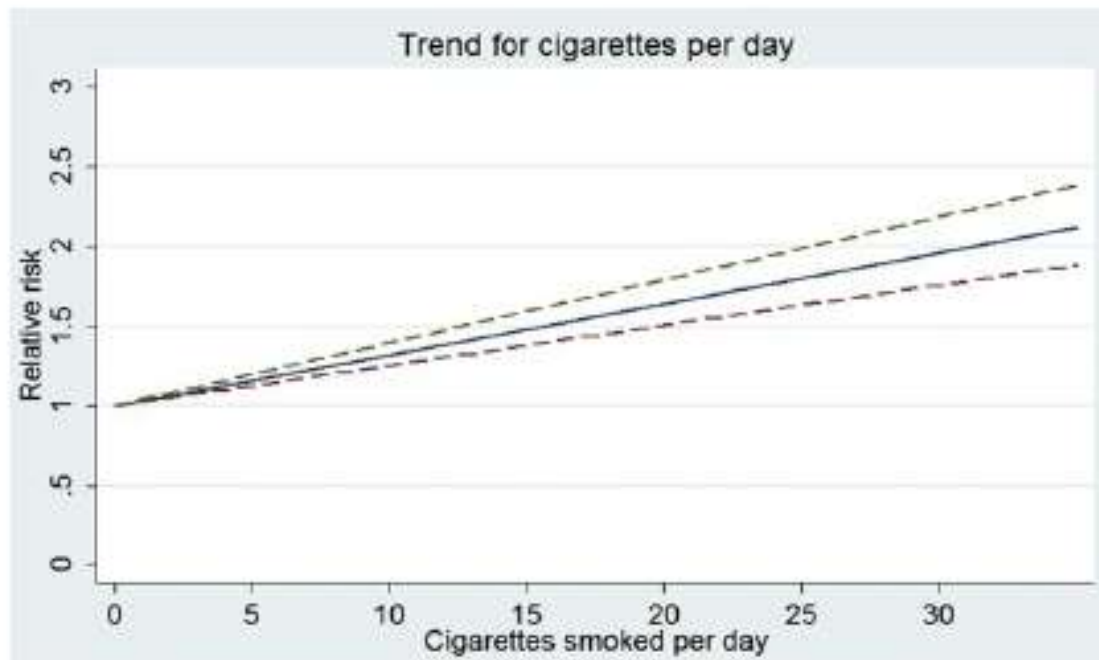
Cause of death	No of deaths	Annual death rate per 100 000 men, standardised for age							x†	Trend
		Non-smokers	Current or ex-smokers	Ex-smokers	Current smokers, any tobacco	Current smokers, any tobacco (g/day)				
						1-14	15-24	≥25		
Cancer										
Lung	441	10	83	43	104	52	106	224	41.98	197.04
Oesophagus	65	3	12	5	16	12	13	30	3.94	14.94
Other respiratory sites*	46	1	9	4	11	6	9	27	3.31	21.68
Stomach	163	23	28	21	32	28	38	32	—	—
Colon	195	27	34	34	34	35	33	31	—	—
Rectum	78	6	14	14	14	10	14	27	2.81	10.76
Pancreas	92	14	16	12	18	14	18	27	—	3.98
Prostate	186	39	30	31	30	28	31	38	—	—
Kidney	46	3	8	9	8	8	9	9	—	—
Bladder	80	9	14	11	16	16	16	12	—	—
Marrow and reticuloendothelial system	152	33	24	26	24	27	22	19	—	(3.51)
Unknown site	64	12	11	9	12	10	13	14	—	—
Other site	151	25	26	29	24	19	24	35	—	—
Respiratory disease										
Respiratory tuberculosis	57	3	11	11	10	8	7	21	3.83	10.51
Asthma	40	4	7	12	5	5	7	0	—	—
Pneumonia	345	54	59	62	57	47	62	91	—	6.94
Chronic bronchitis and emphysema	254	3	48	44	50	38	50	88	25.58	47.23
Other respiratory disease	121	16	21	24	19	20	14	26	—	—
Pulmonary heart disease										
Pulmonary heart disease*	50	0	9	7	11	9	10	19	4.72	8.37
Cardiac and vascular disease										
Rheumatic heart disease	77	14	13	12	13	14	16	5	—	—
Ischaemic heart disease	3191	413	554	533	565	501	598	677	22.99	53.56
Myocardial degeneration*	615	67	108	98	116	111	111	160	9.58	13.92
Hypertension	239	37	41	41	41	33	43	58	—	4.67
Arteriosclerosis	117	21	20	17	21	17	21	46	—	4.85
Aortic aneurysm (non-syphilitic)	121	5	22	16	26	18	28	45	8.40	25.60
Venous thromboembolism	48	9	8	8	8	8	5	14	—	—
Cerebral thrombosis	616	86	106	105	107	92	123	131	—	9.54
Other cerebrovascular disease	692	107	118	122	115	112	114	128	—	—
Other cardiovascular disease	267	53	44	49	41	37	42	52	—	—
Other diseases										
Parkinsonism	51	14	8	13	5	8	1	4	—	(9.10)
Peptic ulcer	79	8	14	12	15	10	20	23	—	8.26
Cirrhosis of liver, alcoholism	80	7	14	10	16	10	10	40	—	22.53
Hernia	16	0	3	2	4	3	4	7	—	4.16
Other digestive disease	144	20	25	27	24	18	33	26	—	3.25
Nephritis	79	10	14	10	16	15	14	21	—	—
Other genitourinary disease	136	19	23	24	23	22	24	26	—	—
Other disease	391	59	67	73	64	65	58	73	—	—
Violence										
Suicide	173	21	31	27	32	30	28	46	—	6.26
Poisoning	74	9	13	6	16	12	14	26	—	6.86
Trauma	240	46	39	36	41	47	25	56	—	—
All causes (No of deaths)	10 072	1317 (940)	1748 (9132)	1652 (3114)	1802 (6018)	1581 (2707)	1829 (1986)	2452 (1325)	68.47	244.16

*See text for definition.
 †Figures are given whenever the value was greater than 2.71 (P<0.1); figures in parentheses indicate a decreasing trend from non-smokers to heavy smokers; others indicate an increasing trend.

1ère publication sur suicide et tabagisme: Doll & Peto 1976

34,439 British doctors followed up for 40 ans years (1994)





Risque de suicide par cigarettes/jour: une association linéaire

Li et al. Cigarette smoking and risk of completed suicide: A meta-analysis of prospective cohort studies. *J Psychiatric Res* 2012;46:1257-66.

Table 2
Social and clinical characteristics of controls, suicides and accidental deaths

	A Controls, 2754 (%)	B Suicides, 28 (%)	C Deaths due to accidents, 36 (%)	<i>p</i>
<i>Family</i>				
Not grown up with both parents	9.1	14.8	11.1	n.s.
Parents not married	15.6	17.9	8.8	n.s.
Father blue collar worker	34.1	32.0	55.9	0.5
Father alcoholic	3.0	7.7	6.1	n.s.
<i>Proband</i>				
Lower school achievement	12.8	35.7	23.5	0.001
Alcohol abuse	9.9	14.3	11.1	n.s.
Cannabis use (lifetime)	22.6	35.7	22.2	n.s.
Smoking > 7 cigarettes/day	40.1	82.1	38.9	0.001

Le risque de suicide est lié aux cigarettes et non à l'usage de cannabis

Table 2. Adjusted^a relative risk (with 95% confidence intervals) of violent and non-violent suicides according to smoking status (men and women combined)

Smoking status	No. of people	Violent suicides			Non-violent suicides		
		No. of suicides	Relative risk (95% CI)	<i>P</i> value	No. of suicides	Relative risk (95% CI)	<i>P</i> value
Non-smoker	25 402	50	1.00		18	1.00	
Light/moderate smoker	9192	48	1.59 (1.04–2.45)	0.0330	19	2.05 (1.01–4.16)	0.0472
Heavy smoker	1933	21	2.31 (1.30–4.10)	0.0043	9	3.63 (1.41–9.40)	0.0078

Suicide violent ou non-violent: augmentation de risque similaire en fonction du nombre de cigarettes fumées par jour.

TABLE 2. Age-adjusted and multivariable-adjusted relative risks of suicide, by smoking status, for male US Army personnel, 1987–1996

Smoking status	No. of men	No. of cases (n = 113)	Crude incidence†	Age-adjusted RR‡,§ (95% CI‡)	Multivariable-adjusted RR§,¶ (95% CI)
Never smoker	173,572	43	8	1.0	1.0
Current smoker (cigarettes/day)					
1–10	37,526	14	13	1.6 (0.9, 3.0)	1.2 (0.6, 2.3)
11–20	41,798	26	20	2.5 (1.5, 4.1)**	1.8 (1.1, 3.0)*
≥21	14,175	12	27	3.6 (1.9, 6.9)**	2.3 (1.2, 4.6)*
Former smoker	47,331	18	12	1.4 (0.8, 2.6)	1.3 (0.7, 2.3)

* $p < 0.05$; ** $p < 0.001$.

† Per 100,000 person-years; overall, 12.

‡ RR, relative risk; CI, confidence interval.

§ Test for trend among current smokers compared with never smokers, $p < 0.0001$.

¶ Adjusted for age, race (White, African American, other), alcohol intake (none, 1–14 drinks/week, 15–21 drinks/week, ≥22 drinks/week), marital status (married vs. divorced, widowed, or never married), military rank, and education (college vs. less than college).

La relation dose-dépendante (cig./j – risque de suicide) persiste après ajustement sur facteurs de confusion potentiels démographiques (y compris: alcool).

Smoking at age 18–20 and suicide during 26 years of follow-up—how can the association be explained?

Table 3 Relative risk (RR) of suicide 1971–1983 and 1984–1996 for different levels of smoking in 1969/70. Univariate and multivariate analysis (logistic regression analysis) with 95% CI

	Smoking 1970 and follow-up for suicide 1971–1983				Smoking 1970 and follow-up for suicide 1984–1996					
	Univariate		Multivariate 1 ^a		Univariate		Multivariate 1 ^a		Multivariate 2 ^b	
	RR	95% CI	RR	95% CI	RR	95% CI	RR	CI (95%)	RR	95% CI
Non-smokers	1.00	–	1.00	–	1.00	–	1.00	–	1.00	–
Smokers 1–10/day	1.39	0.97, 1.97	1.08	0.75, 1.55	1.48	1.04, 2.11	1.31	0.67, 2.54	1.18	0.82, 1.69
Smokers 11–20/day	1.59	1.10, 2.29	0.87	0.58, 1.30	2.21	1.56, 3.12	1.61	1.11, 2.34	1.41	0.97, 2.06
Smokers >20/day	3.03	1.72, 5.34	0.98	0.53, 1.82	2.53	1.36, 4.72	1.31	0.91, 1.87	1.07	0.55, 2.11
P for trend	0.02		0.76		0.03		0.63		0.81	

^a Adjusting for risky use of alcohol, drug use, contact with police and child welfare, parental divorce, low emotional control, psychiatric diagnosis at conscription, medication for nervous problems, and education.

^b Adjusting for all of the above, plus alcoholism diagnosis 1973–1996.

The increased risk of suicide among smokers was almost entirely explained by an increased prevalence of heavy alcohol consumption and low mental well-being among smokers. That is, the association between smoking and suicide is probably due to confounding by these other factors. These results do not support the hypothesis that tobacco consumption itself is a risk factor for suicide.

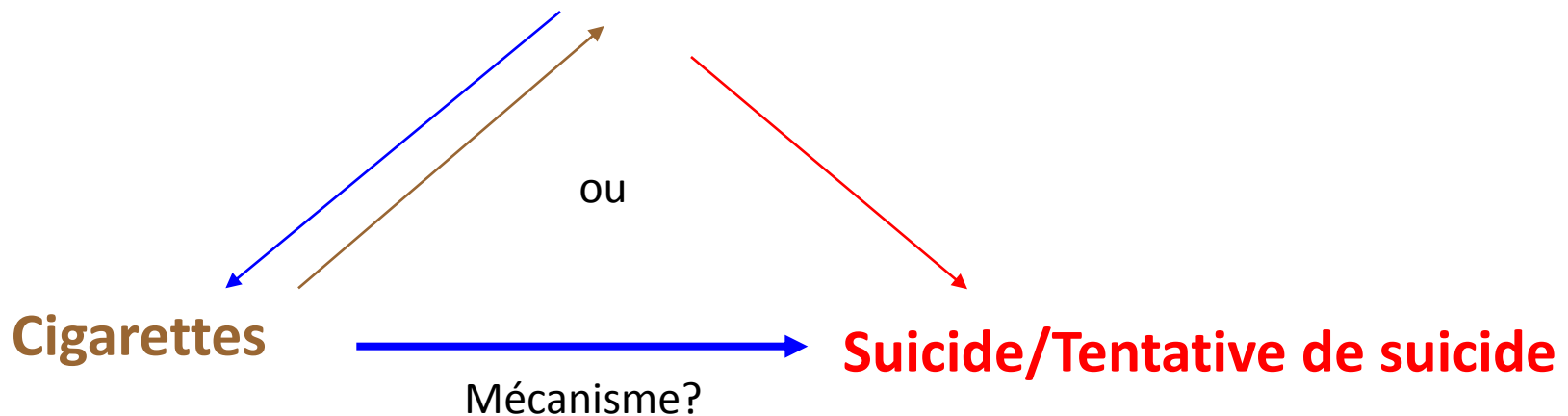
L'ajustement sur facteurs de confusion potentiels: comorbidité psychiatriques: alcool ou mauvais bien-être mental annule la relation tabagisme-suicide.

Hemmingson & Kriebel

International Journal of Epidemiology 2003;32:1000–1005

Question 1

Troubles de santé mentaux (Comorbidités psychiatriques)



Les données sont inconclusives: **effet direct** du tabac ou **effet indirect** qui passe par les troubles mentaux associés aux cigarettes.

Question 2

Dépendance nicotinique/tabagique *versus* consommation/exposition

- Dépendance nicotinique/tabagique évaluée au travers d'un comportement spécifique
- Les définitions actuelles ne font pas la distinction entre comportement et consommation càd exposition (par ex. FTCD), la consommation fait partie de l'évaluation comportementale.

NESARC

- National Epidemiologic Survey of Alcohol and Related Conditions
- Participants: adultes (>18 ans) US, N=43093 en Vague 1: 2001-2002); N=34653 interrogés aussi en Vague 2 (2004-2005).
- Face à face
- Diagnostics précis de DSM-IV

DSM-IV diagnostics and suicide attempt (SA). Data from the NESARC.

Author	Wave	OR (95 % CI)	PAF (%) (population-attributable fraction) (95% CI)
Bolton & Robinson Am J Public Health 2010; 100:2473-80	Wave 2 only (cross sectional; SA+ versus SA-)	AOR: 1.42* (1.16-1.73)	8.4 (3.4-13.7)
Hoertel N, Franco S, MM Wall MM et al. Mol Psychiatry 2015:20:718-26.	SA between Wave 1 and 2 (with vs without mental disorder)	OR Men: 4.2** (2.4-7.4) Women: 4.1** (2.7-7.2)	OR Men: 30 (12.5-44.1) Women: 25.2 (14-34.9)

*augmentation de risque de TS liée à la dépendance nicotinique – pas de mesure de consommation

**augmentation de risque de TS si trouble psychiatrique présent – consommation de tabac ignorée

3 études

Etude 1

Etude 1 cross sectional (transversale), Vague 1

Table 2. Association Between Suicide-Related Outcomes, Demographic Characteristics, and Psychiatric Disorders as Estimated by Univariate Regression Models

	Felt like wanted to die	Thought about committing suicide	Attempted suicide
Demographic characteristics			
Age	0.99 (0.98–0.99)	0.98 (0.98–0.99)	0.97 (0.97–0.98)
Gender (female vs. male: 1, reference)	1.24 (1.13–1.37)	NS	1.33 (1.12–1.57)
Widowed/divorced/separated vs. living in couple (1, reference: living in couple)	1.29 (1.07–1.57)	1.28 (1.14–1.44)	1.65 (1.35–2.01)
Household income (1, reference: <\$20,000)			
\$20,000–\$34,999	0.84 (0.73–0.97)	0.85 (0.74–0.98)	0.70 (0.57–0.86)
\$35,000–\$69,999	0.74 (0.66–0.84)	0.78 (0.69–0.89)	0.57 (0.47–0.69)
\$70,000 or more	0.65 (0.56–0.74)	0.67 (0.58–0.78)	0.39 (0.31–0.51)
Psychiatric disorders			
Dysthymia past twelve months	4.64 (3.87–5.56)	4.64 (3.82–5.62)	7.48 (5.95–9.40)
Major depression	3.31 (3.00–3.64)	3.07 (2.76–3.41)	4.21 (3.59–4.94)
Generalized anxiety disorder past twelve months	2.87 (2.51–3.29)	2.87 (2.51–3.28)	3.59 (2.88–4.46)
Alcohol abuse and dependence past twelve months			
Abuse only	NS	NS	NS
Dependence only	1.69 (1.23–2.35)	1.81 (1.28–2.55)	2.31 (1.38–3.88)
Abuse and dependence	2.72 (2.13–3.47)	3.04 (2.35–3.93)	4.89 (3.53–6.78)
Nicotine dependence lifetime	2.06 (1.86–2.28)	2.22 (2.01–2.46)	3.07 (2.60–3.62)
Antisocial personality disorder	3.14 (2.62–3.76)	3.86 (3.19–4.69)	6.17 (4.89–8.00)
Any psychiatric disorder	3.19 (2.91–3.48)	3.32 (3.01–3.66)	5.17 (4.35–6.15)

Note. Only significant odds ratios (95% CIs) are shown. NS means non-significant.

Duration of smoking abstinence and suicide-related outcomes. Berlin I, Covey LD, Donohue MC, Agostiv V. *Nicotine & Tob Res* 2011;13:887-893

Etude 1 cross sectional (transversale)

Table 3. Relationship Between Suicide-Related Outcomes and Duration of Smoking Abstinence

Duration of smoking abstinence	Unadjusted OR (95% CI)	OR adjusted for demographics (95% CI)	OR adjusted for demographics and diagnostics (95% CI)
Felt like wanted to die			
1-24 hr	1	1	1
1 day to 1 year	0.89 (0.72-1.11)	0.89 (0.71-1.12)	1.11 (0.88-1.41)
More than 1 year	0.56(0.49-0.65)	0.75(0.64-0.88)	1.02 (0.83-1.25)
Thought about committing suicide			
1-24 hr	1	1	1
1 day to 1 year	0.81 (0.64-1.03)	0.79 (0.62-1.01)	1.00 (0.77-1.29)
More than 1 year	0.54(0.48-0.62)	0.74(0.63-0.87)	0.99 (0.80-1.23)
Attempted suicide			
1-4 hr	1	1	1
1 day to 1 year	0.64(0.45-0.89)	0.66(0.46-0.93)	0.85 (0.58-1.24)
More than 1 year	0.32(0.26-0.41)	0.53(0.41-0.69)	0.75 (0.55-1.03)

Note. Bolded numbers mean significant relationships at $p < .001$. Adjustment for demographic characteristics and psychiatric disorders of Table 2. OR = odds ratio.

Abstinence plus qu'1 an réduit le risque d'attitudes suicidaires.

L'inclusion des caractéristiques démographiques ne modifie pas l'effet bénéfique de l'arrêt tabagique sur le risque d'attitudes suicidaires.

MAIS l'inclusion des comorbidités psychiatriques neutralise

l'effet bénéfique de l'arrêt tabagique sur le risque d'attitudes suicidaires.

Etude 2

Etude 2. Base de données NESARC

Questions de dépistage: OUI à une des deux questions suivantes:

“In your entire life, have you ever had a time when you felt sad, blue, depressed, or down most of the time for at least 2 weeks?”

“Pendant votre vie entière, avez-vous eu une période d'au moins de 2 semaines pendant laquelle la plus part du temps vous vous êtes senti(e) triste, déprimé(e) ou abattu(e)”

OU

“In your entire life, have you ever had a time, lasting at least 2 weeks, when you didn't care about the things that you usually cared about, or when you didn't enjoy the things you usually enjoyed?”

« Pendant votre vie entière, avez-vous eu une période d'au moins de 2 semaines pendant laquelle vous négligiez des choses habituellement importantes ou vous n'y avez pas trouvé de plaisir qui pourtant, habituellement, étaient une source de plaisir.”

Evaluation longitudinale Vague 1 et Vague 2

N=7352

- Incidence entre les 2 vagues de « vouloir mourir », « idées suicidaires », TS (au moins 1 des 3)

Smoking status at Wave 1	AOR* (95% CI)
Never used tobacco	1
Former tobacco user (past 12 months)	1.32 (1.21-1.43)
Current tobacco user	1.41 (1.28-1.55)

*Ajustée pour toutes variables significatives en analyse univariée de Vague 1 (demographiques, psychiatriques) et ATCD d'attitudes suicidaires antérieures.

Smoking and suicidal behaviours in a sample of US adults with low mood: a retrospective analysis of longitudinal data. Covey LS, Berlin I, Hu MC, Hakes JK. BMJ Open 2012 June 8.

Attitudes suicidaires entre Vague 1 et 2 en fonction du changement de statut tabagique

Smoking status in Wave 1 to Wave 2	AOR (95 % CI)*
Never used tobacco (in Wave 1 and 2)	1
Long-term former tobacco user (self-reported abstinence in Wave 1 and 2 i.e. >3 yrs)	1.22 (1.12-1.34)
Recent former tobacco user (current user in Wave 1, former user in Wave 2 i.e. < 3 yrs)	1.37 (1.16-1.63)
Persistent tobacco user (user in Wave 1 and 2)	1.50 (1.35-1.66)
New tobacco user (never user in Wave 1, current user in Wave 2)	1.82 (1.51-2.19)
Relapser (former user in Wave 1 and current user in Wave 2)	3.42 (2.85-4.11)

Etude 3

Etude 3. **TS** (N=328) entre Vague 1 et 2 – tous les participants, N=34653, pas seulement avec “humeur dépressive”

A)

Smoking status at Wave 1	AOR* (95% CI)
Never used tobacco	1
Former tobacco user (past 12 months)	1.31 (1.01-1.69)
Current tobacco user	1.49 (1.13-1.95)

***Adjusted** for all Wave 1 potential demographic and psychiatric confounders AND previous suicide attempt.

L'usage du tabac est un facteur de risque indépendant de TS aussi parmi les ex-fumeurs abstinents depuis seulement 12 mois.

Tobacco use and suicide attempt: longitudinal analysis with retrospective reports. Berlin I, Hakes JK, Hu M-C, Covey LS. PLOS One April 7, 2015

TS entre Vague 1 et 2 en fonction du changement de statut tabagique

Smoking status in Wave 1 to Wave 2	AOR (95 % CI)*
B) Never used tobacco (in Wave 1 and 2)	1
Long-term former tobacco user (self-reported abstinence in Wave 1 and 2 i.e. >3 yrs)	1.09 (0.78-1.52)
Recent former tobacco user (current user in Wave 1, former user in Wave 2 i.e. < 3 yrs)	0.88 (0.46-1.7)
Persistent tobacco user (user in Wave 1 and 2)	1.89 (1.47-2.42)
New tobacco user (never user in Wave 1, current user in Wave 2)	3.16 (2.23-4.49)
Relapser (former user in Wave 1 and current user in Wave 2)	4.66 (3.49-6.24)

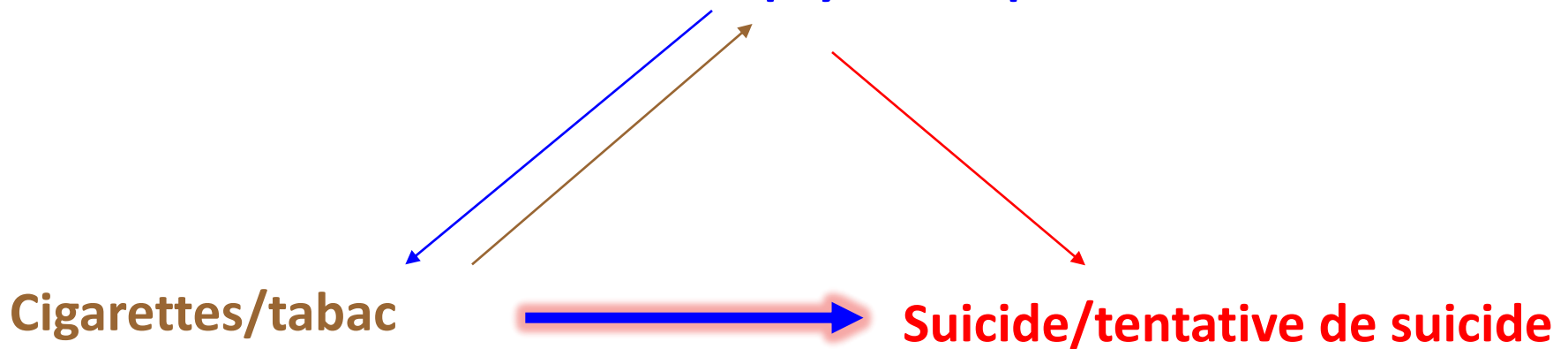
Est-ce que la consommation du tabac ou la dépendance nicotinique comme définie par DSM-IV est un prédicteur de TS ?

- c) La dépendance nicotinique comme définie par DSM-IV ne prédit pas les TS mais la consommation oui.

Conclusion: la consommation tabagique mais pas l'évaluation (comportementale) de la dépendance prédit les TS.

L'exposition au tabac en soi est un facteur de risque d'attitudes suicidaires et en particulier de tentative de suicide.

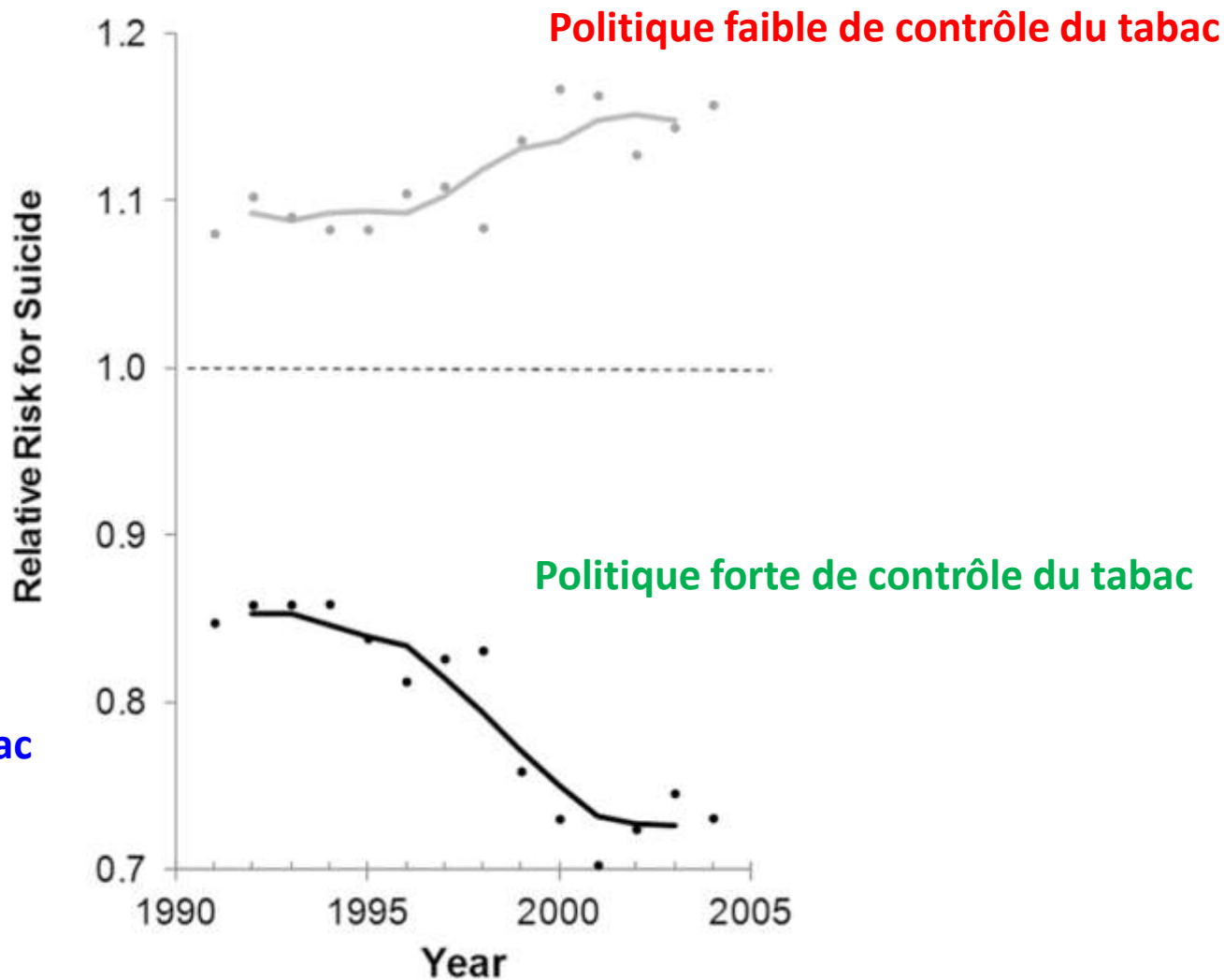
Comorbidités psychiatriques



Mécanismes potentiels:

- a) Hypoxie – états hypoxiques sont associés à un risque suicidaire même en l'absence de tabagisme
- a) Inhibition des monoamine oxidases par le tabac → increased impulsivité/auto-agressivité augmentées
- c) D'autres hypothèses????

Ratio of suicide rate to national average in **10 states** that implemented the **strongest tobacco control policies** between 1990 and 2004 (black), and **10 states** that implemented the **least strong policies** during this period (gray).



Le contrôle du tabac réduit l'exposition tabagique

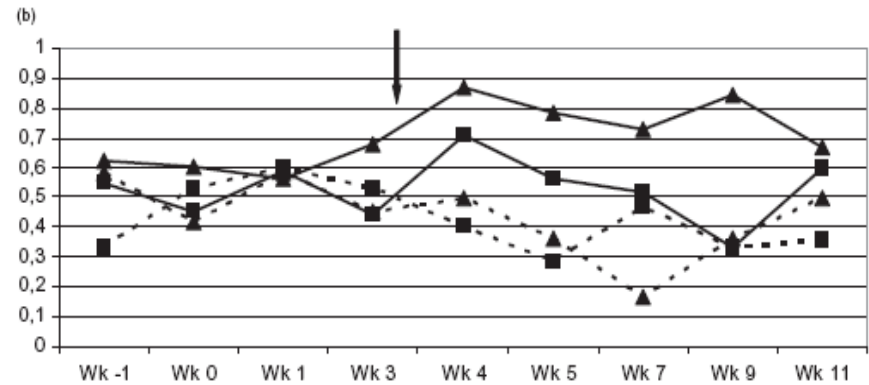
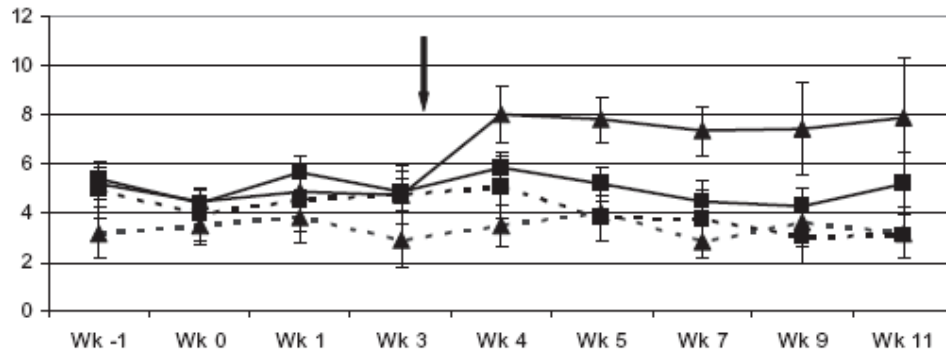
Gruza R A et al. Nicotine Tob Res 2014;16:1487-1494

Conclusions

- Le tabagisme est associé à un risque accru de suicide ou attitudes suicidaires.
- Cette relation semble indépendante des comorbidités psychiatriques.
- **Fumeurs d'aujourd'hui:** pensez à explorer le risque d'attitudes suicidaire



Fumeurs avec ATCD de dépression majeure



Humeur (score total HDRS)

Anxiété (HDRS)

Table 2 Effect of smoking abstinence on post-target quit day Hamilton Depression Rating Scale. Multi-level regression model results.

	→ Continuous abstinence between weeks 4 and 11	Pointi-prevalence abstinence
	Estimate (95 %CI)	Estimate (95 %CI)
Hamilton Depression Rating Scale	-2.59 (-4.19 to -0.99) (1) ^{††}	-1.34 (-2.38 to -0.30) (2) ^{†††}
Suicide score	-1.93 (-4.19 to -0.99) (3) ^{†††}	-1.44 (-2.69 to -0.19) (4) ^{††††}
Anxiety-psyhic score	-1.00 (-1.65 to -0.35) (5) ^{†††††}	-0.87 (-1.40 to -0.34) (6) [†]

Abstinence: humeur/anxiété/idées suicidaires inchangés ou diminuent

Non-abstinence: humeur/anxiété/idées suicidaire détériorent

Amélioration sous sertraline (carrés) (pas d'effet sur l'abstinence).

Placebo: triangles; abstinence: lignes pointillées.

Table 1. Demographics and Selected Psychiatric Disorders in the National Epidemiologic Survey on Alcohol and Related Conditions Wave 1 Sample by SROs Among Ever-Smokers. Data Are Weighted Prevalence Estimates (%) and (SE) If Otherwise Not Indicated

SROs	None, N= 8,710	Felt like wanted to die, N= 1,353	Thought about committing suicide, N= 2,554	Attempted suicide, N= 1,074
Duration of smoking abstinence				
1–24 hr	48 (1.1)	59 (1.4)	61 (1.3)	71 (2.2)
1 day to 1 year	9 (0.6)	10 (0.8)	10 (0.8)	9 (1.3)
More than 1 year	43 (1.0)	30 (1.2)	30 (1.2)	21 (1.9)
Demographic characteristics				
Age, M (SD) years	47 (17)	46 (17)	42 (15)	39 (14)
Male	39 (0.7)	34 (0.8)	38 (0.9)	33 (1.8)
Female	60 (0.7)	66 (0.8)	62 (0.9)	67 (1.8)
Ethnicity				
White	75 (1.3)	76 (1.3)	78 (1.2)	72 (1.2)
Black	10 (0.7)	9 (0.6)	9 (0.7)	10 (1)
American Indian/Alaska Native	2 (0.2)	34 (0.4)	4 (0.4)	4 (0.8)
Asian/Native Hawaiian/Pacific Islander	3 (0.5)	43 (0.5)	2 (0.4)	4 (0.8)
Hispanic or Latino	9 (1.1)	9 (0.9)	8 (0.8)	10 (1.2)
Marital status				
Married/couple	59 (0.8)	52 (1.0)	51 (1.1)	46 (2.2)
Widowed/divorced/separated	22 (0.5)	25 (0.8)	25 (0.8)	29 (1.7)
Never married	19 (0.7)	23 (0.8)	24 (0.9)	25 (1.6)
Education				
<High school	14 (0.5)	16 (0.8)	15 (0.7)	19 (1.7)
High school	28 (0.7)	29 (0.8)	27 (0.9)	29 (1.8)
Some college	31 (0.7)	34 (1.0)	36 (1.0)	38 (2.2)
BA or more	26 (0.9)	21 (0.9)	23 (1.1)	14 (1.6)
Household income (\$/year)				
<19,999	21 (0.7)	27 (1.0)	26 (1.0)	33 (1.7)
20,000–34,999	20 (0.6)	21 (0.8)	21 (0.8)	22 (1.6)
35,000–69,999	33 (0.7)	31 (0.9)	32 (1.0)	29 (1.8)
>70,000	25 (0.9)	21 (1.0)	21 (1.0)	15 (1.6)
Psychiatric disorders				
Nicotine dependence lifetime	22 (0.7)	37 (1.0)	39 (1.1)	47 (2.0)
Major depression past twelve months	17 (0.5)	41 (0.9)	39 (1.0)	47 (1.09)
Dysthymia past twelve months	3 (0.2)	14 (0.7)	14 (0.7)	20 (1.5)
Generalized anxiety disorder past twelve months	7 (0.4)	18 (0.7)	18 (0.8)	21 (1.6)
Antisocial personality disorder (with conduct disorder)	4 (0.3)	12 (0.6)	14 (0.8)	21 (1.7)
Alcohol dependence or abuse past twelve months				
No alcohol tagnosts	91 (0.4)	86 (0.7)	85 (0.8)	82 (1.6)
Alcohol abuse only	5 (0.3)	5 (0.4)	5 (0.5)	4 (0.7)
Alcohol dependence only	2 (0.2)	3 (0.3)	3 (0.3)	3 (0.7)
Alcohol abuse and dependence	2 (0.2)	6 (0.5)	7 (0.6)	11 (1.4)
Alcohol consumption (Average [SD] daily volume of ethanol, ml)	0.56 (2.7)	0.56 (1.6)	0.69 (1.6)	1.38 (7.3)

Note. SRO = suicide-related outcome.