



Is cognitive impairment associated with suicidality? A population-based study



Elvira Lara^{a,b,c}, Beatriz Olaya^{a,b}, Noé Garin^{a,b,c},
Jose Luis Ayuso-Mateos^{b,d,e}, Marta Miret^{b,d,e},
Victoria Moneta^{a,b}, Josep Maria Haro^{a,b,c,*}

^aParc Sanitari Sant Joan de Déu, Dr Antoni Pujades, 42, Sant Boi de Llobregat, 08830 Barcelona, Spain

^bInstituto de Salud Carlos III, Centro de Investigación Biomédica en Red de Salud Mental, CIBERSAM, C/ Monforte de Lemos 3-5, Pabellón 11, 28029 Madrid, Spain

^cFacultat de Medicina, Universitat de Barcelona, C/Casanova 143, 08036 Barcelona, Spain

^dDepartment of Psychiatry, Universidad Autónoma de Madrid, C/ Arzobispo Morcillo 4, 28029 Madrid, Spain

^eHospital Universitario de La Princesa, Instituto de Investigación Sanitaria Princesa (IP), C/ Diego de León 62, 28006 Madrid, Spain

Received 9 May 2014; received in revised form 23 July 2014; accepted 10 August 2014

KEYWORDS

Cognitive functioning;
Suicidal ideation;
Depression;
Logistic regression
models

Abstract

Suicide is one of the main causes of mortality in young people and in individuals with depression. The impact of impaired cognitive function on suicidal ideation is largely unknown. The aim of this study was to examine how cognitive functioning may influence suicidal thoughts, both in the general population and in a subgroup of individuals with depression. A total of 4583 participants (aged 18 years and older) were interviewed in a cross-sectional study of a representative sample of the non-institutionalized Spanish population. Cognitive functioning was evaluated using five cognitive tests. Participants were also asked to provide information about mental health symptoms and conditions through an adaptation of the Composite International Diagnostic Interview (CIDI 3.0). Logistic regression analysis was performed overall and by age group. Lifetime prevalence of suicidal ideation was 3.7%, whereas prevalence of suicidal ideation in the previous 12 months was 0.9%. Depression was the strongest risk factor for suicidal ideation. Compared with people without suicidal ideation, people with suicidal ideas performed significantly worse on cognitive functioning after adjusting for age, years of education, gender, and the presence of depression. In the age-subgroup analyses, only the youngest group (18–49 years) showed a significant association between cognitive functioning and suicidal ideation. Worse cognitive functioning was also associated with more frequent

*Corresponding author at: Parc Sanitari Sant Joan de Déu, Universitat de Barcelona, Dr Antoni Pujades, 42, Sant Boi de Llobregat, 08830 Barcelona, Spain. Tel.: +34 93 600 26 85.

E-mail addresses: e.lara@pssjd.org (E. Lara), beatriz.olaya@pssjd.org (B. Olaya), noe.garin@pssjd.org (N. Garin), joseluis.ayuso@uam.es (J.L. Ayuso-Mateos), marta.miret@uam.es (M. Miret), m victoria.moneta@pssjd.org (V. Moneta), jmharo@pssjd.org (J.M. Haro).

suicidal ideas in those individuals with depression even when depression severity was taken into account. In conclusion, both cognitive functioning and diagnosis of depression are associated with higher risk of suicide in the Spanish general population, especially in young individuals.
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1. Introduction

Mortality as a result of self-inflicted injuries has increased worldwide by 32% over the past 20 years, being one of the leading causes of death globally. Almost one million people die from self-harm every year worldwide, with suicide the third leading cause of death in the population aged 15-34 years (Lozano et al., 2012; World Health Organization (WHO), 2010).

Suicide rates in Spain are about half of those reported in other countries (Bernal et al., 2007; Bertolote et al., 2005; Borges et al., 2010; Weissman et al., 1999). Nevertheless, suicide was the leading external cause of death in Spain in 2012, and also the first cause of death among young men (Instituto Nacional de Estadística, 2012). This is, thus, a serious public health problem that highlights the importance of the identification of risk factors for suicide, especially focusing on the occurrence of suicidal thoughts rather than suicidal behavior since suicidal ideation is likely to precede the onset of suicidal planning and action (Gunnell et al., 2004; Kessler et al., 1999; Mendez-Bustos et al., 2013). Suicidal ideation is defined by Nock et al. (2008a) as “the thoughts of engaging in behaviour intended to end one’s life”.

Cross-national studies have reported a wide range of suicidal ideation prevalence (Bertolote et al., 2005; Borges et al., 2010; Gunnell et al., 2004; Kessler et al., 1999; Nock et al., 2008b; Scocco et al., 2008; Weissman et al., 1999). The European Study on the Epidemiology of Mental Disorders (ESEMED), a cross-sectional study involving six countries in Europe, found a prevalence of 3%, 12.4%, 9.8% and 8.2% for Italy, France, Germany and the Netherlands, respectively (Bernal et al., 2007). Notably, Spanish rates were generally lower compared to those reported in other countries. Bernal et al. (2007) found a lifetime prevalence of suicidal ideation of 4.4% in Spain, and Casey et al. (2008) reported a 2-week prevalence of 2.3% in Santander, Spain. An epidemiological study carried out in a Balearic Island community showed a prevalence of suicidal ideas in recent weeks of 6.5% (Gili-Planas et al., 2001).

Identifying high-risk individuals is crucial in order to reduce suicide mortality. Depression has been found to be the strongest predictor of suicidal thoughts (Hawton et al., 2013; Kessler et al., 1999; Miret et al., 2013). The factors that have been consistently associated with an increased risk of suicide in depressed people are being female, unmarried, suffering sleep disturbance, hopelessness, a history of suicide attempts, and comorbidity with alcohol dependence/abuse (Borges et al., 2010; Hawton et al., 2013; Miret et al., 2014). However, our knowledge of risk factors is still incomplete and many of the individuals that complete suicide have not been detected by the health system.

It is well established that depression, as the most common disorder associated with suicidal ideas, involves cognitive deficits (Gotlib and Joorman, 2010). A wide range of studies have analyzed the relationship between cognitive impairment and depression, specifically in elderly individuals, given the coexistence of depressive episodes and cognitive impairment (i.e. pseudodementia) (Bunce et al., 2012). Epidemiological studies have also documented the relationship between cognition, suicidality and other mental disorders, such as psychotic disorders and alcohol or drug abuse and dependence (Maris, 2002; Nangle et al., 2006; Nock et al., 2009, 2010). However, despite the fact that cognitive dysfunction is common in mental disorders in which the suicide risk is high, the exact relationship between cognitive function and suicidal ideation and attempts remains still unclear, (Baune et al., 2010; Trivedi, 2006). Most studies on cognition and depression have analyzed the types of cognition, that is, whether and to what extent rigid and inflexible thoughts, self-esteem, hopelessness, dysfunctional attitudes and problem-solving tasks were associated with suicidality (Crane et al., 2007; Dour et al., 2011; Hawton and Van Heeringen, 2009; Miranda and Nolen-Hoeksema, 2007). Suicidal individuals tend to keep a pessimistic attitude about their future and themselves. This cognitive inflexibility leads to a state of hopelessness, a core characteristic of depression that could be the linkage between depression and suicidal behavior (Hawton et al., 2013; Maris, 2002).

Studies have also analyzed the relationship between neuropsychological functioning and suicidality but their findings have been mixed. According to Marzuk et al. (2005) and Westheide et al. (2008), neuropsychological dysfunction in depressive individuals was related to higher risk of suicidal ideation and suicidal attempts, whereas Callahan et al. (1996) found no differences across the various types of cognitive impairment between older depressed patients with and without suicidal ideation. More specific findings were reported by Keilp et al. (2008), who found attention deficits in depressed suicide attempters recruited through advertisement and referral from local clinicians; and Cha et al. (2010) who reported an attentional bias in attempters with psychiatric disorders. Previous research has also suggested a decision making deficit in those individuals with suicidal behavior even when euthymic (Jollant et al., 2005). Burton et al. (2011) compared psychiatric patients with recent suicidal ideation and those with recent attempts. They found a worse inhibition performance but better problem-solving tasks in the attempter group, compared with suicide ideators. In addition, Nangle et al. (2006) analyzed patients with schizophrenia and found the relationship between preserved cognitive function and suicidal attempts.

Few studies have analyzed these relationships in different age groups. Ayalon et al. (2007) and Heisel et al. (2002)

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