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Editorial

Suicide Ideation in Bipolar Disorder: An Integral Dimension of the Illness

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For more than 30 years of clinical work with patients living with bipolar disorder, I have often used a phrase that may initially appear provocative: suicidal ideation is an integral dimension of bipolar disorder. This statement is not intended to be deterministic or pessimistic; rather, it reflects a clinical reality that must be recognized if clinicians are to assess, prevent, and manage suicide risk effectively. Bipolar disorder is associated with one of the highest suicide risks of all psychiatric illnesses, with markedly higher rates of suicide attempts and completed suicides than in the general population [1].

The view that suicidal ideation is merely a complication of bipolar disorder may underestimate its close relationship with the core psychopathology of the illness. Phenomenologically, suicidal thoughts often emerge directly from experiences that characterize bipolar mood pathology itself: profound hopelessness; psychic pain; self-devaluation; emotional dysregulation; and a disrupted sense of the future. In depressive episodes, suicidal ideation frequently represents the subjective expression of unbearable suffering and the perceived impossibility of change [2]. In mixed states, where depressive despair coexists with activation, agitation, irritability, and impulsivity, suicidal thinking may become even more dangerous because the desire for death is accompanied by increased capacity for action. Thus, suicidal ideation is not simply an external consequence of bipolar disorder; it often arises from the same affective and cognitive disturbances that define the illness [3].

This perspective has important clinical implications. Suicide risk should not be assessed exclusively during major depressive episodes but throughout the course of illness, including mixed states and periods of apparent euthymia. Longitudinal studies have suggested that vulnerability to suicidal ideation can persist across mood states, reflecting enduring dimensions of affective instability and psychological distress. Mixed presentations deserve particular attention because they are associated with increased suicidality and are frequently under-recognized in routine clinical practice [4]. Patients may simultaneously experience agitation, insomnia, hopelessness, impulsivity, and intense emotional pain, creating a clinical profile associated with elevated suicide risk [5].

Recognizing suicidal ideation as inherent to bipolar disorder requires its systematic integration into clinical assessment and treatment planning. This includes regular and explicit evaluation of suicidal thoughts, education for patients and families, careful identification of precipitating factors, and optimization of mood-stabilizing treatment. Among available pharmacological interventions, lithium occupies a unique position. Although no treatment can be considered a definitive therapy for suicidal ideation, substantial evidence has supported the protective effect of lithium against suicidal behavior and suicide mortality in bipolar disorder [6]. Furthermore, recent literature has emphasized the relevance of lithium in patients with mixed features, a population at particularly high risk for suicidal behavior [7].

Conceptualizing suicidal ideation as part of bipolar disorder may also contribute to reducing stigma. Suicidal thoughts should not be interpreted as a moral failing, weakness of character, or lack of willpower. Rather, they represent a potential manifestation of a severe mood disorder that requires active clinical attention. Such a perspective can facilitate disclosure, strengthen the therapeutic alliance, and promote earlier intervention when suicidal thoughts emerge.

The recognition of suicidal ideation as an integral dimension of bipolar disorder does not normalize it; instead, it acknowledges its central clinical importance. By understanding suicidal ideation as closely linked to the phenomenology and course of bipolar illness, clinicians can be better equipped to anticipate risk, intervene earlier, and ultimately reduce preventable deaths.

Author Contributions

MB was responsible for the entire preparation of this manuscript.

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As this work has a single author, I used ChatGPT-3.5 in order to check spelling and grammar.

References

[1] Dome P, Rihmer Z, Gonda X. Suicide Risk in Bipolar Disorder: A Brief Review. Medicina (Kaunas, Lithuania). 2019; 55: 403. https://doi.org/10.3390/medicina55080403

[2] Pompili M. On mental pain and suicide risk in modern psychiatry. Annals of General Psychiatry. 2024; 23: 6. https://doi.org/10.1186/s12991-024-00490-5

[3] Persons JE, Coryell WH, Solomon DA, Keller MB, Endicott J, Fiedorowicz JG. Mixed state and suicide: Is the effect of mixed state on suicidal behavior more than the sum of its parts? Bipolar Disorders. 2018; 20: 35–41. https://doi.org/10.1111/bdi.12538

[4] Peyre H, Hoertel N, Pignon B, Amad A, Roelandt JL, Benradia I, et al. Mixed Features and Nonfatal Suicide Attempt Among Individuals With Major Depressive Episode: Insights From the French MHGP Survey. The Journal of Clinical Psychiatry. 2024; 85: 24m15445. https://doi.org/10.4088/JCP.24m15445

[5] Gómez-Tabares AS, Arango-Tobón OE, Núñez C, Zapata Lesmes GA. The Effect of Depression and Hopelessness on Suicidal Risk in Young People: The Mediating Role of Impulsivity. Clinical Psychology in Europe. 2025; 7: e11331. https://doi.org/10.32872/cpe.11331

[6] Tondo L, Baldessarini RJ. Prevention of suicidal behavior with lithium treatment in patients with recurrent mood disorders. International Journal of Bipolar Disorders. 2024; 12: 6. https://doi.org/10.1186/s40345-024-00326-x

[7] Sani G, Fiorillo A. The use of lithium in mixed states. CNS Spectrums. 2020; 25: 449–451. https://doi.org/10.1017/S1092852919001184