

Managing Chronic Illness to Protect Against Suicide Risk



From Science to Practice

Using Research to Promote Safety and Prevent Suicide

Issue

The burden of chronic diseases, or medical conditions that last one year or more,¹ can increase an individual's risk for suicidal behavior.^{2,3} Chronic diseases are associated with decreased quality of life, low self-efficacy, and psychological distress, and they can have a negative impact on work and personal relationships.^{2,3,4} Patients with multiple chronic diseases may experience adverse mental health outcomes, such as the development of depression.⁵ Clinicians can help lower patients' risk for suicide by assisting them in managing the burden of their chronic conditions.

Key Findings

Cancer

Patients diagnosed with cancer have approximately 1.5 times the general population's risk for suicide death, while patients with a poor prognosis have three times the risk for suicide death that cancer patients overall have.⁶ Patients with a cancer of the head or neck are nearly twice as likely to die by suicide than patients with cancers that are not of the head or neck.⁷ Cancer patients face issues such as loss of autonomy and functional status, and terminal cancer patients may additionally face feelings of hopelessness, which can contribute to poorer mental health outcomes.⁸ Patients may be at higher risk for suicide in the first few months after diagnosis.^{9,10}

Diabetes

A meta-analysis of over 50 studies found an association between diabetes and elevated suicide risk.¹¹ Individuals with Type 1 diabetes are at greater risk than those with Type 2 diabetes are.⁹

Neurological Conditions

Suicide risk may be elevated among patients with certain neurological conditions.¹² Research shows that epilepsy or seizures are associated with suicidal ideation and suicide

death.^{13,14} A systematic review found that adults over 65 years old with seizures have two to three times the general population's risk for suicide.¹⁵

Chronic Obstructive Pulmonary Condition

Chronic obstructive pulmonary disease (COPD) is associated with suicide, even after controlling for mental health disorders.^{12,13,16} A systematic review found that people with COPD are 90% more likely to die by suicide than those without COPD.¹⁴

Renal Conditions

Renal failure is associated with suicidal behavior.^{17,18,19} One study found that a diagnosis of renal failure is associated with a nearly fivefold increase in the odds of a suicide attempt.¹⁵ Treatment for renal failure may contribute to vulnerability for suicidal ideation because of the burden of regular dialysis and because of calciphylaxis-related pain.¹⁶ While the decision to discontinue dialysis is not always motivated by depression or ordinary suicidal ideation, psychiatric consultation may be appropriate for patients withdrawing from life support who have a history of suicide attempts.²⁰

Chronic Pain

There is substantial evidence linking chronic pain to suicide.²¹ While the research linking musculoskeletal conditions to risk for suicide is inconclusive,^{12,22,23} these conditions are the most common sources of chronic pain.²⁴

Multiple Chronic Conditions

Having a greater number of chronic disease diagnoses may put an individual at higher risk for both suicidal ideation and suicide death, according to some studies.^{10,21} Other studies have failed to find that additional chronic disease diagnoses have a cumulative effect on suicide risk.^{11,15,25}

Implications

While numerous studies have investigated the effect of chronic diseases on the likelihood of suicidal behavior, there is no consensus in the research literature about which chronic illnesses are most strongly associated with suicide. The evidence suggests an increased risk for suicide among patients diagnosed with cancer, diabetes, COPD, and renal failure.

Managing Chronic Illness to Protect Against Suicide Risk

Suicide risk for other chronic conditions may depend not only on the burden and sequelae of the disease (e.g., associated disability, financial burden of medical care) but also on comorbid depression or other mental health conditions.^{18,26} In addition, patients with multiple comorbidities may be more vulnerable than those with only one condition.

Ways You Can Help

- Regularly assess risk for suicide in Veterans with chronic health conditions that have been shown to increase risk. Consider how the consequences of the disease may affect the Veteran's mental health and consider the possible presence of depressive and anxiety disorders. Ensure that Veterans with a new serious diagnosis, as well as their families, understand the meaning of the diagnosis, treatment options, and ways they can participate in making decisions about treatment.²⁷
- Engage and coordinate with the other groups and teams providing care to a Veteran with a chronic illness. A whole health approach to care can help engage a Veteran in health for life, balancing risk and protective factors, connecting with social support, and developing resilience skills. The Personal Health Inventory can help with this. Visit <https://www.va.gov/WHOLEHEALTH> for more information.
- Help the Veterans you treat find ways to effectively manage their chronic diseases to reduce the burden of the disease, improve self-efficacy, and avoid hopelessness. Engage in shared decision-making about treatment or medication options that seem less burdensome to the patient to promote adherence and improve the patient's quality of life.
- Consider using brief cognitive behavioral therapy (bCBT) with Veterans in primary care settings who have both chronic illness and depression or suicidal ideation.²⁸
- Discuss outreach to VA or community clergy members, or to the Veteran's broader faith community, for spiritual support and a sense of connection.

There is no single cause of suicide. It is often the result of a complex interaction of risk and protective factors at the individual, interpersonal, community, and societal levels. To prevent Veteran suicide, we must maximize protective factors and minimize risk factors at all of these levels.

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