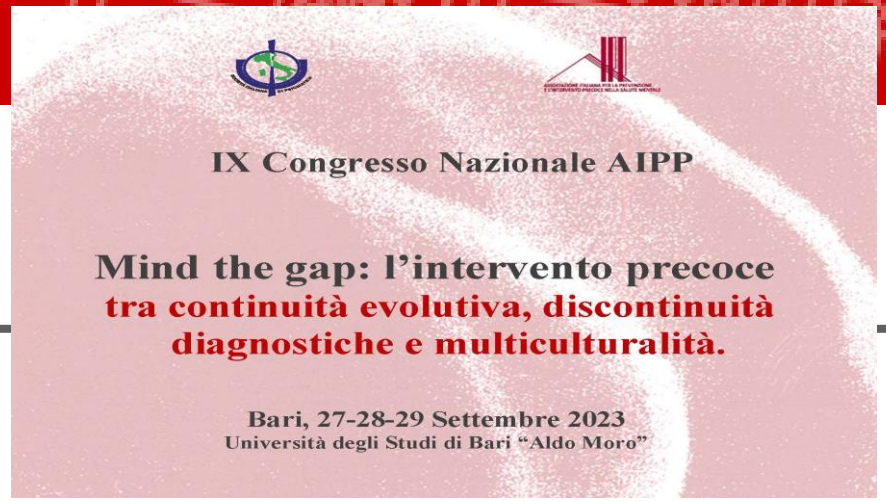

Ideazione suicidaria all'esordio psicotico

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DISCLOSURE INFORMATION

LORENZO PELIZZA

Dichiaro che negli ultimi due anni non ho avuto rapporti di finanziamento con soggetti portatori di interessi commerciali in campo sanitario

Disclosure

Suicidalità nel FEP

«…Il suicidio è la più comune causa di mortalità precoce lungo il corso della psicosi, specie della schizofrenia» (Courtet, 2018).

«…Nei FEP, il tasso di incidenza di suicidio a 1 anno è **12 volte maggiore** rispetto alla popolazione generale» (Palmer et al., 2005).
«…L'evidenza nei giovani con FEP ha mostrato che il **primo anno di trattamento** si associa ad un aumento del rischio suicidario del 60% in confronto ai soggetti nelle altre fasi di trattamento» (Nordentoft et al., 2002), «…soprattutto dopo un'ospedalizzazione psichiatrica (Pompili et al., 2011)».

«…Tuttavia, il rischio di suicidio nei pazienti FEP **persiste nel tempo»** (Nordentoft et al., 2015) → «…i professionisti della salute mentale dovrebbero rimanere **vigili** nel valutare il rischio suicidario almeno per la **decade successiva al primo contatto»** (Dutta et al., 2011).

Numero moderato di studi, specie prospettico-naturalistici

Eterogeneità dei dati

Suicidio nel FEP: gli studi più rilevanti

Study	Design	Sample size	Suicide rate
Completed suicide			*Completed suicide rate*
Cohen et al. (1990)	8-year RCT	81 FES patients, aged 18-30 years	9.8% at 8 years
Verdoux et al. (2001)	2-year follow-up study	65 FEP inpatients	0.65% at 1 year
Addington et al. (2004)	1-year follow-up study	238 FEP patients (mean age = 24.5 years)	0.4% at 1 year
Bertelsen et al. (2007)	5-year follow-up study	547 FEP patients, aged 18-45 years	1.3% at 5 years
Robinson et al. (2010)	7-year prospective cohort study	282 FEP patients, aged 15-30 years	4.25% at 7 years
Dutta et al. (2011)	13-year retrospective file audit	2132 FEP patients	**12% at 13 years**
Mitter et al. (2013)	Two-year follow-up study	1397 FEP patients (mean age = 28.2 years)	1.9% at 2 years
Yuen et al. (2014)	10-year perspective cohort study	491 FEP patients, aged 14-30 years	3.7% at 10 years
Bjorkenstam et al. (2014)	2.5-year register-based cohort study	2819 FEP patients, aged 15-30 years	4.3% at 2.5 years
Chang et al. (2015)	3-year retrospective cohort study	700 FEP patients, aged 15-25 years	1% at 1 year
Chan et al. (2018)	12-year follow-up study	617 FES patients (mean age = 21.2 years)	**7.5% at 12 years**

	Suicide ideation				Suicide attempt				Suicide death		
	n	OR (95% CI)	*p*	I^2	*n*	OR (95% CI)	*p*	I^2	*n*	OR (95% CI)	*p*
Psychosis	23	1.70 (1.39–2.08)	<0.001	0.00%	50	1.36 (1.25–1.48)	<0.001	87.63%	55	1.40 (1.14–1.72)	0.001
Psychosis diagnosis	0	–	–		21	2.42 (1.57–3.71)	<0.001		27	1.71 (1.30–2.26)	<0.001
Cluster A PDs	0	–	–		15	3.19 (2.03–5.00)	<0.001		0	–	–
Schizophrenia	0	–	–		1	–	–		9	1.62 (0.90–2.93)	0.11
Schizoaffective disorder	0	–	–		1	–	–		3	1.50 (0.71–3.16)	0.29
Unspecified	0	–	–		0	–	–		13	2.09 (1.54–2.84)	<0.001
Psychosis symptoms	21	1.69 (1.39–2.07)	<0.001		21	1.07 (0.98–1.18)	0.13		27	1.14 (0.79–1.66)	0.49
Overall symptoms	3	1.58 (1.05–2.38)	0.03		17	1.02 (0.92–1.13)	0.70		7	2.11 (1.12–3.98)	0.02
Positive symptoms	4	1.95 (1.52–2.50)	<0.001		2	–	–		11	1.59 (1.17–2.16)	0.003
Negative symptoms	12	0.78 (0.37–1.63)	0.51		1	–	–		7	0.30 (0.15–0.60)	<0.001
Disorganized symptoms	2	–	–		0	–	–		1	–	–
Other symptoms	0	–	–		1	–	–		1	–	–
Psychosis aspect	2	–	–		8	1.00 (0.93–1.08)	0.94		1	–	–

«…l'**incidenza** di suicidio completato nel FEP varia da 0.5-1% a 1 anno al **12% a 13 anni»** (McGinty et al., 2018).

Tentato suicidio nel FEP: gli studi più rilevanti

Study	Design	Sample size	Suicide rate
Attempted Suicide (AS)			
History of AS			*Previous AS rate*
Cohen et al. (1994)	Cross sectional study	184 psychotic inpatients, aged 18-30 years	23%
Addington et al. (2004)	1-year follow-up study	238 FEP patients (mean age = 24.5 years)	15.1%
Tarrier et al. (2007)	Cross sectional study	35 FEP patients, aged 15-50 years	31%
Robinson et al. (2010)	7-year follow-up study	282 FEP patients, aged 15-30 years	**28%**
Levine et al. (2010)	7-year retrospective file audit	2293 FES inpatients, aged 16-40 years	8.5%
Togay et al. (2015)	1-year follow-up study	138 FEP patients, aged 15-45 years	16.5%
Follow-up data on AS			*AS longitudinal rate*
Koreen et al. (1993)	5-year retrospective cohort study	64 FES patients, aged 14-40 years	3.1% at 5 years
Krausz et al. (1995)	Long-term follow-up study	61 FES inpatients, aged 14-18 years	36% at 5 years
Verdoux et al. (2001)	2-year follow-up study	65 FEP inpatients	3.25% at 1 year
Nordentoft et al. (2002)	1-year follow-up study	341 FEP patients, aged 18-45 years	11% at 1 year
Addington et al. (2004)	1-year follow-up study	238 FEP patients (mean age = 24.5 years)	2.9% at 1 year
Robinson et al. (2010)	7-year follow-up study	282 FEP patients, aged 15-30 years	21.6% at 5 years
Levine et al. (2010)	7-year retrospective file audit	2293 FES inpatients, aged 16-40 years	**31.6% at 7 years**
Melle et al. (2010)	2-year follow-up study	231 FES patients	4% at 1 year and 6% at 2 years
Fedyszyn et al. (2012)	1.5-year follow-up study	174 FEP patients, aged 14-24 years	40% at 1.5 year
Sanchez-Gistau et al. (2013)	2-year perspective cohort study	82 FEP patients, aged 9-17 years	12.2% at 2 years
Togay et al. (2015)	1-year follow-up study	138 FEP patients, aged 15-45 years	8% at 1 year
Chang et al. (2015)	3-year retrospective cohort study	700 FEP patients, aged 15-25 years	10% at 3 years

	Suicide ideation				Suicide attempt		
	n	OR (95% CI)	*p*	I^2	*n*	OR (95% CI)	*p*
Psychosis	23	1.70 (1.39–2.08)	<0.001	0.00%	50	1.36 (1.25–1.48)	<0.001
Psychosis diagnosis	0	–	–		21	2.42 (1.57–3.71)	<0.001
Cluster A PDs	0	–	–		15	3.19 (2.03–5.00)	<0.001
Schizophrenia	0	–	–		1	–	–
Schizoaffective disorder	0	–	–		1	–	–
Unspecified	0	–	–		0	–	–
Psychosis symptoms	21	1.69 (1.39–2.07)	<0.001		21	1.07 (0.98–1.18)	0.13
Overall symptoms	3	1.58 (1.05–2.38)	0.03		17	1.02 (0.92–1.13)	0.70
Positive symptoms	4	1.95 (1.52–2.50)	<0.001		2	–	–
Negative symptoms	12	0.78 (0.37–1.63)	0.51		1	–	–
Disorganized symptoms	2	–	–		0	–	–

«...la **prevalenza** di pregressi tentativi di suicidio **al baseline** varia **tra 8.5% e 23%**» (McGinty et al., 2018)

«...l'incidenza cumulativa di tentati suididi varia dal 3-11% a 1 anno al 36% a 5 anni» (McGinty et al., 2018).

Suicidio nel FEP: studi italiani

TABLE 1 Demographic characteristics and suicidal profile of the total sample and the two subgroups

Variable	Total sample (n = 241)	CAARMS (n = 99)	FEP (n = 142)
Gender (males)	144 (59.8%)	46 (46.5%)	98 (69.0%)
Ethnic group (white Caucasian)	208 (86.3%)	84 (84.8%)	124 (87.3%)
Mother tongue (Italian)	217 (90.0%)	93 (93.9%)	124 (87.3%)
Age	22.22 ± 6.01	20.85 ± 6.36	23.18 ± 5.58
Education (in years)	11.67 ± 2.47	11.56 ± 2.47	11.75 ± 2.47
DUI (in weeks)	81.76 ± 62.51	66.72 ± 55.41	94.12 ± 65.56
DUP (in weeks)	-	-	47.52 ± 49.74
Suicidal ideation			
BDI-II item 9 cut-off ≥1	89 (36.9%)	32 (32.3%)	57 (40.1%)
BDI-II item 9 subscore	0.45 ± 0.67	0.43 ± 0.69	0.47 ± 0.65
CAARMS item 7.3 cut-off ≥2	103 (42.7%)	29 (29.3%)	74 (52.1%)
CAARMS item 7.3	1.34 ± 1.70	0.91 ± 1.46	1.66 ± 1.80
Suicide			
Previous suicide attempts: baseline prevalence	18 (7.5%)	8 (8.1%)	10 (7.0%)
Suicide attempts: cumulative incidence	11 (4.6%)	2 (2.1%)	9 (6.3%)
Completed suicide: cumulative incidence	6 (1.5%)	0 (0.0%)	6 (4.2%)

Early Intervention in Psychiatry. 2021;15:624–633.

Suicidal thinking and behaviours in First Episode Psychosis: Findings from a 3-year longitudinal study

Lorenzo Pelizza[1,2] | Maurizio Pompili[3] | Silvia Azzali[1] | Federica Paterlini[1] | Sara Garlassi[1] | Ilaria Scazza[1] | Luigi Rocco Chiri[4] | Michele Poletti[1] | Simona Pupo[5] | Andrea Raballo[6,7]

ReARMS

3 anni

Ideazione suicidaria nel FEP

«...La prevalenza di ideazione suicidaria nel FEP è estremamente **preoccupante**, in quanto sembra essere sostanziale e **persistente** (Courtet, 2018). Infatti, «...le evidenze meta-analitiche riportanto un tasso di prevalenza attuale (nelle ultime 2 settimane) di ideazione suicidaria nel FEP del 23% al baseline, e un tasso di incidenza a 1 anno che varia dal 13% al 33% (McGinty et al., 2018).

Suicidal ideation			
BDI-II item 9 cut-off ≥1	89 (36.9%)	32 (32.3%)	57 (40.1%)
BDI-II item 9 subscore	0.45 ± 0.67	0.43 ± 0.69	0.47 ± 0.65

ReARMS

Suicidal ideation at baseline	
BPRS item 4 cutoff ≥ 3	42 (31.3%)
BPRS item 4 subscore	2.08 ± 1.18

Pr-EP

Suicide and Life-Threatening Behavior
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DOI: 10.1111/sltb.12625

Suicidal Ideation in Patients Experiencing a First-episode Psychosis: Findings From the 2-Year Follow-up of the "Parma Early Psychosis" Program

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Tassi significativi di ideazione suicidaria

«...L'ideazione suicidaria è un problema di salute cruciale nel FEP: questo deve rafforzare l'idea che gli individui all'esordio psicotico possono essere anche a <u>rischio di suicidio</u>» (Pelizza et al., 2021).

Ideazione suicidaria nel FEP: fattori predittivi

TABLE 5
Logistic Regression of Dichotomized Baseline BPRS Item 4 Score (i.e., cutoff ≥ 3) by Sc and Psychopathological Parameters within FEP Total Sample (n = 134)

Parameters	B	SE	Wald	df	p	OR
Age at entry	-0.034	0.038	0.791	1	.374	0.967
PANSS						
Blunted affect	1.117	0.473	5.584	1	.018	3.056
Emotional withdrawal	1.186	0.403	8.643	1	.003	0.305
Somatic concern	0.619	0.282	4.817	1	.028	1.857
Anxiety	1.137	0.415	7.493	1	.006	0.321
Guilt feelings	1.249	0.372	11.266	1	.001	3.488
Tension	0.729	0.307	5.647	1	.017	2.074
Depression	1.627	0.477	11.614	1	.001	5.088
Motor retardation	-0.507	0.361	1.973	1	.160	0.603
Disturbance of volition	0.131	0.239	0.302	1	.583	1.140
Constant	-7.262	2.050	12.548	1	.000	0.001

Pr-EP

Sintomi negativi

Sintomi depressivi

baseline

TABLE 4 Logistic regression of dichotomized baseline BDI-II item 9 score (ie, cut-off ≥1) by socio-demographic and ps parameters within the FEP total group (n = 142)

Parameters	B	SE	Wald	df	P	OR
First Block						
Gender (males)	−1.235	0.804	2.358	1	0.125	0.291
Ethnic group (white Caucasian)	0.080	1.028	0.006	1	0.938	1.084
Mother tongue (Italian)	0.131	0.949	0.019	1	0.890	1.140
Age	−0.141	0.063	4.968	1	0.026	0.869
Education (in years)	−0.149	0.133	1.264	1	0.261	0.861
Baseline BDI-II item 9						
Step 1	0.048	0.093	−0.136	0.232	–	0.607
Constant	0.102	0.01	0.068	0.135	0.446	0.000
BDI-II "Anhedonia" subscale score	−0.042	0.126	−0.291	0.208	–	0.742
Step 2	0.095	0.018	0.059	0.131	0.417	0.000
Constant	0.036	0.034	−0.031	0.103	0.084	0.295
BDI-II "Anhedonia" subscale score						
CAARMS "Depression" item 7.2 subscore						

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Psychiatry Research

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Anhedonia and suicidal ideation in young people with early psychosis: Further findings from the 2-year follow-up of the ReARMS program

Michele Poletti [a], Lorenzo Pelizza [a,b,*], Gwenole Loas [c], Silvia Azzali [a], Federica Paterlini [a], Sara Garlassi [a], Ilaria Scazza [a], Luigi Rocco Chiri [d], Simona Pupo [e], Andrea Raballo [f,g]

ReARMS

Età più giovane

Anedonia

Ideazione suicidaria nel FEP: decorso

TABLE 2 BPRS ('Suicidality') item 4 subscores and associations with the specialized treatment components of the Pr-EP program across the 2-year follow-up period in the FEP total sample ($n = 232$)

Variable	T0	T1	T2	z (T0-T1)	z (T0-T2)	z (T1-T2)
BPRS 'Suicidality' item 4 scores	2 (1–3)	1 (1–2)	1 (1–2)	−6.98*	−6.08*	−2.74**

T0-T1 Delta BPRS 'Suicidality' item 4 score	B	SE	95% CI for B Lower	upper	β	p	$R^2 = 0.130$ $F_{[df = 8]} = 4.138$ $p = 0.001$
Constant	−0.148	0.219	−0.580	0.285	-	0.502	
T0 equivalent dose of chlorpromazine (mg/day)	0.021	0.030	−0.038	0.081	0.045	0.481	
T0 equivalent dose of fluoxetine (mg/day)	0.001	0.003	−0.005	0.006	0.016	0.805	
T1 equivalent dose of chlorpromazine (mg/day)	0.005	0.003	−0.002	0.011	0.094	0.143	
T1 equivalent dose of fluoxetine (mg/day)	0.006	0.002	0.001	0.010	0.161	**0.015**	
T1 number of individual psychotherapy sessions	0.037	0.010	0.016	0.057	0.244	**0.001**	
T1 number of psychoeducational sessions for family members	0.011	0.017	−0.023	0.044	0.045	0.530	
T1 number of case management sessions	0.003	0.005	−0.006	0.012	0.043	0.519	
DUP (in months)	0.005	0.011	−0.017	0.026	0.027	0.677	

T0-T2 Delta BPRS 'Suicidality' item 4 score	B	SE	95% CI for B Lower	upper	β	p	$R^2 = 0.101$ $F_{[df = 10]} = 2.035$ $p = 0.044$
Constant	−1.162	0.750	−2.642	0.319	-	0.123	
T0 equivalent dose of chlorpromazine (mg/day)	0.035	0.100	−0.162	0.231	0.027	0.729	
T0 equivalent dose of fluoxetine (mg/day)	0.008	0.015	−0.021	0.038	0.047	0.569	
T1 equivalent dose of chlorpromazine (mg/day)	0.004	0.009	−0.014	0.021	0.033	0.680	
T1 equivalent dose of fluoxetine (mg/day)	−0.003	0.008	−0.019	0.013	−0.034	0.695	
T2 equivalent dose of chlorpromazine (mg/day)	0.030	0.032	−0.034	0.094	0.071	0.358	
T2 equivalent dose of fluoxetine (mg/day)	0.006	0.008	−0.009	0.022	0.067	0.432	
T2 number of individual psychotherapy sessions	0.042	0.021	0.001	0.083	0.169	**0.044**	
T2 number of psychoeducational sessions for family members	−0.017	0.038	−0.091	0.057	−0.039	0.650	
T2 number of case management sessions	0.006	0.008	−0.010	0.022	0.062	0.455	
DUP (in months)	0.038	0.035	−0.031	0.108	0.084	0.274	

Clin Psychol Psychother. 2022;29:982–989.

RESEARCH ARTICLE

WILEY

Individual psychotherapy can reduce suicidal ideation in first episode psychosis: Further findings from the 2-year follow-up of the 'Parma Early Psychosis' programme

Lorenzo Pelizza[1] | Davide Maestri[1] | Emanuela Leuci[1] | Emanuela Quattrone[1] | Silvia Azzali[2] | Giuseppina Paulillo[1] | Pietro Pellegrini[1]

Pr-EP

Riduzione dei livelli di severità nel tempo

Psicoterapia individuale

Terapia AD

Suicidalità nei CHR-P

Pochi studi, specie prospettici

«…Evidenze meta-analitiche hanno riportato elevati tassi di prevalenza (**66%**) di **ideazione suicidaria** corrente (nelle ultime 2 settimane) al baseline» (Taylor et al., 2015).

«…tassi di incidenza di **suicidio** completato del 1-2% a 5 anni» (Nelson et al., 2013; Velthorst et al., 2010).

«…I soggetti **CHR-P** non sono solo a rischio di psicosi, ma sono anche **a rischio di suicidio**» (Taylor et al., 2015). «…L'identificazione/intervento precoce nei soggetti CHR-P, anche solo al fine di incoraggiare l'adesione al trattamento, può di fatto ridurre il rischio suicidario» (Preti et al., 2009) → popolazione di **giovani**.

«…Riconoscere adeguatamente la reale dimensione del fenomeno "rischio suicidario nei CHR-P" è cruciale, perchè l'elevato rischio di suicidio potrebbe essere **più urgente** del rischio di transizione a psicosi al momento del primo contatto con i servizi specialistici» (Bang et al., 2019).

Suicidio nei CHR-P: studi italiani

Table 1
Demographic characteristics and suicidal profile of the total sample and the three subgroups.

Variable	Total sample ($n = 273$)	UHR[−] ($n = 81$)	UHR[+] ($n = 70$)
Gender (males)	156 (57.1%)	40 (49.4%)	32 (45.7%)
Ethnic group (Caucasian)	236 (86.4%)	69 (85.2%)	61 (87.1%)
Mother tongue (Italian)	245 (89.7%)	76 (93.8%)	62 (88.6%)
Age	21.24 ± 5.85	21.26 ± 6.44	18.54 ± 4.53
Education (in years)	11.46 ± 2.39	11.47 ± 2.40	11.19 ± 2.38
DUI (in weeks)	77.83 ± 56.61	66.39 ± 54.65	72.95 ± 47.34
Suicidal ideation			
BDI-II item 9 cut-off ≥ 1	113 (41.5%)	27 (33.3%)	42 (60.0%)
BDI-II item 9	0.52 ± 0.66	0.40 ± 0.61	0.75 ± 0.70
CAARMS item 7.3 cut-off ≥ 2	116 (42.6%)	24 (29.6%)	37 (53.6%)
CAARMS item 7.3	1.43 ± 1.71	0.91 ± 1.46	1.78 ± 1.72
Suicide			
Previous suicide attempts	24 (8.8%)	7 (8.6%)	10 (14.5%)
Suicide attempts – 1 year incidence rate	10/217 (4.6%)	1/70 (1.4%)	4/51 (7.8%)
Suicide attempts – 2 year incidence rate	7/111 (6.3%)	0/26 (0.0%)	5/30 (16.7%)
Completed suicide – cumulative incidence rate	4 (1.5%)	0 (0.0%)	0 (0.0%)

BDI-II item 9 score in the total UHR+ group (n = 70) across 2-years follow-up assessments.

Suicidal ideation	Baseline (T0)	Baseline vs 1 year (T1) assessment		Baseline vs 2-year (T2) assessment	
		T1	(Z)	T2	(Z)
BDI-II item 9 score	0.75 ± 0.70	0.57 ± 0.89[a]	−1.35[b]	0.29 ± 0.60	−2.44[c]

Schizophrenia Research
journal homepage: www.elsevier.com/locate/schres

Suicide risk in young people at Ultra-High Risk (UHR) of psychosis: Findings from a 2-year longitudinal study

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ReARMS

3 anni

Ideazione suicidaria al baseline (**60%**)

Incidenza dei **tentati suicidi** a 2 anni (**17%**)

Riduzione dei livelli di severità nel tempo

Suicidio nei CHR-P: studi italiani

TABLE 3
Logistic Regression of Dichotomized "Suicidal Ideation" BDI-II Item 9 (Cutoff of ≥ 1) graphic and Psychopathological Parameters Within the UHR+ Group (n = 40)

Parameters	B	*SE*	Wald	*df*	*p*	OR
BDI-II total score	0.115	0.046	6.296	1	**.012**	1.121
Constant	−1.772	1.011	3.075	1	.079	0.170
Overall model fit test → $\chi^2 = 8.511, p = 0.004$						
Associated strength → Cox–Snell $R^2 = 0.192$, Negelkelke $R^2 = 0.267$						
BDI-II total score (without item 9)	0.112	0.055	4.127	1	**.042**	1.118
Constant	−2.068	1.236	2.800	1	.094	0.126
Overall model fit test → $\chi^2 = 5.355, p = .021$						
Associated strength → Cox–Snell $R^2 = .200$, Negelkelke $R^2 = .269$						

Suicide and Life-Threatening Behavior 49 (6) December 2019
©2019 The American Association of Suicidology
DOI: 10.1111/sltb.12549

Suicidal Thinking and Behavior in Adolescents at Ultra-High Risk of Psychosis: A Two-year Longitudinal Study

Lorenzo Pelizza, MD, Michele Poletti, PsycD, Silvia Azzali, PsycD, Federica Paterlini, PsycD, Sara Garlassi, PsycD, Ilaria Scazza, PsycD, Luigi Rocco Chiri, PsycD, Simona Pupo, MD, and Andrea Raballo, MD, PhD

Table 2
Hierarchical regression of suicidal ideation by anhedonia levels and clinical depression severity across the 2-year follow-up period in the three su

UHR ($n = 96$)	B	SE	95% CI for B Lower	Upper	β	*p*
Baseline BDI-II item 9						
Step 1	0.245	0.126	−0.005	0.495	–	0.055
Constant	0.110	0.026	0.058	0.163	0.397	**0.000**
BDI-II "Anhedonia" subscale score	−0.122	0.211	−0.541	0.296	–	0.563
Step 2	0.098	0.027	0.045	0.150	0.351	**0.000**
Constant	0.116	0.054	0.009	0.223	0.205	**0.034**
BDI-II "Anhedonia" subscale score						
CAARMS "Depression" item 7.2 subscore						
T0T2 Delta BDI-II item 9						
Step 1	0.185	0.106	−0.029	0.398	–	0.088
Constant	0.160	0.030	0.099	0.222	0.649	**0.000**
T0T2 Delta BDI-II "Anhedonia" subscale score	0.010	0.128	−0.249	0.269	–	0.939
Step 2	0.149	0.029	0.089	0.208	0.601	**0.000**
Constant	0.122	0.055	0.011	0.234	0.265	**0.033**
T0T2 Delta BDI-II "Anhedonia" subscale score						
T0T2 Delta CAARMS "Depression" item 7.2 subscore						

Sintomi depressivi

Anedonia

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Anhedonia and suicidal ideation in young people with early psychosis: Further findings from the 2-year follow-up of the ReARMS program

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Suicidio nei CHR-P: studi italiani

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	,406	,138		2,945	,004
	Dose equivalente di Risperidone (mg) a T0	,064	,054	,128	1,175	,242
	Dose equivalente di Clomipramina (mg) a T0	,000	,002	-,013	-,122	,903
	Dose equivalente di Risperidone (mg) a T1	-,085	,059	-,190	-1,439	,152
	Dose equivalente di Clomipramina a T1	,001	,002	,091	,713	,477
	Dose equivalente di Risperidone (mg) a T2	-,034	,061	-,066	-,550	,583
	Dose equivalente di Clomipramina a T2	,000	,002	,014	,099	,922
	Numero di sedute CBT a T2 (totali dall'inizio)	-,002	,005	-,039	-,391	,697
	Numero di sedute psicoeducative a T2 (totali dall'inizio)	,019	,008	,240	2,384	,018
	Numero sedute case management per recovery a T2 (totali dall'inizio)	4,66E-005	,001	,003	,036	,971

Psicoeducazione

Conclusioni: take-home messages

«…L'ideazione suicidaria è **comune** all'esordio psicotico e al momento dell'arruolamento nei servizi specialistici EIP» (Pelizza et al., 2020).

«…una corretta attenzione ed interventi specifici sulla suicidalità nei soggetti FEP e CHR-P sono cruciali nel **ridurre il potenziale suicidario** di questi giovani pazienti e devono essere implementati nei programmi EIP

Grazie per l'attenzione

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