



Correlates of suicide attempts among self-injurers: A meta-analysis



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HIGHLIGHTS

- We meta-analytically examined correlates of suicide attempts among self-injurers.
- Suicidal ideation most strongly predicted suicide attempt history.
- Self-injury history (frequency, methods) and hopelessness were moderate predictors.
- Modest predictors included borderline personality and impulsivity.
- Many other variables had small or negligible associations with attempt history.

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ABSTRACT

Suicide attempts (SAs) are common among those who engage in non-suicidal self-injury (NSSI). It is therefore important to determine which suicide risk factors are most predictive of SA among those who self-injure. Toward this aim, we conducted a systematic review of studies examining predictors of SA history among self-injurers. A total of 52 empirical articles provided data comparing self-injurers with and without SA. From these studies we focused our meta-analysis on the 20 variables that were evaluated with respect to SA history in five or more different samples. The strongest correlate of SA history was suicidal ideation. After suicidal ideation, the strongest predictors of SA history were NSSI frequency, number of NSSI methods, and hopelessness. Additional, moderate predictors of SA history included Borderline Personality Disorder, impulsivity, Post-Traumatic Stress Disorder, the NSSI method of cutting, and depression. Demographic characteristics, such as gender, ethnicity, and age, were weakly associated with SA history. Notably, some oft-cited risk factors for SA displayed small or negligible associations with SA among self-injurers, including histories of sexual and physical abuse, anxiety, substance use, and eating disorders. Findings have implications for conceptual models of the NSSI–SA relationship and the evaluation of suicide risk among self-injuring populations.

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Contents

1. Introduction	283
1.1. Characteristics of NSSI and SA	283
1.2. Empirical research on the relationship between NSSI and SA	283
1.3. Theoretical research on the relationship between NSSI and SA	284
1.4. Purpose of present review	284
2. Methods	284
2.1. Inclusion and exclusion criteria	284
2.2. Search strategy	284
2.3. Studies and variables examined	285
2.4. Data analysis	285
3. Results	285
3.1. Strong and moderate correlates of SA history	285
3.1.1. Suicidal ideation	285
3.1.2. Number of NSSI methods	286

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3.1.3.	NSSI frequency	286
3.1.4.	Borderline Personality Disorder	286
3.1.5.	Hopelessness	287
3.1.6.	Impulsivity	287
3.1.7.	Post-Traumatic Stress Disorder	287
3.1.8.	History of cutting	287
3.1.9.	Depression	287
3.2.	Factors weakly or not associated with SA history	288
3.2.1.	Sexual and physical abuse	288
3.2.2.	Gender	288
3.2.3.	Substance abuse	288
3.2.4.	Anxiety	288
3.2.5.	Race and ethnicity	289
3.2.6.	Disordered eating	289
3.2.7.	Age	289
3.3.	Assessment of publication bias	289
4.	Discussion	289
4.1.	Limitations and future directions	290
	Acknowledgements	291
	Appendix A. Characteristics of included studies and effect sizes	291
	Appendix B. References included in meta-analysis	294
	References	295

1. Introduction

Non-suicidal self-injury (NSSI) is the intentional, self-inflicted destruction of bodily tissue without suicidal intent and for purposes not socially sanctioned, such as self-cutting or self-burning (ISSS, 2007). Suicide attempts (SAs) refer to intentional and direct self-injury with at least some intent to die (Nock & Favazza, 2009). While these behaviors vary in lifetime frequency, prevalence, medical severity, and behavioral functions, they frequently co-occur (Hamza, Stewart, & Willoughby, 2012). The purpose of the present review is to provide a systematic and comprehensive meta-analytic examination of the correlates of suicide attempts among the high-risk population of self-injurers.

1.1. Characteristics of NSSI and SA

Research suggests that approximately 6% of adults (Klonsky, 2011) and 16–18% of adolescents have engaged in NSSI (Muehlenkamp, Claes, Havertape, & Plener, 2012). NSSI is particularly prevalent among psychiatric inpatients, with rates in some samples over 60% (Perez, Venta, Garnaat, & Sharp, 2012).

Self-injurers often experience high levels of emotion dysregulation (Gratz & Tull, 2010), negative affect (Selby, Bender, Gordon, Nock, & Joiner, 2012), and self-criticism (Glassman, Weierich, Hooley, Deliberto, & Nock, 2007), leading to the use of NSSI to regulate negative emotions or to direct anger at oneself (Klonsky, 2007; Nock & Prinstein, 2005). Engaging in NSSI has also been found to relate to depressive symptoms (Andover & Gibb, 2010), personality disorders (Gerson & Stanley, 2002), substance use (Evren, Sar, Evren, & Dalbudak, 2008), disordered eating (Claes, Klonsky, Muehlenkamp, Kuppens, & Vandereycken, 2010), and adverse childhood experiences such as loss, abuse, or neglect, although these associations tend to be moderate rather than large in magnitude (Klonsky & Moyer, 2008; Maniglio, 2011).

Estimates suggest that approximately 5% of adults will attempt suicide at some point during their lives (Nock & Kessler, 2006). Among psychiatric populations, the rate of SA is substantially higher, often over 30% (Claes et al., 2010; Klonsky, May, & Glenn, 2013). Demographic risk factors for SA include gender (female for attempted suicide, male for completed suicide; Nock et al., 2008), ethnicity (greater risk for Caucasians in the US; Hawton & van Heeringen, 2009), and age (greater risk for adolescents and young adults; Nock et al., 2008). Psychological characteristics that have demonstrated relationships with suicidality include hopelessness (Brezo, Paris, & Turecki, 2006), psychache (Flamenbaum & Holden, 2007), social isolation or low belongingness

(Durkheim, 1897; Van Orden et al., 2010), and impulsivity (Horesh, Gothelf, Ofek, Weizman, & Apter, 1999; but see Klonsky & May, 2010). Psychiatric disorders are common among individuals who attempt suicide; depression (Möller, 2003), some anxiety disorders (Page, Taylor, Hall, & Carter, 2009), and substance abuse (Vijayakumar, Kumar, & Vijayakumar, 2011) have all been associated with SA. Finally, early environmental factors have also been associated with suicide risk, including childhood abuse or neglect (Felitti & Anda, 2010; but see Maniglio, 2011).

The presence of suicidal intent is what distinguishes SA from NSSI; however, there are also other differences (Favazza & Rosenthal, 1993; Walsh & Rosen, 1988). For example, common methods of SA include self-poisoning, hanging, and firearms (Navaneelan, 2012), whereas common methods of NSSI include cutting and scratching (Whitlock, Eckenrode, & Silverman, 2006). NSSI is more common than SA, and is more likely to occur frequently across an individual's lifetime than SA (Muehlenkamp, 2005). NSSI is also typically of low lethality, and does not often require medical attention (Whitlock et al., 2011), whereas SA can often be of higher lethality and necessitate medical care.

1.2. Empirical research on the relationship between NSSI and SA

While NSSI and SA differ in a variety of important ways, they frequently co-occur (for a review see Hamza et al., 2012). Among community samples, individuals with a history of NSSI are significantly more likely to have engaged in at least one SA in their lifetime than non-injurers; this is true for adults (Andover, Primack, Gibb, & Pepper, 2010; Martin, Swannell, Hazell, Harrison, & Taylor, 2010) as well as adolescents (Brausch & Gutierrez, 2010; Laye-Gindhu & Schonert-Reichl, 2005). Even clinical samples with elevated baseline rates of SA show rates that are even higher among self-injurers (Andover & Gibb, 2010; Claes, Muehlenkamp, et al., 2010; Jacobson, Muehlenkamp, Miller, & Turner, 2008). Recent work assessing this relationship in multiple samples demonstrated that NSSI not only predicts SA history, but it is also a stronger predictor of SA than other well-known correlates of attempted suicide (e.g., depression, impulsivity, and Borderline Personality Disorder; Klonsky et al., 2013).

There is also strong longitudinal evidence for the NSSI–SA relationship. In a study of adolescents in treatment for depression, baseline history of NSSI was a better predictor of SA during treatment than baseline history of attempted suicide, level of hopelessness, or level of depression (Wilkinson, Kelvin, Roberts, Dubicka, & Goodyer, 2011). Similar findings have been demonstrated among community samples of

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