

Research report

Understanding the link between anxiety symptoms and suicidal ideation and behaviors in outpatients with bipolar disorder

Naomi M. Simon ^{a,*}, Mark H. Pollack ^a, Michael J. Ostacher ^a, Alyson K. Zalta ^a,
Candice W. Chow ^a, Diana Fischmann ^a, Christina M. Demopulos ^a,
Andrew A. Nierenberg ^a, Michael W. Otto ^b

^a Department of Psychiatry, Massachusetts General Hospital and Harvard Medical School, Boston MA 02114, United States

^b Department of Psychology, Boston University, Boston, MA 02215, United States

Received 21 March 2006; received in revised form 15 May 2006; accepted 25 May 2006

Available online 3 July 2006

Abstract

Background: Prior studies suggest an association between anxiety comorbidity and suicidal ideation and behaviors in bipolar disorder. However, the nature of this association remains unclear.

Methods: We examined a range of anxiety symptoms, including panic, phobic avoidance, anxiety sensitivity, worry and fear of negative evaluation, in 98 patients with bipolar disorder. We predicted that each anxiety dimension would be linked to greater suicidal ideation and behavior as measured by Linehan's Suicide Behaviors Questionnaire (SBQ), greater depressive rumination, and poorer emotional processing and expression.

Results: Each anxiety dimension except fear of negative evaluation was associated with greater SBQ score, greater rumination, and lower levels of emotional processing in univariate analyses. Depressive rumination was a significant predictor of higher SBQ scores in a stepwise multivariate model controlling for age, gender, bipolar subtype, and bipolar recovery status; the association between the anxiety symptom dimensions and SBQ score was found to be redundant with depressive rumination. Emotional processing emerged as protective against suicidal ideation and behaviors in men only, while emotional expression was a significant predictor of lower SBQ scores for women and for the full sample; however, emotional expression was not significantly correlated with anxiety symptoms. Confirmatory analyses examining only those in recovery or recovered ($n=68$) indicated that the link between rumination and suicidality was not explained by depression.

Limitations: Interpretation is limited by the cross-sectional study design.

Conclusions: These findings indicate that increased ruminations may mediate the association between anxiety and suicidal ideation/behavior. In men, lower emotional processing may also play a role in this relationship.

© 2006 Elsevier B.V. All rights reserved.

Keywords: Bipolar disorder; Anxiety; Rumination; Suicide; Suicidal ideation; Emotional coping

1. Introduction

Anxiety disorder comorbidity in bipolar disorder (BD) has been repeatedly linked to greater bipolar severity and poorer outcomes, and a number of studies support a greater risk of suicidal ideation (SI) and suicide attempts

* Corresponding author. Center for Anxiety and Traumatic Stress Disorders, Massachusetts General Hospital, Simches Research Building, 185 Cambridge Street, Suite 2200, Boston, MA 02114, United States. Tel.: +617 726 7913; fax: +617 643 3080.

E-mail address: NSIMON@Partners.org (N.M. Simon).

(SA) in individuals with anxiety comorbidity (Engstrom et al., 2004; Fawcett et al., 1990; Frank et al., 2002; Hall and Platt, 1999; Simon et al., 2004; Statham et al., 1998). Of anxiety symptoms, panic attacks, subsyndromal panic, and social anxiety have each been linked to greater severity and poorer bipolar course (Feske et al., 2000; Frank et al., 2002; Otto et al., in press; Simon et al., 2004), and panic attacks, agoraphobic symptoms, harm avoidance, shyness, non-specific anxiety, and anticipatory worry have been individually shown to be associated with greater SI and/or SAs (Engstrom et al., 2004; Fawcett et al., 1990; Frank et al., 2002; Hall and Platt, 1999; Marangell et al., in press; Maser et al., 2002; Young et al., 1993). Apart from this limited data, however, it remains unknown what specific features of anxiety are linked to greater SI in BD, or what might explain this association. Moreover, at least two studies utilizing a variety of covariates included together in multivariate analyses have suggested that the apparent link between suicide and anxiety in BD may be linked to other confounding variables (Leverich et al., 2003; Slama et al., 2004).

In this study, we sought to further explain the association between anxiety comorbidity and suicidal thoughts and behaviors in patients with BD by examining the role of specific anxiety dimensions and traits, as well as potential confounding variables in this association. Specifically, we hypothesized that panic, phobic avoidance, worry, anxiety sensitivity, and fear of negative evaluation would be linked to greater SI and behavior as measured by Linehan's Suicide Behaviors Questionnaire (SBQ). Given preliminary data supporting the importance of ruminations and emotional processing deficits in emotional disorders (e.g., Lyubomirsky et al., 1999; Mennin et al., 2005; Schmidt et al., 2001), we also hypothesized that these anxiety symptoms would be associated with greater depressive rumination, and with poorer emotional coping. We further investigated which of these anxiety features offered non-redundant prediction of SI and behavior after adjustment for relevant confounding variables such as age, gender, bipolar recovery, and bipolar subtype, as well as the roles of depressive ruminations and emotional coping styles, in multiple regression analyses.

2. Methods

2.1. Subjects and clinical assessments

This study was ancillary to the NIMH naturalistic study, the Systematic Treatment Enhancement Program for Bipolar Disorder (STEP-BD). Thus, demographic and diagnostic data were provided from the STEP-BD

database. Details of the methodology of STEP-BD, where our sample was recruited, have been published elsewhere (Sachs et al., 2003). Clinician assessments with the Mini International Neuropsychiatric Interview (MINI Plus Version 5.0; (Sheehan et al., 1998) occurred every 12 months. Current clinical bipolar status based on the presence or absence of DSM-IV based criteria was assessed at every clinical visit, with the most recent visit a mean of 1.6 ± 2.5 months prior to questionnaire completion. Patients achieving relative euthymia (≤ 2 moderate symptoms of depression or mania/hypomania) for at least a week were assigned a status of *recovering* or *recovered*, depending on whether this status was sustained for at least 8 weeks.

All active participants in the Massachusetts General Hospital (MGH) site of STEP-BD as of 9/23/03 ($n=258$) were mailed and the MGH Institutional Review Board approved study questionnaire packet with a cover stating they would be compensated \$30 for participation in a study of "the relationship between anxiety symptoms, bipolar disorder and suicidality."

2.2. Suicide Behaviors Questionnaire (SBQ)

We utilized the 34-item Suicide Behaviors Questionnaire (SBQ) (Addis and Linehan, 1989; Linehan and Addis, 1990), recommended for use by the National Institute of Mental Health (Brown). This self-rated scale was designed to measure 5 domains: past SI, future SI, past suicide threats, future suicide attempts (SAs), and the likelihood of dying in a future SA. Suicidal thoughts and related behaviors are rated for past several days including today, past month, past four months, past year and lifetime; recent SI and related behaviors are weighted higher than past to assess overall seriousness of SI and behavior in a summary score (range=0–102). The SBQ has been shown to have high internal reliability (with coefficients ranging from 0.73–0.92), to be unidimensional in a principal components factor analysis, and to have items with good concurrent validity with other scales such as positive correlation with the Scale for Suicide Ideation, Beck Hopelessness scale and Beck Depression Scale ($r=0.55$ to 0.62) and negative correlation ($r=-0.46$) with Linehan's Reasons for Living (Addis and Linehan, 1989; Linehan and Addis, 1990).

2.3. Anxiety dimensions and traits

The Penn State Worry Questionnaire (PSWQ), a 16-item, self-report measure of worry (Meyer et al., 1990) sums items on a five-point Likert scale (range=16–80)

Download English Version:

<https://daneshyari.com/en/article/4187953>

Download Persian Version:

<https://daneshyari.com/article/4187953>

[Daneshyari.com](https://daneshyari.com)