Self-Report on the SIBAT: Sensitivity to Rapid Change in Thinking Related to Suicide

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INTRODUCTION

Several studies are available to assess suicide ideation. However, none were explicitly designed to be sensitive to the rapid changes in suicidal ideation (suicidal ideation may be observed when a patient is admitted to an acute psychiatric setting after enduring suicidal thoughts or behaviors).12 At this epoch has been targeted by recent treatments, appropriate measurement tools must be developed and validated. The Suicide Ideation and Behavior Assessment Tool (SIBAT) was designed to be sensitive to the rapid changes in suicidal thinking at 4 hours and 24 hours after initiation of standard-of-care (SoC) and SoC plus esketamine treatment.

METHODS

The findings are based on data from a study that examined the efficacy and safety of intranasal (IN) esketamine in patients with major depressive disorder (MDD) at imminent risk of suicide.13

Evaluating Sensitivity to Change

Patients were treated with IN esketamine plus SoC or placebo plus SoC and were followed up for 25 days with double-blind assessments on the SIBAT (Figure 2).

FEATURES OF THE SIBAT

- Modules of the SIBAT combine both patient- and clinician-reported information relevant to clinical judgment of optimal suicide risk assessment.
- The SIBAT separates the measurement of constructs prone to rapid change (eg, suicidal ideation) from those that change more slowly (eg, history of suicidal behavior).
- The SIBAT includes 8 modules that capture information on demographics, known suicide risk factors, history of suicidal behavior, and severity of suicidal ideation (Figure 1).
- The modular format allows different question sets to be administered independently at different timepoints.
- The SIBAT includes modules designed to be sensitive to the rapid changes in suicidal ideation (eg, suicidal ideation module).

BASELINE DEMOGRAPHICS

The demographics of patients assessed on the SIBAT following treatment with IN esketamine or placebo were comparable (Table 1).

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RESULTS

The total score derived from the SIBAT's patient-reported MCT module proved quite sensitive to changes about thoughts related to suicidality as soon as 4 hours and 24 hours after the initiation of treatment.

CONCLUSIONS

The current analysis supports the use of the SIBAT as an efficacy and safety monitoring tool for patients at risk for suicide. The current analysis provides a valuable tool for assessing change—particularly rapid change—in patients at risk for suicide.

REFERENCES


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