



Nonsuicidal self-injury as a prospective predictor of suicide attempts in a clinical sample of military personnel

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Abstract

Background: Nonsuicidal self-injury (NSSI) is a risk factor for suicide attempts, but it has received little attention in military populations, for whom suicide rates have doubled over the past decade. In the current study, the relationship of NSSI with future suicide attempts was prospectively examined in a sample of active duty Soldiers receiving outpatient psychiatric treatment for suicide ideation and/or a recent suicide attempt.

Methods: Data were collected as part of a two-year prospective study of 152 active duty Soldiers (87% male, 71% Caucasian, mean age = 27.53) in outpatient mental health care who reported current suicide ideation and/or a suicide attempt during the month preceding intake. Suicide attempts and NSSI were assessed using the Suicide Attempt Self Injury Interview.

Results: Forty percent of Soldiers with a history of nonsuicidal self-injury and 25% of Soldiers with a history of suicide attempt made a suicide attempt during the 2-year follow-up. Soldiers with a history of nonsuicidal self-injury were more than twice as likely to make a subsequent suicide attempt (hazard ratio [HR] = 2.25, $P = .045$). Soldiers with a history of suicide attempt were no more likely to make a subsequent suicide attempt than Soldiers without a previous suicide attempt (HR = .88, $P = .787$). Thirty percent of Soldiers with a history of suicide attempt had also engaged in nonsuicidal self-injury. Forty-two percent of Soldiers with histories of both nonsuicidal self-injury and suicide attempt made a subsequent suicide attempt and were more likely to make a suicide attempt during follow-up than Soldiers with a history of suicide attempt only. Number of NSSI episodes, but not number of suicide attempts, was significantly associated with increased risk for future suicide attempt. Results were unchanged when adjusting for baseline symptom severity.

Limitations: Predominantly male, active duty Army sample.

Conclusions: Among Soldiers in outpatient mental health care, a history of NSSI is a stronger predictor of future suicide attempts than a history of suicide attempts. Soldiers with a history of both NSSI and suicide attempt are at especially increased risk.

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1. Introduction

The suicide rate among members of the US military has more than doubled during the past decade [1]. Nonsuicidal self-injury (NSSI), which entails self-directed, deliberate behavior that results in injury or the potential for injury

to oneself without evidence of suicidal intent [2], is a well-established risk factor for suicide ideation and attempts [3–5], but to date it has received little empirical attention among military personnel. Prevalence rates of NSSI among military personnel are estimated to range from 4% to 14% [5,6], making them comparable to rates seen among US adults [5,7,8] and adolescents/young adults [8,9]. In psychiatric samples, NSSI is much more common, with 40%–70% of adolescent psychiatric cases reporting it in their history [3,4,8,10–12]. To date there are no published estimates of the relative prevalence of NSSI in clinical samples of military personnel.

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Studies indicate that NSSI often co-occurs with, and is an especially robust risk factor for, suicide attempts. Up to 70% of adolescents in inpatient psychiatric treatment who have engaged in NSSI, for instance, have also made a suicide attempt [3,4]. Among military personnel, approximately 25% of those who have engaged in NSSI have also made a suicide attempt [6]. As a risk factor for suicide attempts, prospective studies among adolescents suggest that a history of NSSI is a stronger predictor of future suicide ideation [13] and suicide attempts [3] than previous suicide attempts. Similar research has yet to be conducted with military personnel, however.

The primary aims of the current study were to prospectively examine the relationship of NSSI with suicide attempts in a clinical sample of military personnel. Two specific hypotheses were tested. First, we hypothesized that military personnel with a history of NSSI would be significantly more likely to make a suicide attempt during the 2-year follow-up period than military personnel with no history of NSSI. Second, we hypothesized that a history of NSSI would demonstrate a stronger association with future suicide attempts than a history of suicide attempts.

2. Material and methods

2.1. Participants and procedures

Participants were 176 active duty Soldiers participating in a randomized controlled trial testing a brief cognitive-behavior therapy for the reduction of suicide attempts at Fort Carson, Colorado. Participants were predominantly male ($n = 153$, 86.9%) and ranged in age from 19 to 44 years ($M = 27.53$, $SD = 6.26$). Self-identified race was 71.0% Caucasian, 21.6% Hispanic/Latino, 13.1% African–American, 4.5% Native American, 2.3% Pacific Islander, 1.7% Asian, and 8.0% other. Military grade distribution was 47.2% junior enlisted (E1–E4), 22.7% noncommissioned officer (E5–E6), 3.4% senior noncommissioned officer (E7–E9), and 0.6% warrant officer. Participants had served in the military for a mean (SD) of 5.70 (4.48) years, and the majority (81.2%) had deployed at least once.

Participants were referred to research staff for determination of eligibility by their outpatient military mental health provider upon disclosure of suicide ideation, or following discharge from an inpatient psychiatric hospitalization for a suicide attempt. Inclusion criteria included current (i.e., past week) suicidal ideation with intent to die and/or a suicide attempt within the past month; active duty military status; age 18 years or older; ability to speak English; and ability to understand and complete informed consent procedures. The only exclusion criterion was the presence of a medical or psychiatric condition that would preclude informed consent or participation in outpatient treatment (e.g., active psychosis or mania). The current study's procedures were reviewed and approved by the Institutional Review Boards of Madigan

Army Medical Center, the University of Utah, and the University of Texas Health Science Center at San Antonio.

2.2. Assessments

Suicide attempts and NSSI that occurred prior to intake and during the follow-up period were determined with the Suicide Attempt Self Injury Interview (SASII) [14], a validated clinician-administered interview that differentiates between suicide attempts and NSSI by assessing the intent, desired and expected outcome, medical severity, and other characteristics of intentional self-injury. The intensity of current (i.e., past week) suicide ideation was measured using the 19-item self-report Beck Scale for Suicide Ideation (BSSI-C) [15]. Depression symptom severity was assessed with the 21-item self-report Beck Depression Inventory [16], severity of hopelessness was assessed with the 20-item Beck Hopelessness Scale [17], and posttraumatic stress symptom severity was assessed with the 17-item PTSD Checklist–Military Version [18]. The presence of current psychiatric diagnosis was determined using the Structured Clinical Interviews for Axis I and Axis II DSM-IV disorders [19].

2.3. Statistical analysis

All analyses were conducted using the SAS 9.3. For baseline group comparisons, Mann–Whitney U was used for continuous variables and logistic regression was used for binary variables. Of the 176 participants, 152 (86.3%) met eligibility criteria for the study and were therefore included in prospective analyses. Univariate and multivariate Cox proportional hazard regression model survival analysis of time to the first suicide attempt was used to determine the association of previous NSSI and suicide attempts with subsequent suicide attempt during the 2-year follow-up period. Time to suicide attempt was measured by calculating the total number of days from enrollment to first suicide attempt. For participants without a suicide attempt, the total number of days from enrollment to the last assessment was calculated. The Cox regression model was selected because it utilizes all available data from all participants regardless of dropout or length of follow-up. Estimates of the proportions of participants in each making at least one suicide attempt during the 2-year follow-up period were calculated using the Kaplan–Meier method, which similarly accounts for dropouts and limited follow-up.

3. Results

Forty-six (30.3%) participants reported a history of NSSI, and 116 (76.3%) reported a history of suicide attempt. At baseline, there were no gender differences in history of NSSI (30.8% of men, 26.3% of women; $OR = .80$ [.27, 2.37], $P = .689$) or history of suicide attempts (78.2% of men, 63.2% of women; $OR = .48$ [.17, 1.32], $P = .156$), and no differences in total number of lifetime NSSI episodes (men:

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