

Research report

Personality and reports of suicide ideation among depressed adults 50 years of age or older

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Abstract

Background: Accuracy in patient reports of suicide ideation is a concern in clinical assessment, given that some patients deny suicide ideation even when suicidal. Despite this concern, there is little research on the psychological processes driving reported suicide ideation in at-risk patients.

Methods: A cross-sectional design was used to examine the association of personality and suicide ideation in a clinical sample of 134 depressed adults 50 years and older. Patients completed a structured diagnostic interview, an interviewer-rated measure of current suicide ideation and self-report measures of personality (NEO-Personality Inventory Revised; NEO-PI-R) and hopelessness. The main outcome variable in logistic regression analyses was suicide ideator status; covariates included comorbid psychopathology, hopelessness and physical illness burden. Predictors were Neuroticism and Openness to Experience (OTE) scores on the NEO-PI-R.

Results: Elevated OTE and neuroticism were associated with suicide ideation in unadjusted analyses; OTE was also associated with suicide ideation in adjusted regression analyses.

Limitations: This study used a cross-sectional methodology with depressed patients 50 years or older; it is possible that patients' depression severity may have influenced their responses to personality measures. Prospective studies of personality vulnerability to future suicide ideation are warranted.

Conclusions: Elevated neuroticism increases the likelihood of reporting suicide ideation, just as it may enhance risk for suicidal behavior and death by suicide. The pattern for openness is markedly different. Although elevated openness increases the likelihood of reporting suicide ideation, previous research has shown that it may decrease risk of death by suicide, suggesting that the personality-mediated expression of suicide ideation may be adaptive in certain contexts. In contrast, low levels of openness may mute reports of suicide ideation in at-risk patients and confer risk for poor outcomes by potentially undermining clinician vigilance.

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1. Background

Effective identification and treatment of depression is vital to suicide prevention initiatives (Conwell et al., 2002; Pearson and Brown, 2000) and other programs designed to enhance well-being and decrease morbidity.

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Given the emphasis on suicide ideation in clinical assessments of risk (Joiner et al., 1999) and concerns that some at-risk patients deny suicide ideation (Duberstein et al., 1999; Waern et al., 1999), there is surprisingly little research on the psychological processes driving reports of suicide ideation in depressed patients. This study examined whether specific personality traits are associated with reports of suicide ideation among depressed patients 50 years of age or older.

Personality traits, particularly neuroticism, might influence the experience and reporting of suicidal thoughts and behavior (Duberstein et al., 2000; Fergusson et al., 2003; Gladstone et al., 2004; Statham et al., 1998; Useda et al., 2004; Velting, 1999). Yet another trait, openness to experience (OTE), may also influence such reports. A study conducted with a sample of depressed psychiatric inpatients 50 years of age or older showed that those who expressed suicide ideation were higher in OTE (Duberstein et al., 2000). Yet in a retrospective case-controlled study of late-life suicide, older adults who died by suicide were reported by informants to be lower in OTE (Duberstein et al., 1994). A case-controlled study in Hong Kong reported similar findings (Tsoh et al., 2005): low OTE conferred risk for death by suicide. Thus, high OTE is associated with reports of suicide ideation, but may lower risk of suicide. One explanation for this apparent discrepancy is that depressed older adults low in OTE may be at increased risk for suicide precisely because they are less likely to report suicide ideation, decreasing the probability that their suicide risk will be detected, impeding clinical intervention (Duberstein, 2001).

In the present study, we hypothesized that neuroticism and OTE would both increase the likelihood of reporting suicide ideation after adjusting for the effects of age, gender, comorbid psychopathology, hopelessness and physical illness burden.

2. Methods

2.1. Procedures

Research coordinators screened the records of all patients 50 years of age and older admitted to one of three hospital's inpatient units or seen for an intake session in one hospital's ambulatory mental health clinic for older adults, in order to identify patients with a known or suspected mood disorder. Following approval from an attending physician or primary clinician, a member of the research team approached patients seeking their written informed consent to participate in an

interview and complete measures. Trained interviewers then administered the Structured Clinical Interview for DSM-IV Axis I disorders (SCID; First et al., 1997) and the Scale for Suicide Ideation (SSI; Beck et al., 1979). Participants also completed self-report measures of personality and hopelessness. Following the acquisition of data and reviews of medical records, consensus diagnostic conferences were held, attended by at least one psychiatrist, one psychologist, study investigators and members of our research laboratory. The research coordinator who had interviewed the patient delivered a case presentation incorporating information from the record review and diagnostic interview, and the research team reached diagnostic consensus.

2.2. Participants

Participants included depressed psychiatric patients 50 years of age and older recruited from inpatient and outpatient psychiatric services associated with three teaching hospitals in Rochester, New York, including a community hospital, a tertiary care facility and an academic medical center.

2.3. Measures

Personality was assessed with the Revised NEO Personality Inventory (NEO-PI-R; Costa and McCrae, 1992) a 240-item 5-point Likert scored measure of the Five Factor Model of personality (FFM; McCrae and Costa, 1997), assessing neuroticism, extraversion, openness to experience (OTE), agreeableness and conscientiousness. This measure has been extensively validated, including for use with older adults in the Baltimore Longitudinal Study of Aging (Costa and McCrae, 1992), and we have used it in our research on late-life suicide (Duberstein et al., 2000). Missing data were imputed according to published instructions for the NEO-PI-R (Costa and McCrae, 1992). The 44 patients who did not complete the NEO-PI-R had fewer years of education ($M=12.5$ years, $S.D.=2.72$ vs. $M=13.6$ years, $S.D.=2.35$; $t_{(176)}=2.66$, $p=0.01$), but there were no other differences between the groups.

Suicide ideation was assessed with the Scale for Suicide Ideation (SSI; Beck et al., 1979), a 19-item interview measure of the presence and severity of death ideation and suicide ideation, presence of a suicide plan, deterrents to suicidal behavior, preparations for a suicide attempt and anticipation of attempting suicide. Patients completed the SSI for the past week. The SSI is associated with risk for death by suicide in psychiatric patients (Brown et al., 2000) and is valid for

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