



Associations between anxiety disorders, suicide ideation, and age in nationally representative samples of Canadian and American adults



Sarah Raposo^{a,*}, Renée El-Gabalawy^b, Julie Erickson^b, Corey S. Mackenzie^b, Jitender Sareen^c

^a Department of Psychiatry, University of Manitoba, Winnipeg, Manitoba, Canada; Department of Psychology, Stanford University, Stanford, United States

^b Department of Psychology, University of Manitoba, P404 Duff Roblin Building, 190 Dysart Road, Winnipeg, Manitoba R3T 2N2, Canada

^c Departments of Psychiatry, Psychology, and Community Health Sciences, University of Manitoba, PsycHealth Centre, PZ433-771 Bannatyne Avenue, Winnipeg, Manitoba R3E 3N4, Canada

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ABSTRACT

Suicidal behaviors are of significant concern for the individuals displaying such behavior and for service providers who encounter them. Using nationally representative samples of Canadian and American adults, we aimed to examine: whether age moderates the relationship between having any anxiety disorder and suicide ideation (SI), the prevalence of SI among younger and older adults, and whether age and individual anxiety disorders were differentially associated with SI. Age moderated the relationship between any anxiety disorder and SI among Americans only. Past-year SI was less prevalent among older, compared to younger, adults; though, nearly every anxiety disorder was associated with increased odds of SI among younger and older Canadian and American adults after controlling for covariates. Effect sizes were particularly large for older American adults, but were coupled with large confidence intervals. Findings contribute to a growing literature suggesting that SI in the context of anxiety is a highly prevalent and complex mental health problem across the adult lifespan.

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1. Introduction

Recurrent thoughts of suicide are a significant health concern for the individuals experiencing suicidal behavior and for service providers who encounter them, given that suicidal ideation (SI) is predictive of both suicide plans and attempts (Nock, Borges, Bromet, Alonso, et al., 2008). An extensive body of research points to mood disorders, substance use disorders, and to a lesser extent, anxiety disorders as significant risk factors for SI in the general population (Sareen, Houlihan, Cox, & Asmundson, 2005; Sareen, Cox,

et al., 2005). However, less is known about how SI is associated with individual past-year anxiety disorders, age, and region of residence (i.e., whether individuals live in Canada or the United States).

1.1. Relationship between anxiety disorders and SI

Epidemiological studies in Canada and the United States continue to suggest that anxiety disorders cannot be overlooked as a correlate of suicidal behavior, though the mechanisms remain understudied. Across these epidemiological studies, nearly every lifetime anxiety disorder has been identified as a correlate of SI, sometimes independent of comorbid mood disorders and substance dependence, in younger and middle-aged adults (Cogle, Keough, Riccardi, & Sachs-Ericsson, 2009; Nepon, Belik, Bolton, & Sareen, 2010; Sareen, Houlihan, et al., 2005). Additionally, in a community sample of Canadian adults, individuals who had lifetime specific phobia or panic disorder had significantly increased odds of attempted suicide (Dyck, Bland, Newman, & Orn, 1988). Thus, there is a dearth of research on the degree to which individual past-year anxiety disorders are uniquely associated with SI in nationally representative lifespan samples.

Abbreviations: SI, suicide ideation; PTSD, posttraumatic stress disorder; MDD, major depressive disorder; CCHS, Canadian Community Health Survey; CPES, Collaborative Psychiatric Epidemiology Surveys; NCS-R, National Comorbidity Survey–Replication; NSAL, National Survey of American Life; NLAAS, National Latino and Asian American Study; WMH-CIDI, World Mental Health Composite International Diagnostic Interview.

* Corresponding author at: Present address: Department of Psychology, Stanford University, Jordan Hall Building 420, 450 Serra Mall, Stanford, CA 94305, United States.

E-mail address: sraposo@stanford.edu (S. Raposo).

1.2. SI and anxiety disorders in later life

Rates of SI tend to decrease among older adults (Nock, Borges, Bromet, Alonso, et al., 2008), with estimated prevalence rates ranging from 2.2% to 16.5% (Awata et al., 2005; Corna, Cairney, & Streiner, 2010; Jorm et al., 1995; Yen et al., 2005), depending on the time point of survey measurement. Suicide attempts also decrease with age, but the rate of completed suicide is highest in late life (Conwell, 2001), where the ratio of attempted to completed suicide is 4:1, compared to a range of 8:1–33:1 in the general population (Conwell & Thompson, 2008; Conwell, Van Orden, & Caine, 2011). This startling discrepancy highlights the importance of understanding the correlates of SI among older adults for early detection and prevention of completed suicide.

Despite the burgeoning body of research examining anxiety and SI in the general adult population, anxiety disorders have received significantly less attention as a correlate of geriatric SI compared to major depressive disorder (MDD). SI has been linked to social phobia, panic disorder, and depression among a nationally representative sample of Canadian older adults (Corna et al., 2010). However, research has yet to examine the relationship between past-year SI and additional past-year anxiety disorders (e.g., post-traumatic stress disorder [PTSD], generalized anxiety disorder, and specific phobia) and whether this relationship is affected by age. Thus, there is a paucity of population-based research that has considered age as a potential moderator in the relationship between a broad range of anxiety disorders and SI while also controlling for co-occurring mental disorders.

1.3. Relationship between SI and anxiety disorders in the US and Canada

To our knowledge, no studies to date have examined the relationship between anxiety disorders and SI among younger and older adults across developed nations. The World Health Organization (WHO) World Mental Health Surveys have documented slightly lower rates of SI in developed versus developing countries (Borges et al., 2010). However, the WHO study collapsed across developed countries, and did not include Canada. Thus, it is unclear whether the relationship between anxiety disorders and SI differs between the United States and Canada, which are geographically proximal and culturally similar, albeit with very different health-care systems.

1.4. Present study

The present study employed nationally representative samples of Canadian and American adults to address gaps in the current understanding of correlates of SI. Our primary objective was to determine whether age moderates the relationship between having any anxiety disorder and SI and, if so, to stratify our samples into younger versus older adults. Our second objective was to examine the prevalence of SI among younger and older adults. Our third objective was to examine whether age and individual anxiety disorders are differentially associated with SI, and whether these relationships differ by country of residence, while statistically controlling for sociodemographic characteristics, and comorbid major depressive disorder and substance dependence.

2. Method

2.1. Participants

We used data from the public use Canadian Community Health Survey (CCHS) Cycle 1.2 (we refer to respondents as “Canadians”), and the CPES (Collaborative Psychiatric Epidemiology Surveys;

we refer to respondents as “Americans”). Interviewers in both the Canadian and American surveys were extensively trained by their research teams, and received additional training to increase their sensitivity to mental health issues and potentially sensitive questions (Béland, Dufour, & Gravel, 2001; Pennell et al., 2004). Consistent with prior research, we used a cutoff age of 55 to distinguish older adults from younger adults (Corna et al., 2010; El-Gabalawy, Mackenzie, Shooshtari, & Sareen, 2011). The CCHS 1.2 ($N=36,984$, response rate 77%, $n=12,792$ adults ≥ 55 years, $n=24,192$ adults <55 years), collected in 2002, is a nationally representative mental health survey of community-dwelling, non-institutionalized Canadians 15 years of age and older living in the 10 provinces, excluding individuals living on First Nations reserves and members of the military. Statistics Canada employed professional interviewers to administer in-person surveys for the majority of the sample (86%). (For more information on the CCHS 1.2, see Bailie et al. (2002).)

The CPES ($N=20,013$; response rate 72.7%), collected between 2001 and 2003, is a combination of the National Comorbidity Survey-Replication (NCS-R; $N=9282$), the National Survey of American Life (NSAL; $N=6082$) and the National Latino and Asian American Study (NLAAS; $N=4649$) (Heeringa et al., 2004). These three surveys are representative of community-dwelling adult Americans 18 years of age and older. The NCS-R and NSAL excluded individuals living in Hawaii or Alaska, and those who did not speak English. All three surveys excluded individuals living on military bases. While all NCS-R respondents completed part 1 of the NCS-R, only respondents with a lifetime mental disorder based on part 1, and a probability sample of other individuals from part 1, completed part 2 ($n=5692$). Therefore, our American sample included 16,423 adults ($n=3685$ adults ≥ 55 years, $n=12,738$ adults <55 years) because only a portion of our key variables were assessed in part 2 of the NCS-R. (For more information on the CPES, see Pennell et al. (2004).) The CCHS 1.2 and CPES used the same diagnostic interview to assess mental disorders, which allowed us to conduct parallel analyses.

2.2. Measures

2.2.1. WHO World Mental Health Composite International Diagnostic Interview (WMH-CIDI)

Trained interviewers in both the American and Canadian surveys used the WMH-CIDI (Kessler & Üstün, 2004) to diagnose SI and Diagnostic and Statistical Manual of Mental Disorders (DSM) mental disorders (American Psychiatric Association, 1994). Most of the disorders that we included as independent variables were assessed in this manner (described in detail below). WMH-CIDI lay interviewers must successfully complete a training program offered by an official WHO CIDI Training and Research Centre to be qualified to administer these surveys (Kessler & Üstün, 2004). The CIDI has excellent inter-rater reliability for anxiety disorders, MDD, and substance dependence ($k > .90$) (Wittchen, 1994; Andrews & Peters, 1998), and good concordance with the Structured Clinical Interview for DSM in assessing anxiety, mood, and substance use disorders (Haro et al., 2006). We limited mental disorder diagnoses to past-year due to limitations in assessing lifetime disorders, especially among older adults (Streiner, Patten, Anthony, & Cairney, 2009).

2.2.1.1. Past-year suicide ideation. We defined past-year SI as having thought about taking one's own life within the past-year. Respondents from both the Canadian and American surveys read labeled written statements about whether they had ever thought about committing suicide or taking their own life. Interviewers then asked participants whether that experience has happened to them, using the label. Respondents who endorsed this question were further asked whether this happened within the past year.

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