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## BACKGROUND

- ❑ People living with and beyond head and neck cancer are at greater risk of suicidal ideation and death by suicide than the general population [1-2].
- ❑ Adverse symptoms, coupled with functional and aesthetic issues have been shown to positively contribute toward the potential for suicidal ideation and death by suicide in people with head and neck cancer [3].
- ❑ There is a need to understand how best to support people with head and neck cancer to reduce suicidal ideation and suicide completion.

## OBJECTIVES

- (1) to explore the risk factors for suicidal ideation and suicide completion in people with head and neck cancer,
- (2) to explore the challenges and needs of people impacted by head and neck cancer experiencing suicide ideation.

## METHODS

### Search strategy

Four electronic databases searched using a comprehensive search strategy. Grey literature searches were conducted on TRIP Database and Google Scholar.

### Study inclusion criteria

*Population* – people (18+) who have, or had, a diagnosis of head and neck cancer.

*Context* – suicide ideation or suicide completion.

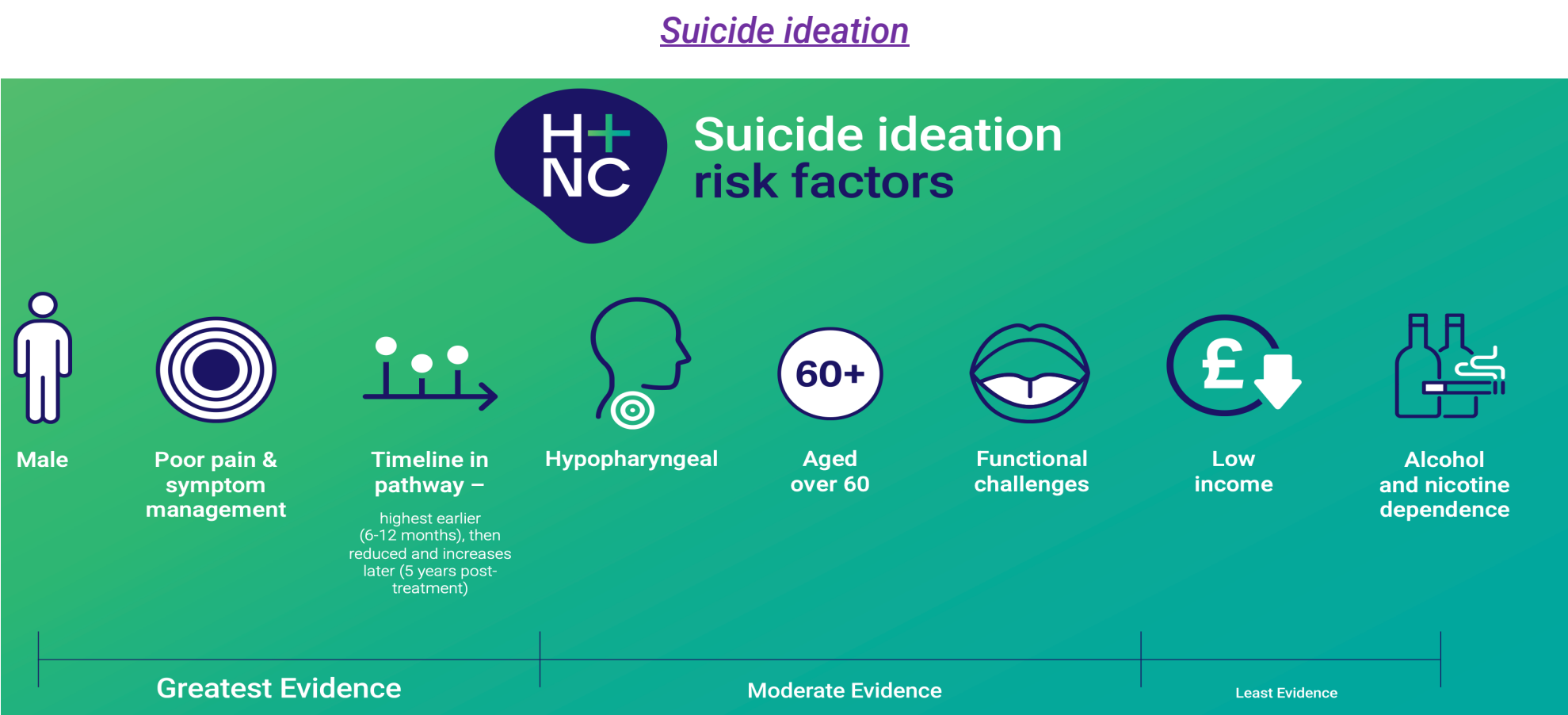
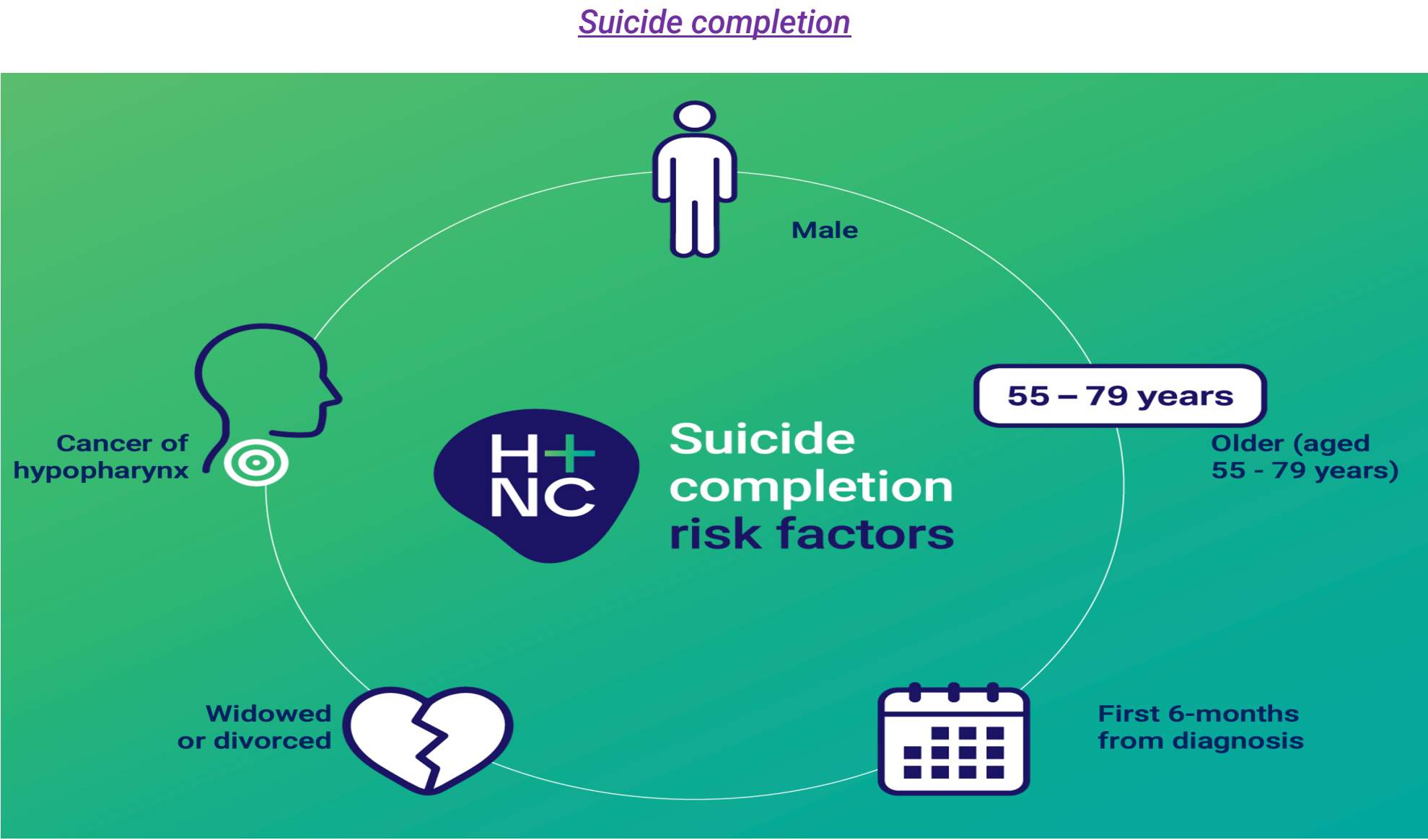
### Data analysis

22 studies are reflective of people with head and neck cancer who died by suicide. A meta-analysis was conducted on the risk factors for suicide completion.

14 studies are reflective of people with head and neck cancer experiencing suicidal ideation. A narrative synthesis was conducted on this data.

## KEY FINDINGS

- ❑ The thirty-six studies were conducted between 2003 – 2024 across thirteen countries, involving 2,108,483 people with head and neck cancer.



- ❑ In some studies, thoughts of self-harm or suicide were first identified by or reported to a healthcare professional by the person with head and neck cancer.
- ❑ In other studies, suicide ideation was identified using a range of validated survey instruments or single item questions.
- ❑ Healthcare professionals appeared instrumental to providing supportive care and follow-up. However, this varied across the studies.

## CLINICAL RECOMMENDATIONS

- ❑ People are likely to present to health and social care services regarding physical challenges rather than psychosocial issues such as thoughts of suicide.
  - Health and social care professionals are ideally placed to identify, assess, support and follow-up with people with head and neck cancer regarding suicidality.
- ❑ There is a lack of agreement on the appropriate method on how best professionals should identify people with head and neck cancer at risk of suicidality.
- ❑ There is a lack of agreement on the appropriate method on how best professionals should identify people with head and neck cancer at risk of suicide ideation.
  - There is a need for stepped-care pathways for management of suicidal ideation in people with head and neck cancer, to include appropriate psychotherapeutic and/or pharmacological treatments.
- ❑ The provision of timely and adequate pain and symptom management can help mediate suicidal ideation in people with head and neck cancer.
- ❑ Given the global incidence of suicide in people with head and neck cancer being three-times of the generation, policy must acknowledge the key issues facing this population.
  - A public health approach to talking about thoughts of suicide could help to promote conversations about suicide ideation for people with head and neck cancer and reduce the risk of suicide completion within this population.

## CONTACT

If you would like to know more about this, or related studies, contact Dr Jeff Hanna: [j.hanna@ulster.ac.uk](mailto:j.hanna@ulster.ac.uk)

## REFERENCES

[1] Osazuwa-Peters N, Barnes JM, Okafor SI, Taylor DB, Hussaini AS, Boakye EA, Simpson MC, Graboyes EM, Lee WT. Incidence and risk of suicide among patients with head and neck cancer in rural, urban, and metropolitan areas. JAMA otolaryngology-head & neck surgery. 2021 Dec 1;147(12):1045-52; [2] Men YV, Lam TC, Yeung CY, Yip PS. Understanding the impact of clinical characteristics and healthcare utilizations on suicide among cancer sufferers: a case-control study in Hong Kong. The Lancet Regional Health-Western Pacific. 2021 Dec 1;17. [3] Millsopp L, Brandom L, Humphris G, Lowe D, Stat C, Rogers S. Facial appearance after operations for oral and oropharyngeal cancer: a comparison of casenotes and patient-completed questionnaire. British Journal of Oral and Maxillofacial Surgery. 2006 Oct 1;44(5):358-63

