



Non-suicidal self-injury and suicidal ideation in relation to eating and general psychopathology among college-age women



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ABSTRACT

Non-suicidal self-injury (NSSI) and suicidal ideation are potent risk factors for suicide and are associated with general and eating disorder-specific psychopathology. Limited research has examined the effects of combined NSSI+suicidal ideation thus concurrent examination is needed to understand potential differential effects on psychopathology. College-aged women ($N=508$) completed self-report measures of NSSI, suicidal ideation, general psychopathology, and Eating Disorder-specific psychopathology. MANOVAs determined whether the NSSI/SI status groups differed on general and eating disorder pathology measures as a set. Significant MANOVAs were followed up with univariate ANOVAs and posthoc tests. Thirteen women endorsed NSSI+Suicidal Ideation, 70 endorsed NSSI-only, 25 endorsed Suicidal Ideation-only, and 400 endorsed no NSSI/Suicidal Ideation. Both general and eating disorder-specific psychopathology differed across groups. NSSI+Suicidal Ideation and Suicidal Ideation-only groups typically endorsed higher general psychopathology than the no NSSI/Suicidal Ideation and NSSI-only groups. Regarding eating disorder pathology, the NSSI+Suicidal Ideation group was more pathological than no NSSI/Suicidal Ideation and NSSI-only, except on the weight concerns scale, where NSSI+Suicidal Ideation only differed from no NSSI/Suicidal Ideation. The NSSI+Suicidal Ideation group was only greater than Suicidal Ideation-only on measures of depression and eating concern. Results highlight the importance of screening for both NSSI and suicidal ideation, especially for individuals with eating disorder symptoms. Likewise, screening for eating disorder pathology may be beneficial for individuals presenting with NSSI and suicidal ideation.

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1. Introduction

Non-suicidal self-injury (NSSI) and suicidal ideation are potent risk factors for suicide that warrant collective exploration (Reinherz et al., 2006; Hamza et al., 2012). NSSI, which has 4–6% lifetime and 0.9% 12-month prevalence among community-sampled adults (Klonsky, 2011), refers to deliberate, self-inflicted harm or alteration of one's body without suicidal intent (Nock and Favazza, 2009). Although NSSI by definition occurs without suicidal intent, a history of NSSI is one of the strongest predictors of attempted suicide (Hamza et al., 2012; Groschwitz et al., 2015). Suicidal ideation involves thoughts of or making plans to end one's

life (Nock, 2010). Depending on how measured (e.g., “thoughts about death,” having a plan), rates of suicidal ideation among non-clinical adult samples range from up to 12% who report having a suicide plan to up to 21% who report thoughts of ending of their life; ideation including a plan is more likely to lead to a suicide attempt than ideation without a plan (Nock et al., 2008).

NSSI and suicidal ideation are important constructs to evaluate together, as patients endorsing both may have more severe psychiatric profiles and be at higher risk for death, therefore warranting different treatment recommendations. In a meta-analysis exploring risk factors that predict suicide attempt among individuals who engage in NSSI, suicidal ideation was the strongest predictor of an attempt (Victor and Klonsky, 2014), suggesting that individuals who engage in NSSI who also endorse suicidal ideation are at increased risk for a suicide attempt. However, only a few studies have actually compared groups of individuals endorsing versus denying NSSI and/or suicide attempts (i.e., no NSSI or

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suicide attempt, NSSI without a history of a suicide attempt, suicide attempt without NSSI, both NSSI and a suicide attempt) (Muehlenkamp and Gutierrez, 2007; Jacobson et al., 2008, Brausch and Gutierrez, 2010). Research has indicated that individuals with no history of NSSI or a suicide attempt exhibited fewer risk factors (e.g., depression symptoms) and greater protective factors (e.g., higher self-esteem) compared to individuals endorsing one or both constructs (Muehlenkamp and Gutierrez, 2007; Brausch and Gutierrez, 2010). Importantly, individuals endorsing both NSSI and a suicide attempt had greater suicidal ideation and depressive symptoms than those who only endorsed NSSI, suggesting NSSI+suicide attempt may represent a different group than NSSI alone (Muehlenkamp and Gutierrez, 2007; Brausch and Gutierrez, 2010). Another study showed that among adolescents participating in outpatient psychiatric care, those with NSSI only had similar levels of depressive symptoms and suicidal ideation compared to individuals with no NSSI and no suicide attempts (Jacobson et al., 2008). Taken together, results suggest psychiatric differences exist between individuals with NSSI-only versus individuals with NSSI and suicidal behavior. However, to the authors' knowledge, no study has compared individuals on the basis of NSSI and suicidal ideation—a potent risk factor for predicting the development of suicidal attempts among individuals with NSSI—to endorsement of neither or either of these constructs, and few studies differentiate how NSSI in combination with some type of suicidal intent relates to other psychopathology (Hamza et al., 2012). Ascertaining whether the combined presence of NSSI and suicidal ideation indicates greater overall psychopathology than endorsement of either construct alone may better inform suicide prevention. Further, exploring associations between NSSI, suicidal ideation, and comorbid psychopathology may improve treatment decision-making and intervention targets.

Individuals with eating disorders represent a specific population with increased rates of NSSI, suicide attempts, and suicide completions (Keel et al., 2003; Franko and Keel, 2006; Kostro et al., 2014). Indeed, among individuals with clinical eating disorders, those who engage in NSSI and suicide attempts have higher rates of binge/purge symptomatology (Favaro and Santonastaso, 1996; Stein et al., 2004), and dietary restriction may be linked to suicidal behavior as well (Selby et al., 2010). Furthermore, the defining behaviors of eating disorders (e.g., self-induced vomiting, laxative or diuretic misuse, severe restriction, binge eating) may be congruent with NSSI in the sense that these behaviors are damaging to the self, cause deleterious physical consequences, and increase risk of death with continued recurrence (St. Germain and Hooley, 2012). Similarly, individuals with eating disorders who repeatedly engage in self-inflicted, painful behaviors, such as extreme starvation, may be at higher risk for suicide. In particular, individuals who repeatedly engage in behaviors that cause pain (e.g., NSSI, eating disorder behaviors) are more likely to attempt or commit suicide due to an increased tolerance to endure pain and decreased fear about the pain from repeated exposure to pain, in line with the Interpersonal-Psychological theory of suicidal behavior (Joiner, 2005).

Cognitive factors are also associated with self-injury and suicidality in individuals with EDs. Body dissatisfaction, a potent eating disorder risk factor and symptom (Stice et al., 2010), mediates the well-established relation between negative affect and NSSI (Muehlenkamp and Brausch, 2012). Furthermore, inpatients hospitalized for anorexia nervosa or a suicide attempt had greater negative attitudes and feelings towards their bodies than either a psychiatric control group or healthy controls (Stein et al., 2003). Among non-clinical community adolescents, individuals who engaged in NSSI (with or without history of a suicide attempt) had greater body dissatisfaction and disordered eating than those without NSSI or a suicide attempt (Brausch and Gutierrez, 2010).

Likewise, college students who reported NSSI in the past four weeks were more likely to screen positive for a probable eating disorder (Gollust and Eisenberg, 2008). In sum, although there is significant evidence linking eating disorders, NSSI, and suicide attempts, there is a dearth of literature examining NSSI and suicidal ideation collectively in a non-clinical sample. Moreover, as college-age women represent a non-clinical group with elevated rates of body dissatisfaction, eating pathology (Eisenberg et al., 2011), NSSI, and suicidal ideation (Nock et al., 2008; Hamza et al., 2012), understanding these constructs in this population can help improve mental health care on college campuses and aid clinicians in assessing these constructs and making treatment recommendations. Further, this study may elucidate how NSSI and suicidal ideation relate to specific facets of eating disorders (e.g., weight concern and impairment related to eating).

To our knowledge, this is the first study to examine individuals with and without NSSI and with or without suicidal ideation, in college-aged women and to explore the associations between these constructs and measures of general (e.g., depression, anxiety, and stress) and eating disorder-specific psychopathology. Participants were categorized into four groups based on self-report of NSSI and suicidal ideation: no NSSI/Suicidal Ideation, NSSI-only, Suicidal Ideation-only, and NSSI+Suicidal Ideation. We hypothesized that the group endorsing both NSSI and suicidal ideation (i.e., NSSI+Suicidal Ideation) would display the highest levels of psychopathology and that the no NSSI/Suicidal Ideation group would display the lowest levels of psychopathology, based on previous literature evaluating these constructs in non-eating disorder samples. We also hypothesized that NSSI-only would demonstrate lower levels of psychopathology than NSSI+Suicidal Ideation, but due to contradictory findings in the literature, it was unclear whether NSSI would have pathology levels similar to or greater than the no NSSI/Suicidal Ideation group. Thus, no hypothesis was made for this comparison and this analysis was considered exploratory. Similarly, as little information exists regarding how Suicidal Ideation-only might compare to NSSI-only and NSSI+Suicidal Ideation, these comparisons were considered exploratory, but it was hypothesized that Suicidal Ideation-only will have greater levels of pathology compared to no NSSI/Suicidal Ideation. Understanding the relation of NSSI and suicidal ideation to general and eating disorder-specific psychopathology in college-age women may inform risk for maladjustment, recommendations for screening, and potential targets for suicide prevention.

2. Methods

2.1. Participants

A community sample of 549 women aged 18–25 years, with a body mass index (BMI) between 18 and 32 kg/m², was recruited for a larger study about improving body image and mood from universities and the surrounding communities in the St. Louis, Sacramento, and San Francisco Bay areas. Exclusion criteria included no regular internet access, residency outside of the three metropolitan areas, and/or being male. Men were excluded given that women display disproportionately higher levels of body dissatisfaction (Murnen, 2011), and the larger study for which these data were collected was interested in evaluating women only. Participants had a mean age of 20.61 (*SD*=1.97) and a mean BMI of 24.5 kg/m² (*SD*=5.02). Over half (55.6%) the sample identified as Caucasian, 21.1% as Asian, 8.7% as African American, and 8.4% as Latino; 48.9% of the sample endorsed having a parent who had at least graduated college.

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