This is a peer-reviewed, accepted author manuscript of the following article: Twigg, J. A., Anderson, J. M., Humphris, G., Nixon, I., Rogers, S. N., & Kanatas, A. (2021). More evidences are needed in reducing the suicide risk in head and neck cancer patients. *British Journal of Oral and Maxillofacial Surgery*. https://doi.org/10.1016/j.bjoms.2020.09.042

We thank the authors for their interest in our review paper "Best practice in reducing the suicide risk in head and neck cancer patients: a structured review"[1] and for their constructive and insightful comments. While there are multiple observational studies evaluating suicide risk among HNC patients, there is a conspicuous dearth of evidence relating to suicidal ideation or demonstrating the utility of specific interventions to reduce the frequency or intensity of suicidal thoughts, or indeed reduce risk of suicide attempts or completion in this high-risk population. Our review aimed to summarise and critically evaluate the available evidence regarding the burden of suicide and suicidal ideation in HNC patients and identify knowledge-gaps that need addressing to meet this important clinical need.

We decided not to include potential indicators of attempted suicide such as deliberate self-harm or poisoning as such acts correlate poorly with suicidal intent[2] (REF). We thus felt that it was unreliable to draw inferences about intentionality in the absence of specific data to demonstrate this. However, this issue is one of many facets that makes research into suicide and suicidal ideation especially challenging and is important to discuss to highlight the need both in research and clinical practice to directly question patients about suicidal ideation and intent. To this end, we are about to commence a pilot project of nurse-led implementation of a protocol recently published by our group[3] (REF) to enable screening and management of HNC patients at risk of suicide during in-patient stay. We hope this will provide the first evidence about the frequency and risk of suicidal ideation from a UK center.

Importantly, the use of antidepressants, particularly selective serotonin reuptake inhibitors (SSRIs) in potentially suicidal patients is not straightforward and may actually increase risk of suicidal ideation and suicide attempts in some instances[4] (REF), although the mechanisms are unclear with evidence conflicting and trials often underreporting suicide as an outcome. Another aspect related to use of SSRIs such as escitalopram is the risk of dry mouth, which is a side effect in at least 1% of patients who use this medication. Previous work using the Patient Concerns Inventory (PCI) has found that dry mouth may be a significant burden to patients and could contribute substantially to diminished quality of life[5] (REF).

Clearly, management of suicidal ideation and suicide risk in HNC patients is a complex, nuanced and highly challenging clinical skill. Further discussion and collaboration within the profession, alongside inter-disciplinary approaches drawing on expertise from a wide range of fields is critical to ensuring that clinical management and future research can assist with the care needs of this vulnerable patient group.

References:

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