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Happy New Year. It is my hope that your New Year is filled with lots of love, laughter, and good times. December's newsletter talked at great lengths about depression. A follow up to our December newsletter is to talk about suicide. I said it. Suicide. But you know what? It is important that we talk about suicide. Bringing light, awareness, and help to those who are thinking about taking their life is important. It is equally important to address suicide as a means to help those who are left behind after someone has taken their life. You can say suicide. Call it by name. There is help available for suicidal thoughts and the major depression that often accompanies suicide.

Suicidal thoughts and attempts are both increased in persons with HD compared to the general population. Suicide is of great concern in HD due to cognitive changes in the brain, including disinhibition and impulsivity. Even with suicide being more common in people with HD that does not mean that suicide is not preventable. Suicide in HD is a preventable manifestation of the disease. Suicide should never be rationalized, romanticized, or accepted.

A Caregiver Guide for HD Families states, "There are a number of risk factors to suicide including: depression, drug or alcohol use, impulsiveness, family history of suicide, previous suicide attempt, and a sense of isolation or hopelessness." Understanding Behaviors in HD also states the following are risk factors: "talk about ending it all, active planning to take your life, saying goodbye to people, giving away possessions, increased agitation or changes to sleep."

This cannot be overstated: **SUICIDAL THOUGHTS ARE SERIOUS**. Suicidal thoughts, behaviors and actions require swift intervention. If you believe that you or your loved one is suicidal, please do one of the following call 9-1-1, call the National Suicide Prevention Lifeline at 1-800-273-8255, text the Tennessee Crisis Text Line by sending TN to 741741, call the crisis services line at 1-855-274-7471, or go to your local emergency room. Do not leave the person with suicidal thoughts alone. If a member of the medical community asks if you have thoughts about killing yourself, be honest. Help is waiting for you.

Help for suicidal thoughts can include treating depression and the development of a safety plan. A safety plan should be created just for you. Your safety plan can include removing weapons from the home, taking away car keys, securing medications and alcohol, seeing a mental health professional, taking medications as prescribed and if necessary hospitalization until the immediate crisis is over. Treatment of depression can include medications, counseling, and even hospitalization if necessary to manage symptoms and stabilize or change medications.

Your life is worth living. Your life is worth fighting for. The medical community is here to help you find hope for today and hope for tomorrow. Please let us help you.

Help for Today, Hope for Tomorrow.

Until next month,
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