

SUICIDE IN JAPAN

A summary list of Research Themes

by Chris Earnshaw

August 2008

Executive Summary:

Suicide is a major social problem in Japan, but little headway is being achieved at present. Nearly 31,000 people a year take their own life that is nearly 100 people a day, the highest rate among industrialized nations. Families, companies and relationships are thrown into chaos by the loss of a member. Chris Earnshaw started research into suicide prevention in 2006 and the situation has not improved.

This summary outlines some of the major themes in suicide and suicide prevention that the Japanese Government needs to consider in tackling this major issue; at a later date Earnshaw intends to present his findings at an academic meeting. The structure is to show the width of the research being done, but this report is by no means complete.

“Suicide is a permanent solution to a temporary problem.”

THE CURRENT SITUATION

Japan has the highest rate of suicide among advanced nations, ranking 9th after countries such as Belarus, Latvia and Kazakhstan, with 35.6 male suicides per 100,000.

For male suicides in industrialized nations (OECD) Japan leads the list; second is France ranked 19th at 27.5 per 100,000, Germany 30th at 20.4, USA 45th at 17.9 and UK 60th at 10.8.¹

Suicides per 100,000 population (M&F)			Males
Rank	Country	Ratio	
1	Lithuania	38.6	
2	Belarus	35.1	
3	Russia	34.3	
4	Kazakhstan	29.2	
5	Slovenia	28.1	
6	Hungary	27.7	
7	Guyana	27.2	
8	Latvia	24.3	
9	Japan	24.0	35.6
19	France	18.0	27.5
30	Germany	13.5	20.1
37	Canada	11.9	18.7
45	USA	11.0	17.9
60	UK	7.0	10.8

Source: World Health Organization 2006

- Simply put in real numbers, Japan has 2.4 times as many suicides as USA.
- In Japan presently 95 people a day commit suicide. Men outnumber women 3:1.
- In 2007 there were roughly 32,000 suicides in Japan, the same number as in USA, however the population of Japan is 40% USA's.
- In USA there are more suicides per year than homicides.
- In 1994, 21,000 people killed themselves in Japan, 14 years later the number has risen 50%.
- In the period 1990 to 2003 suicides among 15-19 year olds increased 83% in Japan.
- Attempted suicides in Japan number about 816,000 a year and it is calculated that they are 20 times more likely than the general population to make another attempt and succeed.

POLICE DATA

According to figures published by the Japanese Police, in 2011 31,451 people committed suicide, up nearly 11% on the year before; they listed health problems, finance and family problems in that order. Akita has the highest number of suicides and most suicides are on Mondays. Among certain sectors such as teachers, dentists, the police and the Self-Defence Forces the rate of suicide is even higher; the level of suicide in the GSDF is estimated at 42 per 100,000. Suicide is also a major problem for the US military forces, including those stationed in Japan.²

Other issues include the popularity of suicide pacts by people unknown to each other meeting on the Internet. Recently there has been a trend to use hydrogen sulfide (ryuka suiso 硫化水素), made by mixing household chemicals, to commit suicide. In the first four months of 2008, there were 60 such cases reported. The British Medical Journal and Internet journals (Webpronews.com) complain that there are more web sites promoting suicide than discouraging it.^{3,4}

In Aug 2006, Wataru Tsurumi published "The Complete Manual of Suicide", it was later taken off the shelves by publishers, but only after selling a million copies. In April 2005, a teacher at Gakugei University was suspended for teaching a class how to commit suicide. In Jan 2008, the head of the Nara School Board was reprimanded for insensitivity after saying that the suicide of an elementary pupil in 2004 was "an issue that had passed its expiry date". In the same month, School children bullied and extorted lunch money from another pupil who later committed suicide. There is also the problem of parasuicide, when a person makes a suicide attempt, without wanting to die, in a cry for help. This is often misreported as deliberate self-harm. Often the person is not found earlier enough and dies unintentionally. Copy-cat suicides are common in Japan; after a famous singer or actor kills him/herself several fans may also do so. The textbook example for copycat suicide is given as the 1933 suicide of student Kiyoko Matsumoto who jumped into Mt. Mihara, an active volcano. Following her death 300 other students also jumped into the volcano. Takashimadaira Public Housing in north Tokyo is famous to this day for a spate of suicides in the 1970s and hospitals complain of having emergency beds tied up with attempted suicide patients.

To tackle the problem of suicide, the United Nations in 1996 issued reporting guidelines advising the media not to make suicide glamorous nor focus on the hopelessness of the person's life. This move was instrumental in reducing the number of suicides on the Austrian subway from 13 a year to 3 a year in two years. Also when the US rock singer, Kurt Cobain, killed himself in 1994, the media reported the event in a low-key and printed telephone numbers for counseling services, which thousands of young people called in the weeks following his death.

The number of young people taking their own lives in Japan

Age	1990	1995	2000	2003
10-14	0.7	1.1	1.7	1.0
15-19	4.8	6.6	8.8	8.8

*ratio per 100,000 population (MHLW figures)

In Japan, the pressure to succeed at school to enter a good university or to conform in the workplace puts a lot of pressure on the individual. Mental health issues are also a major problem; in May 2008 the National Personnel Agency reported that 6,105 government workers took more than a month's sick leave in 2006 and 63% of those employees reported suffering from emotional problems or mental illness. In May 2008 the MHLW announced that 24% of the population has suffered mental illness, but that only 1 company in 3 has a mental health task force to help employees.

Life-Link has done research into mental health and suicide and found that 72% of suicides had been for some type of consultation within one month of killing themselves.

SOME NOTABLE RECENT SUICIDES

1990 to 2007, 7 members of the Diet took their own lives

1998 to 2008 Senior executives of JAL, Toshiba-EMI, Seibu Railway, Fuji Xerox, Chogin Bank, Kikkoman, Toho Insurance and the Bank of Japan

2004 Kato Hideaki: President of Goyo Kensetsu (Pentaocean Construction)

2005 August: Nagaoka Yoji, Member of the Diet, died apparently from exhaustion due to the privatization of the Post Office.

2007 May: Matsuoka Toshikatsu: Minister of Agriculture and Fisheries. Died apparently from exhaustion due the problem of imports of US beef

2008 May: Kawada Ako (29): an announcer for TBS, suicide by coal briquette (rentan jisatsu).

WHAT EXTERNAL FACTORS HAVE GIVEN RISE TO THIS PROBLEM?

Official sources may indicate some of the reasons for the growth in suicide;

1. The New Economic Foundation said in July 2006 that Japan is the 95th happiest country to live in (based on factors other than wealth).
2. In Aug 2006 the OECD said that Japan had the second highest poverty rate among industrialized nations after USA.
3. It is not only suicide that is increasing, the NPA said in April 2008 that domestic violence is at an all-time high, and stalking incidents are up 7.7% on 2007. The situation is compounded by the economic slowdown that is affecting many industries, such as construction and small retailers.

“Theory Z”

The Japanese employee used to have a lot of faith in what Stanford professor Dr. William Ouchi calls “Theory Z”. This is a management theory about motivation, which says that employees should have lifetime employment and holistic care for themselves and their families. Dr Ouchi wrote this theory in 1980, but since then the Japanese employee has seen his career change from a lifetime position to a contract position dependent on work appraisals. He has lost the feeling of working as a family or team, to “everyone for himself”, and this increases his sense of insecurity and negativity. The recent restructurings, that are expected to continue for some time, only reinforce this negative image and depression is the result.

WHAT ARE COMMUNITIES DOING ABOUT SUICIDE IN JAPAN?

There are several groups working under difficult circumstances - such as a lack of funds, relying on volunteers or not having their own offices – but their reach is limited. Inochi no Denwa, the most experienced of the groups, has 330 volunteers answering 57 different phone numbers that can be called nationwide, but they have not been able to put a dent in the number of suicides.

Local communities are also trying to set up counseling services, but have a lack of experience in counseling and cannot afford professionals. The Government also tried to set up a national suicide hotline (see below) but failed; however Nihon Jido Gyakutai Boshi (Japan Child Abuse Prevention) Network has recently set up a single national phone number for a hotline, so it can be done.

HOW IS THE GOVERNMENT HANDLING THIS PROBLEM?

In April 2008 the National Police Agency overhauled the gun laws to keep guns away from people, among others, with suicidal thoughts, which will have little effect as, according to the MHWL, most suicides are by hanging.

Suicides represent 6 times the number of deaths from traffic accidents; but as traffic accidents is an “easier” problem to tackle, the police have been effective in reducing the number of deaths on the road by 50% by introducing stricter safety laws such as seat belts and child seats.

The Ministry of Health, Labour and Welfare is charged with being insensitive to the problem of suicide. In July 2003 the MHLW lost a case at Nagoya High Court for refusing to pay Worker’s Compensation to the family of a Toyota employee who killed himself after working excessively long hours and suffering depression. Since then they have set up various working committees to assess the problem.

The Cabinet Office of the Prime Minister has a Suicide Countermeasure Promotion Office; this year, July 2008, they tried to introduce a single telephone number as a help line, to be manned by regional authorities. 41 of the 47 prefectures (85%) refused to participate, citing lack of funds and manpower.⁵

The Diet has a Committee of Diet members “Yushi no Kai” who are looking at the problem, but specific policy is not expected.

DATA ISSUES

There is also the problem of how accurate the statistics on suicide are; the NPA collects the data, but it is generally felt that the figures are understated. Drug overdoses may be suicides, as may be high-speed single vehicle accidents.

THE FUTURE LOOKS BLEAK

According to a report published jointly by Prof. Masaru Takagi of Meiji University and Toshihiro Nagahama of Daiichi Seimei Keizai Kenkyujo, published in Shukan Shincho Magazine, if unemployment hits 10% then suicides can be expected to reach 100,000 a year, more than three times the present level.⁶

In 1997-98 there was a sudden increase of 8,000 suicides as a result of worsening company financial results. This is expected to happen again.

RESEARCH DOCUMENTS

Chris Earnshaw published a free magazine in January 2006 with the objective of stimulating public awareness of the problem. However it was expensive to produce and did not create the interest that had been hoped for.

In the interim Earnshaw conducted considerable research into the problem, people's attitudes to suicide and their suggestions for managing the problem, interviewing some 60 people in six months. Some of those he met include:

NPOs dealing with suicide:

Inochi no Denwa (Lifeline), Shirai Tokumitsu, President
Tokyo English Life Line (TELL), Jason Chare, Director
Life Link, Shimizu Yoshiyuki, President
Federation of Inochi no Denwa (FIND), Yukio Saito
Befrienders, Dr Imamura, President
Safety NET (for profit organization), Mr Yamazaki, President

Doctors:

Dr Hinohara, Seiroka HP
Dr Arita, Toho Univ HP
Prof. Morooka, Tokai Univ HP
Prof. Amano, Shizuoka Sangyo Univ.
Dr Abe, Industrial Physician, Kudan Clinic
Dr Akiyama Shohei, Nihon Jisatsu Yobo Gakkai

Religious Organizations

Nippon Bunka Kenkyujo, Mr Nara, Managing Director
Shukyo Shimbun, Mr Tada, Managing Editor
Meiji Gakuin Univ. Prof. Amano

Other Organizations

MHLW Relief Division Disability Insurance Dept. Dept Mr Takahashi Yoshitomo
MHLW Kokoro Kenkozukuri Taisakuka Mr Ueda
Cabinet Office; Suicide Countermeasure Promotion Office, Mr Mikami, Director
American Foundation for Suicide Prevention; Dr Bressman, Director
Human Resocia, Ms Kuwahara, President
AIG Insurance, Robert Clyde, President
Noguchi Hideyo Memorial Foundation, Dr Tanaka, Chairman
Nippon Zaidan, Mr R. Hasegawa, NPO Funding Section

A summary of the findings from the interviews, (the full transcripts are available):

- 1) The first comment was that present efforts are piecemeal and need to be coordinated on a nationwide scale. The government was not able to make a serious change in the figures, and preferred issues where they could be seen to be making a difference.
- 2) Secondly, Japanese cultural beliefs compounded the problem, such that suicide was an honorable death, “Shi ha Bi” (死は美) , and the necessity to take responsibility for situation, even if it is outside the control of the individual.
- 3) Lastly, religions in Japan, unlike Europe and USA, don't make a stand on the issue and as fewer people are joining religions, people lose the spiritual support the religions offer as well as the moral lessons.

WHAT KEY QUESTIONS NEED TO BE ANSWERED BEFORE THIS PROBLEM CAN BE ADDRESSED?

- 1) We need to understand the data better; we need to see this as several target audiences with different needs and different approaches.
- 2) What resources would be needed to reach this audience? What key issues must be resolved?
- 3) What issues are crucial and what are tangential?
- 4) What approaches should be used to reach the several audiences?
- 5) In resolving the various issues, what benefits would accrue to sponsoring organizations?

TARGET AUDIENCES

For the Government to tackle the problem of suicide properly, it is important to approach the different groups with different messages. Simplistically Earnshaw divided the target audience into three groups;

- 1) Businessmen; there is a high level of depression among this group, often masked by alcohol, the ease of access via HR and Industrial Physicians makes this an important target.
- 2) School children; issues with bullying and copycat suicides make this an important group, also accessible through the school nurse.
- 3) Specialist groups such as the Self-Defence Forces, teachers, policemen &c can be reached through the organizations themselves.

Other sub-groups such as the homeless, housewives and those living in high unemployment areas (especially in areas with long winters) would have to be reached through the media and other channels.

For businessmen and specialist groups, research shows that later in their career they can fall prey to depression as they have worries about the future, they do not see themselves as becoming president of their company and feel let down without a purpose in life (see below). It is important to help them find that purpose, to bring back some the excitement they used to feel about life. If counselors were used, they could not be a company employee, and would have to take the role of a friend and confidante, whom the employees can reach out to. It has been shown that just talking about a problem with a concerned but impartial person can make all the difference.

In May of 2004, the "Management Today" magazine published a study of 750 European managers called "Work with Meaning". They found that found that 63% of board members, 72% of middle managers and 69% of directors were looking for a greater sense of meaning in their work. The report's authors say that people want to make a meaningful contribution and that people are turned off by work that is meaningless or unethical. This leads to morale suffering and that change becomes more difficult to manage and so people start to look for other jobs. Some of the reasons people gave for their disenchantment are a mutual disloyalty, dog-eat-dog ethos, the intensity of work, repeated restructurings, poor leadership and decline in autonomy. Staff felt a sense of loss, a lack of purpose, trust and commitment. Younger workers are most sensitive to a search for meaning, with 82% of those aged 20 to 30 years old wanting meaning in their work, compared to 33% of those aged 51 to 60 years old. Many say that the search for a meaning in one's work can be brought on by a death in the family or events such as the 2001 September 11th disaster, which act as a catalyst for change.⁷

In the UK schools use a textbook on suicide, it gives the children something to take home with them to think about. Lesson plans can be built around the book. It also brings the question of suicide into the open, teaching children that they can find help, that medicine can treat depression and that suicide is not a "dirty deed" as one magazine put it. There is also an online support site for children called Papyrus.

The most important thing is that any programme instituted by the Government has to be proactive as emphasized by Dr Eric Cane of the Center for Suicide Prevention at the University of Rochester Medical Center; Japan's efforts have been mainly reactive, waiting for a depressed person to call before doing anything.⁸

There are many small things that could be done to start the suicide prevention ball rolling, for example estimating how much tax the Government is losing by people committing suicide. A man who dies at 25 doesn't pay 40 year's worth of income tax or consumption tax. This "opportunity cost" must be enormous, as 30,000+ people die every year, so it behooves the Government to spend money on prevention to "save" these lost taxes.

SHORT-TERM OPERATIONAL PLAN

In the short term, Earnshaw would like to see a “Kaikikomidera [駆け込み寺]System” where people can visit for free counseling, to be staffed by volunteers. Religious organizations would be pleased to have more people visit temples as there is a trend away from religion at present. Of course the priests would need training as counselors, but as there are temples across the whole of Japan, the Government would have to centralize the training.

The Government will need to concentrate on several “high risk” organizations such as:

- Life Insurance companies
- Japan Railways and other railway companies
- The Teachers Unions
- The Self Defense Forces
- Industrial doctors

Community Benefits

- 1) A reduction in suicide; but better data collection is needed compared to existing NPA data, which is why we have to be sure that the numbers are accurate to begin with.
- 2) Organizations that suffer from suicides; the railway companies, insurance companies and others that suffer financially from suicides will save “save” their employees.
- 3) Organizations that have a high suicide rate; the GSDF, teachers, doctors, dentists and police organizations should experience an increase in morale and this may in turn improve productivity.
- 4) Tax revenue for the Government, which will hopefully benefit the community as a whole.

ATTACHMENTS

- 1 WHO List of Suicide Rates
- 2 USACHPPM Directorate of Health Prevention and Wellness
- 3 Webpronews.com and Japan Times article April 18th 2007
- 4 BMJ Suicide and the Internet
- 5 Cabinet Office Suicide Countermeasure group
- 6 Shukan Shincho article October 23 2008
- 7 Financial Times March 3rd 2004 "There must be more to work than this.."
- 8 Rochester University CSPA Dr Crane

自殺対策ホームページ http://www8.cao.go.jp/jisatsutaisaku/index.html

仕事と生活の調和 青少年育成 食育推進 少子化対策 高齢社会対策 障害者施策 交通安全対策
犯罪被害者等施策 **自殺対策** バリアフリー・ユニバーサルデザイン 共生社会全般・その他施策 共生社会政策トップページ > 自殺対策

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自殺総合対策

- 自殺総合対策会議
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- 自殺対策関係予算
- 自殺予防週間
- 自殺対策白書
- 調査研究
- 自殺対策の取組事例 **New!**
- 地方公共団体との連携・協力
- 硫化水素による自殺の防止について
- 相談窓口
- 広報
 - 政府広報オンライン
 - 政府インターネットテレビ
- 毎月の自殺者数 **New!**

◇自殺対策基本法の施行(平成18年10月28日)

近年、年間3万人を超える方が自殺で亡くなっていることは、誠に痛ましい事態であり、深刻に受け止める必要があります。

自殺は、個人的な問題としてのみとらえるべきものではなく、その背景に様々な社会的要因があることを踏まえ、総合的な対策を早急に確立すべき時期にあります。


政府においては、これまでも各省庁において自殺予防対策に取り組んできたところでありますが、今後は自殺対策基本法に基づき、自殺の防止及び自殺者の親族等への支援の充実等を図るなど、自殺対策の総合的な推進を図っていきます。

■ [自殺対策基本法](#) [PDF形式:19KB]

◇自殺総合対策大綱の策定(平成19年6月8日)

平成19年6月8日(金)の閣議で、自殺対策基本法に基づき、政府が推進すべき自殺対策の指針である「自殺総合対策大綱」が決定されました。

この大綱は、社会的な取組により自殺は防ぐことができるということを明確に打ち出すとともに、うつ病対策と併せ、働き方を見直したり、何度でも再チャレンジできる社会を創り上げて行くなど、社会的要



あなたの気持ち、話してください。心のサインに気づいてください。

自殺予防週間 9月10日～16日

自殺防止ホットライン 0120-738-556

1 / 3 2008/08/01 14:44



BMJ 2008;336:800-802 (12 April), doi:10.1136/bmj.39525.442674.AD

Feature

Public Health

Suicide and the internet

Lucy Biddle, research fellow¹, Jenny Donovan, professor of social medicine¹, Keith Hawton, professor of psychiatry², Navneet Kapur, reader in psychiatry³, David Gunnell, professor of epidemiology¹

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Recent reports of suicide by young people have highlighted the possible influence of internet sites. Lucy Biddle and colleagues investigate what a web search is likely to find

Media reporting of suicide and its fictional portrayal on television are known to influence suicidal behaviour, particularly the choice of method used.^{1 2 3} Indeed, epidemics of suicides using particular methods have occurred after media portrayal of their use.^{3 4 5} As some methods of suicide are more likely to cause death than others,⁶ such influences may affect the outcome of suicide attempts and national suicide rates.⁷

The influence of the internet on suicidal behaviour is less well understood, although it is an increasingly popular source of information, especially for people confronting embarrassing issues such as mental illness, and concerns have been raised about the existence of sites that promote suicide.^{8 9} Some people report being encouraged to use suicide as a problem solving strategy by suicide web forums⁸ and cases of cybersuicide—attempted or completed suicide influenced by the internet—have been published in the popular and academic press.^{9 10 11 12} Suicide sites are also claimed to have facilitated suicide pacts among strangers who have met and then planned their suicide through the internet.¹¹

Suicide Promotion Sites More Common Than Prevention Sites

By Mike Sachoff - Fri, 04/11/2008 - 10:51am.



Only 13% of sites discouraged suicide

Internet users who go online to find out information about suicide are more likely to find sites that promote the act than sites offering support, a study says.

Researchers used four search engines to find suicide related sites, according to a study in the *British Medical Journal*. The three sites that appeared most frequently in the search results all promoted suicide.

The researchers, from Bristol, Oxford and Manchester universities, used 12 suicide related search terms to conduct their study. They looked at the first 10 sites in each search, receiving a total of 480 hits.

Overall, the searches found 240 unique sites. Slightly less than half of the sites provided information about methods of suicide. Nearly 19 percent of hits were considered to be encouraging, promoting, or facilitating suicide. Just 13 percent of the sites were for suicide prevention or support and only 12 percent actively discouraged suicide.

The study concludes that, "The differing content identified with the four search engines indicates that it is possible to influence what searches retrieve. It may be more fruitful for service providers to pursue website optimization strategies to maximize the likelihood that suicidal people access helpful rather than potentially harmful sites in times of crisis."

自殺対策 民間と連携

自殺者が年間三万人を超える深刻な状況が続いているため、厚生労働省は都道府県に対し、官民の情報交換組織として「自殺対策連絡協議会」の設置を求める通知を近く出す方針を固め

た。自治体と自殺予防活動を行っている非営利組織(NPO)など民間団体との連携強化が狙い。同省は「それぞれの得意分野を生かし、官民一体で自殺対策を進めたい」としている。

総務省が昨年実施した「自殺予防に関する調査」によると、四十七都道府県の中で、「特段の自殺対策を実施していない」と回答したのは三割を超え、十六自治体(具体名は非公表)に上った。

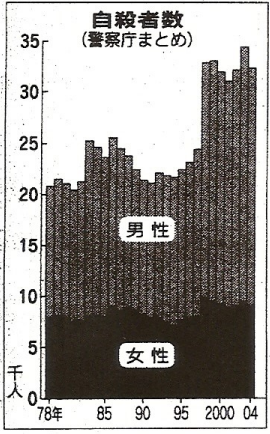
理由は「自殺者数が危機的な状況ではなく、自殺死亡率も全国平均より低い」「自殺を明記した事業は住民への刺激が強い」「財政的な余裕がない」など。しかし、未実施の自治体でも一九九八年に自殺者が急増したまま減少しておらず、中高年男性の死亡率が高い傾向にあるという。

一方、自治体がほとんど行っていない電話相談や遺族ケアなどの活動に

情報交換の組織 自治体に設置へ 厚労省、近く要請

取り組んでいる民間団体からは「行政との連携はない」「(行政は)縦割りで組織に対応する部署がバラバラ」「どうアプロ―チしてよいか分からない」などの声が上がっている。このため、厚労省は自治体や民間団体が一体と

警察庁によると、二〇〇四年に自殺した人は三万二千三百二十五人。過去最悪

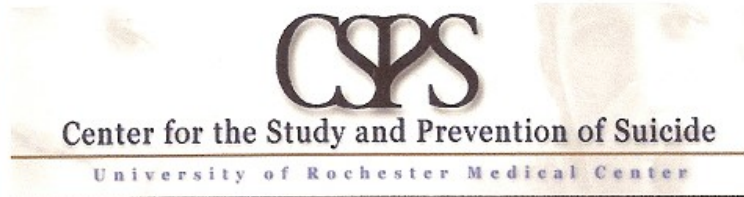
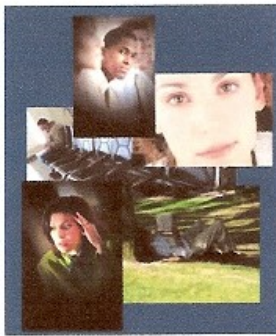


7年連続で3万人突破 自殺死亡率は世界2位

だった〇三年より二千二百一十人減り、三年ぶりに前年を下回ったが、七年連続で年間三万人を突破している。男性が全体の七二%、四・三とロシアの三八・七に占め、動機は健康問題(三九%)、経済・生活問題(二二%)の順で、病気や負債に悩む中高年が自殺に走るケースが目立つという。世界保健機関(WHO)の目標を掲げている。

体、医療機関、研究機関、商工会議所や農林水産団体の担当者らが参加。定期的に集まり情報交換をしながら、具体的な自殺予防対策をまとめるという。厚労省は「自殺者を減らすには都道府県レベルで地域の特徴に応じたきめ細やかな対策が必要」としている。

協議会には自治体、警察、NPOなどの民間団



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Welcome

"Suicide is an enormous trauma for millions of Americans who experience the loss of someone close to them. The nation must address suicide as a serious public health problem and put into place national strategies to prevent the loss of life and the suffering suicide causes."

—David Satcher, M.D. Ph.D., U.S. Assistant Secretary for Health and Surgeon General, 1999.

"Developing population risk reduction approaches for suicide, through prevention of its precursors in communities, could result in truly innovative (and potentially effective) programs for suicide prevention" (Knox, Conwell, Caine, 2004)



The University of Rochester Center for the Study and Prevention of Suicide is dedicated to reducing injuries and deaths associated with attempted and completed suicide.



FirstWord - FDA reviews possible link between Merck & Co.'s Singu... <http://www.firstwordplus.com/Fws.do?articleid=52464C1BFB4448...>

FirstWordSM

Where people who know first, go first

March 27, 2008

FDA reviews possible link between Merck & Co.'s Singulair and suicide

by Michael McKenna

In an early communication as part of an ongoing safety review, the FDA stated Thursday that it is investigating a possible link between Merck & Co.'s Singulair (montelukast) and behavioural changes, suicide and suicidality. As part of the review, the agency said it is examining post-marketing reports involving these adverse events, and has asked Merck to evaluate its study data for the product.

In the communication, the FDA noted that a causal link between Singulair and the "emerging safety issue" has not been established, and the agency is not recommending that patients taking the drug stop treatment. The FDA also specified that a complete evaluation of Singulair may take up to nine months.

Commenting on the news, George Philip, Merck's director of research and product development, said that "suicide has been reported to us only in post-marketing experience in anecdotal reports," adding that there is no indication "the mechanism of Singulair is consistent with these events." The company further specified that there were no completed suicides in any of the over 11 000 patients who participated in more than 40 trials of the compound.

In the past year, Merck has updated the labelling for the leukotriene receptor antagonist to include information about anxiety, tremors, depression and suicidality. The FDA stated in its communication that the agency is also reviewing post-marketing reports of adverse events for other leukotriene-modifying drugs -- AstraZeneca's Accolate and Critical Therapeutics' Zylfo -- but has not yet decided whether further investigation is needed.

In related news, Health Canada is also conducting an investigation of the potential link between the asthma treatment and suicidal behaviour, according to agency spokesperson Paul Duchesne. The spokesperson added that he is not aware of any reports of suicide in those taking the drug in the country. ■

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List of countries by suicide rate

From Wikipedia, the free encyclopedia

The following is a **List of suicide rates by country** according to data from the World Health Organization in which a country's rank is determined by its total rate of suicides. Male and female suicide rates are out of total male population and total female population, respectively (i.e. total number of male suicides divided by total male population). The total rate of suicides is based on the total number of suicides divided by the total population rather than merely the average of the male and female suicide rates, because the gender ratio in many countries is not 1:1. Year refers to the most recent year that data was available for a particular country.



List

Suicides per 100,000 people per year^[1]

Country 	Males 	Females 	Average 	Year
 India ^[2]	N/A	N/A	98.0	2008
 Lithuania	68.1	12.9	38.6	2005
 Russia	58.1	9.8	32.2	2005
 Slovenia	42.1	11.1	26.3	2006
 Hungary	42.3	11.2	26.0	2005
 Kazakhstan	45.0	8.1	25.9	2005
 Latvia	42.0	9.6	24.5	2005
 Japan <i>See: Suicide in Japan</i>	34.8	13.2	23.7	2006
 Guyana	33.8	11.6	22.9	2005
 Ukraine	40.9	7.0	22.6	2005
 South Korea	29.6	14.1	21.9	2006
 Sri Lanka	N/A	N/A	21.6	1996
 Belgium	31.2	11.4	21.1	1997
 Estonia	35.5	7.3	20.3	2005
 Finland	31.1	9.6	20.1	2005
 Croatia	30.5	9.7	19.7	2005
 <i>Serbia and Montenegro</i>	28.4	11.1	19.5	2006
 <i>Hong Kong</i> ^[3]	22.0	13.1	17.4	2005
 Moldova	31.5	5.1	17.8	2006
 France	26.4	9.2	17.6	2005

Suicide

History

List of suicides · **Suicide rate**

Views

Cultural · Legal · Medical · Philosophical · Religious · Right to die

Suicide crisis

Assessment of risk · Crisis hotline · Intervention · Prevention · Suicide watch

Suicide methods

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