



Service Priorities and Programmes  
Electronic Presentations

**Convention ID:** 445

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**The predictive value of Suicidal Intent Scale (SIS) on risk of repetitive suicidal attempt and the disposition decision at Accident Emergency Department (AED)**

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**Keywords:**

SIS

repetitive suicidal attempt

disposal decision

AED

**Introduction**

Patients with suicidal attempt or deliberate self-harm episode frequently presented at AED where becomes a critical juncture to identify the suicidal behavior and prevent unpredicted suicide. Psychiatric consultation liaison nurse who has more understanding on the patients' suicidal behavior is often requested to assess patient's suicidal risk and make the disposal decision.

**Objectives**

1. To study the association of suicide intent with the risk of subsequent suicide 2. To explore the effectiveness of using SIS to facilitate disposal decision at AED

**Methodology**

Patients attended AED of KEC following suicide attempt or deliberate self-harm from November 2010 to October 2011 was recruited. Inclusion criteria included patients aged 15 or above with no impairment of cognitive ability. The Chinese version of SIS was used to measure their intent of the attempt. All statistical analyses were performed using SPSS version 19.0. Correlation analyses were performed with Spearman's rank correlation test. Logical regression was used to test the predictive values of those significant subscales (independent variables) that have the effect size greater or equal to 0.3 with psychiatric admission versus discharge (dependent variables).

**Result**

Total 296 patients were recruited. More than 50%(165) patients had history of previous suicidal attempt. There were 23.3% (69) patients presented at AED after an episode of suicidal attempt being arranged psychiatric admission. At one year follow up, 2% (6) patients committed suicide, 17.2% (51) patients had repetitive suicidal attempt in the past 1 year. There was no relationship between SIS score and the repetitive suicide attempt ( $r=0.001$ ,  $n=296$ ,  $p=0.991$ ). There was a statistically

significant correlation between SIS and psychiatric admission, ( $r=0.347$ ,  $n=296$ ,  $p<.0005$ ), the psychiatric admission was associated with higher SIS score. The subscale of the degree of premeditation and the reaction to attempt have predictive value on psychiatric hospitalization, their respective findings are ( $OR=3.56$ ,  $95\%CI:1.76-7.16$ ,  $P<.001$ ) and ( $OR=3.49$ ,  $95\%CI:1.39-8.78$ ,  $P=.008$ ).