

INTRODUCTION

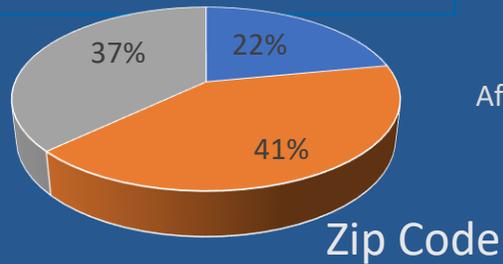
Suicide risk among adolescents is on the rise. The need for early detection of potential suicidal ideations is paramount for overall quality healthcare. Suicide remains the second leading cause of death according to the CDC for individuals 15-24 years of age. Therefore, implementing methods to detect suicidal thoughts is an important component of care for our patients regardless of chief complaint or diagnosis. The objective of this study was to identify correlation between time away from sport and suicidal ideations as well as identify relationships between age, gender, race, sport, zip code and prevalence of suicidal ideations.

METHOD

This was an IRB approved retrospective study of patients over the age of 12 years old visiting sports medicine clinics from Jan 1, 2017 to April 30, 2018 who completed the Ask Suicide-Screening Questions (ASQ) screening.

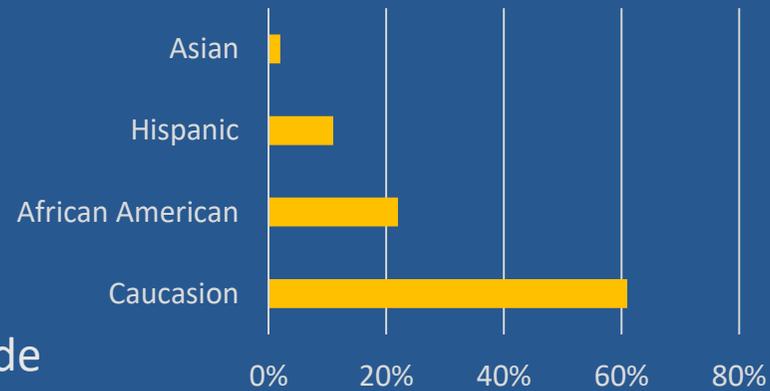
Relationship Between Suicidal Ideations and Length of Time Away From Sport in the Adolescent Athlete

5187 patients screened
 129 patients with at least one positive suicide screen
 204 positive screenings
 2.49% rate of positive screens
 95% confidence interval of 2.10%-2.95%



Rural
 Suburban
 Urban

Race/Ethnicity



ASQ 1st visit



ASQ screening questions:

- Question 1: In the past few weeks, have you wished you were dead?
- Question 2: In the past few weeks, have you felt that you or your family would be better off if you were dead?
- Question 3: In the past week, have you been having thoughts about killing yourself?
- Question 4: Have you ever tried to kill yourself?
- Question 5: (If answered yes to any of above) Are you having thoughts of killing yourself right now?

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DISCUSSION

No correlation between time away from sport and positive suicide screening was identified. We have observed time away from sport significantly impacts the athlete, depression screening may be more indicative of mental distress. Twenty five percent of patients with positive screenings were under 14 years of age. Caucasians, females, and suburban zip codes demonstrated higher occurrences of suicidal ideations and/or history of suicide attempt.

CONCLUSION

As adolescent suicide risk continues to rise, health care professionals must take note and implement strategies for prevention. Screening at a younger age should be considered as well as the implementation of depression screening in those athletes who experience extended time away from sport or discontinuation of sport participation related to injury.