Familial Suicidal Behavior: A Newsmaker Interview With Maria Oquendo, MD

Feb. 12, 2004 (Sydney) — *Editor's Note: Studies show that suicidal behavior is familial, but the risk factors for transmission from parent to child are unclear. To help delineate these factors, Medscape's Robert Kennedy interviewed Maria Oquendo, MD, here at the International Congress of Biological Psychiatry. Dr. Oquendo is affiliated with the New York State Psychiatric Institute and the College of Physicians and Surgeons at Columbia University in New York City.*

Medscape: Can you tell us about the work you are doing with families and suicide?

Dr. Oquendo: The work we're doing with families aims to clarify the difference between the development of a mood disorder, which tends to run in families, and the development of suicidal behavior. These two things can coexist but teasing apart the risk factors for each one of them can be very difficult. So what we do is enroll families where there is depression and some of the families do have history of suicidal behavior in them and others do not. And then using that type of grouping try to figure out what factors are due to suicide quite apart from the presence of depression.

Medscape: Do you look for particular markers or for particular developmental aspects of the families?

Dr. Oquendo: We are looking at a variety of clinical and neurobiological factors we think are related to suicidal behavior. One of the things we are very interested in is early trauma, and early abuse. One of the things I am pointing out in my discussions is the risk conferred by sexual abuse for suicidal behavior. If the parent has a history of sexual abuse, that parent is more likely to submit to suicidal behavior, but the offspring are more likely to be sexually abused, and not necessarily by that parent.

Medscape: There are a lot of nonintact families, how do you account for that in your study?

Dr. Oquendo: The disruption of the family is of great importance. We know that families where there are mood disorders can often suffer from disruptions. In addition, we know that families where there are high levels of aggression and impulsivity are often disrupted. Those are factors we will be controlling for when we do our statistical analyses.

Medscape: You mentioned sexual abuse, how about physical abuse?

Dr. Oquendo: Physical abuse appears to be a risk factor for the transmission of mood disorders, so that if the parent has been physically abused before the age of 16, their children are more likely to develop a mood disorder. However, it appears not be related to the development of suicidal behavior either in the parent or the offspring. Of course, as I mentioned, these are just 136 families, so we are just beginning to get an understanding of this and we are still gathering data. We expect to have 500 families and from that group we will be able to feel more confident in our findings.

Medscape: You are based in the New York City area — do you find cultural differences in the various families and do you balance for that in your study?

Dr. Oquendo: Culture is a particular area of interest for me and, as I mentioned, we only have a few families, but we have begun to explore some of the cultural issues that may be pertinent. For example, religious affiliation, which is closely linked to culture, is something that appears to be very important in whether there is an expression of suicidal behavior. Interestingly, but not surprisingly, it doesn't depend on a particular religion. The fact that a person has a religious affiliation seems to be protective in terms of suicidal behavior, even in the context of a mood disorder. The other thing I've noted is that in the few families where the parent is not a suicide attempter, but the child is a suicide attempter, of the three families we have that fit this criteria, all threefamilies are Hispanic. So that suggests that there might be a cultural effect, whether it has to do with immigration, or changing mores across generations, but we would need a much larger sample to explore.

Medscape: How about gender as an issue of male vs. female suicide in those families?

Dr. Oquendo: We haven't analyzed that specifically, however, we know that female offspring of suicide attempters are more likely to become suicide attempters themselves. As we follow this group of families we will also be able to examine whether in fact that holds up with time.

Medscape: Have you looked at genetics as a feature in these families?

Dr. Oquendo: We are certainly collecting the genetic data. One of the limitations with genetic data is that in order to explore relationships between candidate genes and relatively broad behavior such as suicide you need very large numbers. We are trying to delineate what is referred to as endophenotypes that might be more closely related to genes such as impulsive aggression or cortical responses to stress.

Medscape: The *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (*DSM-IV*), is clear on some of the criteria for suicide. Do you feel it should be expanded or reviewed in light of some of the work you have done over the years?

Dr. Oquendo: One of the things that is of interest is that suicidal behavior is listed in the *DSM-IV* only under depression, and yet we know that suicidal behavior occurs in schizophrenia, in PTSD, and it occurs in bipolar disorder. It also occurs in borderline personality disorder. We know that other personality disorders are related to suicidal behaviors, specifically antisocial personality disorder and narcissistic personality disorder.

Medscape: Most of your research is in suicide — what other research areas are you interested in pursuing?

Dr. Oquendo: One of the things I am very interested in is cultural implications or cultural effects on the manifestation of psychopathology and treatment selection. Also, issues related to pharmacologic approaches to people of different cultural backgrounds. For

instance, we know that diet influences the way you metabolize drugs, and yet it is something we as psychiatrists seldom ask about, that is even apart from all the genetic variation that goes into metabolic rates.

Reviewed by Gary D. Vogin, MD