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Perceived burdensomeness and suicide ideation in adult outpatients receiving exposure therapy for anxiety disorders

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ABSTRACT

Perceived burdensomeness is considered a proximal risk factor for suicide ideation. However, there is a lack of prospective studies. Furthermore, it is unclear in as much psychotherapy for anxiety disorders is associated with a decrease in suicide ideation. A total of 105 adult outpatients suffering from panic disorder, agoraphobia, or specific phobia received manualized exposure-therapy. Perceived burdensomeness was considered as predictor of suicide ideation concurrently, after the fourth and the tenth therapy session and posttreatment – controlling for baseline symptom distress, suicide ideation, number of therapy sessions and age. Furthermore, pre-to post-changes in suicide ideation and perceived burdensomeness were assessed. Perceived burdensomeness emerged as a significant predictor of suicidal ideation concurrently and after the fourth and the tenth therapy session, but not at the end of therapy. Treatment had no effect on suicide ideation and only a marginal effect on perceptions of burdensomeness. In conclusion, the current study highlights the importance of perceptions of burdensomeness in understanding suicide ideation.

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1. Introduction

Suicide ideation is highly prevalent in clinical samples (18–32%; Bernal et al., 2007) and has been identified as a predictor for death by suicide (Brown, Steer, Henriques, & Beck, 2005). Suicide ideation is especially common in affective disorders and schizophrenia (Joiner, Van Orden, Witte, & Rudd, 2009), but also in anxiety disorders (Kanwar et al., 2013). In a European community study 23.7% of patients suffering from panic disorder with/without agoraphobia and 18.3% of patients suffering from specific phobia reported lifetime suicide ideation (Bernal et al., 2007). In studies on treatment-seeking patients suffering from panic disorder, 31% reported having had suicidal thoughts in the past year (Cox, Direnfeld, Swinson, & Norton, 1994) and 25% in the past week (Fleet et al., 1996). In line, converging empirical evidence suggests that anxiety and its disorders functions as statistically significant risk factors for suicidal thoughts and behaviors (Bentley et al., 2016). The growing body of research linking anxiety disorders with suicide ideation and the fact that anxiety disorders can be very successfully treated (Mitte, 2005; Ruhmland & Margraf, 2001; Sanchez-Meca, Rosa-Alcazar, Marin-Martinez & Gomez-Conesa, 2010), suggest that anxiety, - in the form of panic and phobic fear - may constitute a modifiable risk factor for suicide ideation. Yet, by now, it is unclear to what extent psychotherapy for anxiety disorders is associated with a decrease in suicide ideation. Although it seems plausible to assume that psychological treatments do not only reduce negative affect but also suicidal ideation, this assumption has lately been called into question by a meta-analysis conducted by Cuijpers et al. (2013) who found only very small and non-significant effects of psychotherapy for depression on suicidality. Therefore, one purpose of the present study was to examine change in suicide ideation in patients undergoing exposure therapy for panic disorder, agoraphobia and specific phobias.

Furthermore, factors associated with suicide ideation in anxiety disorders are relatively understudied. According to the *Interpersonal Theory of Suicide* (Joiner, 2005), the view that one's existence burdens family and friends must be present in order for someone to

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desire suicide. Perceived burdensomeness is understood as a generic, proximal and causal risk factor for suicide ideation. In fact, there is already ample evidence that perceived burdensomeness is associated with suicide ideation (for reviews see Hill & Pettit, 2014; Ma, Batterham, Calear, & Han, 2016). This association has been observed in different samples (e.g., students, soldiers, outpatients), using different assessment strategies and under statistical control of various concurrent risk factors (e.g., age, depression). Yet, a key limitation of most existing studies on perceived burdensomeness is their cross-sectional design. This limitation precludes establishing a temporal relationship between perceived burdensomeness and suicide ideation. To our knowledge, there are only two prospective studies showing that perceived burdensomeness precedes elevations of suicidal ideation in undergraduates (Kleiman, Liu, & Riskind, 2014; Van Orden, Cukrowicz, Witte & Joiner, 2012). Yet, in both studies non-clinical samples were investigated, studied time interval was rather short (<2 month), and the contribution of symptom severity was not controlled for.

Accordingly, another purpose of the present prospective study was to evaluate the association between perceived burdensomeness and suicide ideation in a sample of outpatients suffering from panic disorder, agoraphobia or specific phobia at early, mid- and late treatment, while controlling for age, symptom severity, number of sessions attended, and baseline suicide ideation.

2. Method

2.1. Procedure

The current study is a secondary analysis of an ongoing study on genetic factors in exposure treatments for anxiety disorders. Treatments included in the current analysis were conducted between December 2011 and October 2015. All participants were recruited at an outpatient clinic in the Ruhr region in Germany. They were offered participation if they met the following criteria: (a) DSM-IV (APA, 1994) criteria for Panic Disorder with Agoraphobia, Agoraphobia without a history of Panic Disorder, Specific Phobia; (b) the anxiety disorder was considered to be the most severe disorder if co-morbid disorders were present; (c) 18–65 years of age; (d) not meeting DSM-IV criteria for psychosis, mania, current substance abuse/dependency; (e) no concurrent psychological or psychopharmacological treatment; (f) no suicide ideation/behavior in need of immediate treatment. Diagnoses were made by trained clinical psychologists using the Diagnostisches Interview bei psychischen Störungen (DIPS), a structured clinical interview with well-established reliability, validity, and patient acceptance (Schneider & Margraf, 2011). Prior to treatment, participants gave written and informed consent. The study was approved by the Ethics Committee of the Faculty of Psychology at the Ruhr-Universität Bochum.

2.2. Participants

One hundred and five participants (69.5%) completed the treatment, i.e., received a maximum of 30 sessions without violations of the inclusion criteria. Forty-six participants (30.5%) dropped-out of the treatment: Twenty-one participants (45.7%) gave no reason for dropping out, eleven participants (23.9%) suffered from an exacerbation of a comorbid disorder in need of immediate treatment, five participants (10.9%) started a pharmacological treatment, three participants (6.5%) began to suffer from a serious somatic disease, three participants (6.5%) started inpatient treatment, two participants (4.3%) found exposure therapy too exhausting and one participant (2.2%) stopped treatment because of pregnancy. Treatment completers and non-completers did not significantly differ in age, gender, or pretreatment suicide ideation. However, non-completers had higher pretreatment symptom severity scores, $t(148) = -2.13$, $p < 0.05$, and pretreatment perceived burdensomeness scores, $t(148) = -2.33$, $p < 0.05$.

For completers, age at baseline ranged from 19 to 65 years ($M = 37.4$ years, $SD = 12.7$), and 66.7% ($n = 70$) of the sample were female. About 51% percent ($n = 54$) were not married, 40% were married ($n = 42$) and 9% were separated/divorced ($n = 9$). About seventy-five percent were working either as employees or freelancers ($n = 79$), 16% were students ($n = 17$), 7% were unemployed ($n = 7$) and 2% were retired ($n = 2$). Fifty-nine (56.2%) patients suffered from panic disorder with agoraphobia, four (3.8%) from agoraphobia without history of panic disorder and 42 (40%) from specific phobia, predominantly of the animal (11.4%) and environmental (13.3%) subtype. All participants were Caucasian.

2.3. Treatment

Participants received exposure-based treatment delivered according to a treatment manual (Teismann, Margraf, & Schneider, 2011) and in individual sessions with a maximum of 30 sessions. For completers, the mean number of sessions attended was $M = 17.1$ ($SD = 5.9$; Range: 4–30). Treatment included psychoeducation on the nature of anxiety as well as interoceptive and situational exposure exercises. In case of acute suicide ideation, behavior therapists were advised to adhere to an accompanying manual on managing suicidality (Teismann & Dorrmann, 2014). This manual describes principles and procedures for the assessment of suicidal ideation or behavior and for crisis intervention with suicidal adults. All treatments were regularly supervised by experienced senior clinicians using audio-visual recordings in order to ensure treatment protocol integrity.

2.4. Therapists

Therapies were provided by 18 therapists (15 women, 83.3%). All therapists were psychologists with a CBT orientation and had $M = 3.57$ years ($SD = 1.47$; Range: 1–5 years) of experience in conducting CBT. All therapists were Caucasian and trained in conducting exposure-based CBT for panic disorder, agoraphobia and specific phobia prior to participating in the active phase of treatment.

2.5. Measures

2.5.1. Depressive Symptom Inventory–Suicidality Subscale (DSI-SS)

The DSI-SS (Joiner, Pfaff, & Acres, 2002; German version: Von Glischinski, Teismann, Prinz, Genauer & Hirschfeld, 2016) is a four-item scale designed to measure the intensity of suicidal ideation symptoms over the past two weeks. Scores on each item range from 0 (e.g., "I do not have thoughts of killing myself") to 3 (e.g., "I always have thoughts of killing myself"). The German version of the scale has been shown to possess good psychometric properties (Von Glischinski et al, 2016). The internal consistency for the DSISS in the current sample was $\alpha = 0.81$.

2.5.2. Perceived Burdensomeness Subscale of Interpersonal Needs Questionnaire (INQ-PB)

The INQ (Van Orden, Witte, Cukrowicz, & Joiner, 2012; German version: Glaesmer, Spangenberg, Scherer, & Forkmann, 2014) assesses the amount of perceived burdensomeness with six items (e.g., "These days I feel like a burden on the people in my life"). All items are to be answered on a 7-point Likert scale ranging from "1" (not at all true for me) to "7" (very true for me). The German version

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