



**SCREENING FOR SUICIDE RISK IN ADOLESCENTS, ADULTS, AND OLDER ADULTS IN PRIMARY CARE  
CLINICAL SUMMARY OF U.S. PREVENTIVE SERVICES TASK FORCE RECOMMENDATION**

<b>Population</b>	Adolescents, adults, and older adults in the general U.S. population who do not have an identified psychiatric disorder
<b>Recommendation</b>	<b>No recommendation. Grade: I statement</b>

<b>Risk Assessment</b>	<p>Suicide risk varies by age, sex, and race/ethnicity. Risk factors for suicide attempt include presence of a mental health disorder; serious adverse childhood events; family history of suicide; prejudice or discrimination associated with being lesbian, gay, bisexual, or transgender; access to lethal means; and possibly a history of being bullied, sleep disturbances, and chronic medical conditions.</p> <p>In men, socioeconomic factors, such as low income, occupation, and unemployment, are also related to suicide risk. In older adults, additional risk factors, such as social isolation, spousal bereavement, neurosis, affective disorders, physical illness, and functional impairment, increase the risk for suicide. Risk factors of special importance to military veterans include traumatic brain injury, separation from service within the past 12 months, posttraumatic stress disorder, and other mental health conditions.</p> <p>Individual risk factors have only limited ability to predict suicide in an individual at any particular time. A large proportion of Americans have a risk factor for suicide; however, only a small proportion will attempt suicide, and even fewer will die from it.</p>
<b>Screening Tests</b>	Screening tests for suicide risk vary and have a wide range in accuracy. Data on screening tests are limited.
<b>Treatment</b>	Most effective treatments to reduce suicide risk include psychotherapy. The most commonly studied psychotherapy intervention is cognitive behavioral therapy and related approaches, including dialectical behavior therapy, problem-solving therapy, and developmental group therapy.
<b>Balance of Benefits and Harms</b>	The evidence on screening for suicide risk in primary care is insufficient, and the balance of benefits and harms of screening cannot be determined.
<b>Other Relevant USPSTF Recommendations</b>	The USPSTF has made recommendations on screening for depression in adolescents and adults. These recommendations are available at <a href="http://www.uspreventiveservicestaskforce.org/">http://www.uspreventiveservicestaskforce.org/</a> .

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, please go to <http://www.uspreventiveservicestaskforce.org/>.