

Impact of chronic pain on suicidal thoughts



**ASSIGN
BUSTER**

Abstract

This research paper discusses the impact of chronic pain on the suicide attempts. It includes the prevalence and risk of suicidal ideation associated with chronic pain. The paper implicated the selection of work which identifies the psychological processes which are implicated in both the suicide literature and pain in relation to increased rate of suicidality. Although, this paper investigates impact of chronic pain on suicide[H1]; there is an immense need of programmatic research for the investigation of both pain and general specific factors of risk for examining the processes of psychology associated with it, and for the development of enhancing intervention to facilitate the patients in pain.

How Does Chronic Pain Impact Suicide Victims

Introduction

The paper is intended to research the impact of chronic pain on suicide attempt. Throughout the world, suicide is endemic with varying methods and rates. The World Health Organization estimated the recorded suicide deaths in all over the world which represents 1. 8% of all the deaths and is approximately 873000 per annum[1]. Rates of prevalence for suicidal ideation and fatal suicide attempts are very high. In a survey conducted in USA, the population indicated that 13. 5 percent of respondents have had some kind of suicidal ideation experience in past, and 4. 6 percent attempted suicide. These statistics give both the indication of the major issue of management and the index of distress. It signifies the increased consumption of health care, the economic costs related to the lives which

<https://assignbuster.com/impact-of-chronic-pain-on-suicidal-thoughts/>

are lost, and the immense personal suffering. The risk factors of suicide associated with pain and the behavior of suicide are remained difficult to differentiate as which one is most vulnerable. It is due to the fact that individuals completing and attempting suicide are represented by heterogeneous group which encompass to those with some disorders related to psychiatry like schizophrenia or depression, those with personality disorder or substance abuse issues, and those depilating and experiencing physical and chronic illness[2]. For maximizing the potential identification of the impact of chronic pain on suicide and preventing the deaths which could be avoidable, it is required to study not only the commonalities but also the risk factors which contribute to the suicidal ideation development across suicidal individuals.

Chronic pain

One out of every five adults, who attend basic medical care during any stage of a year, has been found suspected of having chronic non-malignant pain and it has been a common health related problem[3]. This problem is associated with lack of physical fitness, lower health conditions and poor quality of life. This problem has also been linked with the risks of increasing depression. After negative results of all medical treatments, the impact of chronic pain affect patients' lives drastically, therefore, the patients of chronic pain convince themselves for committing a suicide attempt as they feel limited or no other choice. The suicide attempt concerning with these patients has been one out of seven solutions to their problem that are conceivable. Unluckily these facts have some truth. Some suggestions have been reviewed in the existing literature and these suggestions have

<https://assignbuster.com/impact-of-chronic-pain-on-suicidal-thoughts/>

proposed that the ideation of suicide is common in people who suffered from chronic pain. The occurrence of suicidal ideation has been found three times higher in chronic pain patients as compared to those who did not suffer from chronic pain[4]. There are a number of studies that avoid collective explanation of the findings due to the varied samples and suicide assessment methods. But some studies have indicated the existence of suicidal ideation at the rate of 7% in individuals having chronic pain, who were observed during a multi-disciplinary rehabilitation program in a hospital[5]. The researchers also observed the out-patients of hospital and recorded between 5 to 24 percent rate among chronic pain patients. The lifetime existence of suicidal ideation has been observed in 20 percent of patients, which shows no major difference between a community sample and treatment seeking individuals' results. Another study revealed more significance and observed a group of members of a chronic pain self-help organization. The study resulted that around 50% individuals of that group had serious consideration of suicidality. Four different studies have recorded the existence of suicidality among chronic pain patients. These existing inadequate and limited data related to suicidality in chronic pain patients reveals that contribution of pain has been 4% of all the deliberate self-harm patients in UK's general hospitals. The data also reveals that 60% of the patients were those who had been suffering from pain for the last six months or more[6]. The lifetime existence of suicidality has been observed from 5% in patients with musculoskeletal disorder, up to 14% in patients with chronic abdominal pain. The rate of suicidality has been recorded as high as double in patients with chronic pain, as compared to those who did not have chronic pain. According to a pain centre in the United States, the prevalence of

suicidality was calculated and recorded with a rate of 23 patients out of every one hundred thousand people every year[7]. This rate does not seem to be as high as has been in psychiatric patients, but it is 2 to 3 times higher the rate found in general public. Two different studies related to suicidality have related the pain with the existence of high risks of suicidality in patients who had pain. The first study that was based on a ten year longitudinal observation of farmers revealed that patients of back pain had nine times higher risk of committing suicide as compared to those who did not have back pain. The results remain unchanged even after controlled usage of smoking, social status and getting older[8]. The second study that was based on an eight year longitudinal observation, revealed that patients with wide spread body pain or complex regional pain syndrome (CRPS) had twice the risk of suicidality, violence and accident.

Impact of Chronic Pain in Suicide Attempts

Family History of Suicide

A number of studies related to suicidality have recognized a strong relationship between the existence of suicidality and family history in patients[9]. Another study revealed that there was 7 to 8 times high risk of occurrence of suicidal ideation in patients with chronic pain who had a family history of existence of suicidality as compared to those chronic pain patients who did not have a family history of suicidality and this remained unchanged even after significant adjustments in other covariates such as depression. Despite this relationship, the suicidality has not been significantly evaluated in other studies, in connection with the affects of

family history[10]. The available data about suicidality has been unsuccessful towards the assessment of family history of suicidality which is another risk element for completed and attempted suicidality in patients with chronic pain.

Previous Suicide Attempt

A number of studies have confirmed that previous attempts of suicidality have played a major role in the development of consequent risk of suicidal attempts in chronic pain patients, in addition to depression's effects or other covariates. The results observed converse results in depressed patients who did not have chronic pain. The studies established the outcome by stating that depressed patients who had chronic pain were twice as likely to have attempted suicide at least once in the past[11]. Different available studies related to suicidality have confirmed that previous suicidality attempts might be the cause of motivation towards further suicidality attempts and completed suicidality. However the available data has not been successful in assessing the patients with chronic patients.

Being Female

According to two different studies, female chronic pain patients have been more risks of suicidal ideation than male chronic pain patients[12]. These findings have been surprising because of the fact that ratio of suicidal attempts have been more found in men than women in the western world. However two different studies with comparatively smaller data samples have presented no significant statistical difference in data during the observation of suicidality in both genders[13]. Another possibility of higher occurrence of <https://assignbuster.com/impact-of-chronic-pain-on-suicidal-thoughts/>

suicidality in females might be because of the fact that these data samples of population had overrepresentation of female with pain or rheumatoid arthritis disorder.

Presence of Co-Morbid Depression

According to four different studies, depression has played a major role in developing the risk of suicidal ideation in patients who had chronic pain[14]. In fact, the high co-morbidity between depression and pain; and between depression and suicide has not been a surprising finding because the depression has not always been helpful in predicting the suicidality in chronic pain patients[15]. Studies have also revealed that some of the patients with chronic pain, who also had depression, did not have suicidal ideation.

Pain Specific Risk Factors

Location and type of pain

Location and type of pain might increase the risk of suicidality in patients. Several studies have confirmed that location of pain such as presence of back pain or widespread body pain have been among several causes of higher risk of suicidality as compared to those who did not have pain. Different types of pain with diverse characteristics and level of severity have been recognized as convincing in predicting the suicidal ideation. Patients who had migraine with aura have been found to be twice at risk of having suicidal ideation as compared to those who had migraine without aura, regardless of the existence of co-morbid depression[16]. Patients with

abdominal pain have more risk of having suicidal ideation while patients with neuropathic pain were less vulnerable in terms of suicidal ideation. A study based on a mixed group of chronic pain patients revealed higher suicidal risk when compared with controls. But the data presented no difference between fibromyalgia patients and controls when each one of the group was separately examined[17]. The available data confirm the vitality of the studies in relation to the effects of different subtypes of pain on suicidality of patients.

High Pain Intensity

There has been a reasonable assumption that the high intensity of pain has a relationship with the degree of suicidality. Two different studies have observed the pain intensity in relation with suicidality. The first one revealed a significant relationship in both of them, while the other study found no relationship between pain severity and suicidal ideation[18]. Therefore, this shows the need of more clearer and helpful research so that the relationship between pain intensity and suicidality could better be understood.

Long Pain Duration

Long pain duration in a patient is likely to increase the risk of suicidal ideation. Patients with longer than three months duration of pain were examined against another group of patients with less than three months duration of pain on a range of psychological variables such as patients' likelihood of suicidal ideation[19]. The study revealed that the risk of suicidality was higher in patients who had prolonged rheumatoid arthritis

whereas those with less than three months of rheumatoid arthritis were comparatively at lesser risk of suicidality.

Presence of Co-Morbid Insomnia

Insomnia has been one the significant factors towards existence and absence of suicidality in patient with chronic pain[20]. The study also confirmed that patients with severe insomnia along with associated daytime dysfunction and greater pain intensity were more vulnerable to suicidal ideation. The severity of sleep-out insomnia has been found with 67% of the variance. The studies have been consistent in confirming the earlier researches that presented higher existence of insomnia and sleep disorders towards suicidality and give extra weight to the significance of the study of interaction present between the non pain specific and pain specific factors of risk while suicidality is investigated among patients of chronic pain[21].

Conclusion

Patients who have suicidal ideation generally utilize primary health care services at a higher rate than those who have psychosocial health problems without suicidal ideation. Some health problems specific to patients with suicidal ideation are sleep disorder, bad smoking habits and more psychiatric symptoms than those who have not suicidal ideation but have psychosocial stressors. All of these associated problems and habits tend to contribute towards more discomfort in patients and more repeated visits.

This research paper has given an overview of the features and the prevalence of the inter relationships existed between mental ill health and

physical ill health along with suicide. It is clear that the chronic pain has a significant impact of suicide attempts therefore greater attention of policy is required and the provision of service is needed for the improvement of condition. Chronic pain has been identified as a major risk factor for patients towards suicidality, causing 13% of patients to have suicidal ideation. Around 19% of patients were those who reported non-suicidal morbid ideation. There is an urgent necessity of programmatic research to investigate both the pain and general specific factors of risk for examining the processes of psychology associated with it, and for the development of enhancing intervention to facilitate the patients in pain.

Result

In relation to controls, the risk of reaching to death by suicide is found to be doubled at least in the cases of chronic pain. There was life time prevalence of suicidal attempts between 5 percent and 14 percent of individuals which have experienced chronic pain, and suicidal ideation prevalence is about 20 percent. There are eight factors of risk for suicidality in the chronic pain, inclusive of duration, intensity and type of pain and the sleep on set insomnia associated with pain, hence it is pain specific.

References

Courtenay E. Cavanaugh, Jill Theresa Messing, Melissa Del-Colle, Chris O'Sullivan and Jacquelyn C. Campbell. *Prevalence and Correlates of Suicidal Behavior among Adult Female Victims of Intimate Partner Violence*. *Suicide and Life-Threatening Behavior*, 2011. 372-383.

Igor Elman , David Borsook, and Nora D. Volkow. *Pain and Suicidality: Insights from Reward and Addiction Neuroscience* . Progress in Neurobiology, 2013. 1-27.

Afton L. Hassett, Jordan K. Aquino, Mark A. Ilgen. *The Risk of Suicide Mortality in Chronic Pain Patients* . Current Pain and Headache Reports, 2014. 1-7.

Johannes Krause. Tim, Bogerts. Bernhard, and Genz. Axel. *Risk Factors for Suicide-An Alternative View* . CNS & Neurological Disorders-Drug Targets (Formerly Current Drug Targets-CNS & Neurological Disorders), 2013. 936-940.

Kowal. John, Wilson Keith G., Henderson. Peter R., McWilliams Lachlan A. *Change in Suicidal Ideation After Interdisciplinary Treatment of Chronic Pain* . Clinical Journal of Pain, 2014. 463-471.

Amy R. Murrell, Rawya Al-Jabari, Danielle Moyer, Eliina Novamo, & Melissa L. Connall. *An Acceptance and Commitment Therapy Approach to Adolescent Suicide* . INTERNATIONAL JOURNAL OF BEHAVIORAL CONSULTATION AND THERAPY, 2014.

Emilie Olié, Hilario Blasco-Fontecilla, Philippe Courtet

Top of Form
Bottom of Form

. *Pain in Suicidal Ideations and Behaviors. In Mental Health and Pain* . Springer Paris, 2014. 183-190.

Michael R Philips, and Hui G Cheng. *The Changing Global Face of Suicide* .
Lancet, 2012. 2318-2319.

[1]Emilie Olié, Hilario Blasco-Fontecilla, Philippe Courtet . *Pain in Suicidal Ideations and Behaviors* .

[2]Afton L. Hassett, Jordan K. Aquino, Mark A. Ilgen. *The Risk of Suicide Mortality in Chronic Pain Patients* .

[3]Kowal. John, Wilson Keith G., Henderson. Peter R., McWilliams Lachlan A. *Change in Suicidal Ideation After Interdisciplinary Treatment of Chronic Pain* .

[4]Igor Elman , David Borsook, and Nora D. Volkow. *Pain and Suicidality: Insights from Reward and Addiction Neuroscience* .

[5]Michael R Philips, and Hui G Cheng. *The Changing Global Face of Suicide* .

[6]Amy R. Murrell, Rawya Al-Jabari, Danielle Moyer, Eliina Novamo, & Melissa L. Connall. *An Acceptance and Commitment Therapy Approach to Adolescent Suicide* .

[7]Courtenay E. Cavanaugh, Jill Theresa Messing, Melissa Del-Colle, Chris O'Sullivan and Jacquelyn C. Campbell. *Prevalence and Correlates of Suicidal Behavior among Adult Female Victims of Intimate Partner Violence* .

[8]Johannes Krause. Tim, Bogerts. Bernhard, andGenz. Axel. *Risk Factors for Suicide-An Alternative View* .

[9]Afton L. Hassett, Jordan K. Aquino, Mark A. Ilgen. *The Risk of Suicide Mortality in Chronic Pain Patients* .

[10]Igor Elman , David Borsook, and Nora D. Volkow. *Pain and Suicidality: Insights from Reward and Addiction Neuroscience* .

[11]Courtenay E. Cavanaugh, Jill Theresa Messing, Melissa Del-Colle, Chris O’Sullivan and Jacquelyn C. Campbell. *Prevalence and Correlates of Suicidal Behavior among Adult Female Victims of Intimate Partner Violence* .

[12]Michael R Philips, and Hui G Cheng. *The Changing Global Face of Suicide* .

[13]Emilie Olié, Hilario Blasco-Fontecilla, Philippe CourtetTop of Form

Bottom of Form

. *Pain in Suicidal Ideations and Behaviors. In Mental Health and Pain* .

[14]Michael R Philips, and Hui G Cheng. *The Changing Global Face of Suicide* .

[15]Amy R. Murrell, Rawya Al-Jabari, Danielle Moyer, Eliina Novamo, & Melissa L. Connall. *An Acceptance and Commitment Therapy Approach to Adolescent Suicide* .

[16]Johannes Krause. Tim, Bogerts. Bernhard, andGenz. Axel. *Risk Factors for Suicide–An Alternative View* .

[17]Afton L. Hassett, Jordan K. Aquino, Mark A. Ilgen. *The Risk of Suicide Mortality in Chronic Pain Patients* .

<https://assignbuster.com/impact-of-chronic-pain-on-suicidal-thoughts/>

[18]Michael R Philips, and Hui G Cheng. *The Changing Global Face of Suicide*

.

[19]Johannes Krause. Tim, Bogerts. Bernhard, andGenz. Axel. *Risk Factors for Suicide-An Alternative View* .

[20]Kowal. John, Wilson Keith G., Henderson. Peter R., McWilliams Lachlan A. *Change in Suicidal Ideation After Interdisciplinary Treatment of Chronic Pain* .

[21]Emilie Olié, Hilario Blasco-Fontecilla, Philippe Courtet. *Pain in Suicidal Ideations and Behaviors*.

[H1]How the heck does pain struck suicide?