



Resilience moderates the risk of depression and anxiety symptoms on suicidal ideation in patients with depression and/or anxiety disorders

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Abstract

Background: Few studies have investigated the role of protective factors for suicidal ideation, which include resilience and social support among psychiatric patients with depression and/or anxiety disorders who are at increased risk of suicide.

Methods: Demographic data, history of childhood maltreatment, and levels of depression, anxiety, problematic alcohol use, resilience, perceived social support, and current suicidal ideation were collected from a total of 436 patients diagnosed with depression and/or anxiety disorders. Hierarchical multiple logistic regression analyses were used to identify the independent and interaction effects of potentially influencing factors.

Results: Moderate-severe suicidal ideation was reported in 24.5% of our sample. After controlling for relevant covariates, history of emotional neglect and sexual abuse, low resilience, and high depression and anxiety symptoms were sequentially included in the model. In the final model, high depression (adjusted odds ratio (OR) = 9.33, confidence interval (CI) 3.99–21.77) and anxiety (adjusted OR = 2.62, CI = 1.24–5.53) were independently associated with moderate-severe suicidal ideation among risk factors whereas resilience was not. In the multiple logistic regression model that examined interaction effects between risk and protective factors, the interactions between resilience and depression ($p < .001$) and between resilience and anxiety were significant ($p = .021$). A higher level of resilience was protective against moderate-severe suicide ideation among those with higher levels of depression or anxiety symptoms.

Conclusions: Our results indicate that resilience potentially moderates the risk of depression and anxiety symptoms on suicidal ideation in patients with depression and/or anxiety disorders. Assessment of resilience and intervention focused on resilience enhancement is suggested for suicide prevention.

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1. Introduction

Although suicide is a weighty problem in public health worldwide, issues related to developing effective screening and preventive interventions are still unresolved [1]. Researchers have sought to identify the risk factors associated with suicide that could provide targets for effective prevention program. Psychiatric and physical disorders, which are most commonly affective disorders, contribute to suicide risk [2,3]. Additionally, demographic factors, such as a lower household income, lower educational attainment, unemployment, and living alone [4,5] as well as childhood maltreatment [6] have been reported to be

associated with increased suicide risk. However, these suggested risk factors may be insufficient to predict and prevent suicide because individual risk factors account for a small proportion of the variance in risk and lack sufficient specificity [7]. Indeed, no significant decreases in suicidal ideation and attempts have been reported despite an increase in treatment for suicidal behaviors to date [8].

As an alternative to these limitations, interest has expanded into investigating protective factors of suicidal behaviors. Protective factors are broadly divided into two concepts: the internal psychological construct of resilience and the external factor of social support. Resilience refers to a set of both state and a trait characteristics that protect from stress and foster adaptation [9]. Extant research suggests that resilience and related psychological characteristics, such as positive attributional style, coping strategies, hope, and optimism, are associated with reduced suicide risk [10]. It has been reported that resilience is negatively associated with

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suicidal ideation [11–15] and suicide attempts [13,16,17]. This negative association remained after controlling for traumatic life events of combat exposure [18] and history of childhood trauma [19]. In addition, greater social support, perceived social support in particular, has been shown to be related to low levels of suicidal ideation [20–22] and attempts [23]. Therefore, resilience and perceived social support may constitute potential protective factors of suicidal behaviors.

However, there are some caveats from previous studies that examined protective factors for suicide that need to be duly considered. Since protective factors are regarded as more than just the absence of risk factors [9], independent effects of protective factors need to be examined after controlling for risk factors. Moreover, risk factors often cannot be eliminated by intervention, and the moderation effect of protective factors on suicide risk, which is an interaction effect, should be also investigated in addition to negative association [10]. Few previous studies have demonstrated the moderating roles of resilience [17] and social support [24,25] on suicide risk factors to date. In addition, preventive effects of protective factors might vary between different samples. Earlier studies investigating the roles of resilience and social support on suicidal behaviors have been performed mainly in non-clinical samples comprising students or community-dwelling individuals [10]. In studies among clinical populations, subjects have been limited to abstinent substance abusers [16,19], those with schizophrenia-spectrum disorders [26], and patients in primary care service [12,20]. Although depression and anxiety disorders have been proposed as the most common psychiatric disorders that are associated with suicidal behaviors [2], studies regarding the protective factors of suicide in patients with these disorders are few, except for studies with inpatients older than 50 years of age with a mood disorder [23] and in adolescents with depression [17]. Therefore, further studies are required in various populations.

Based on this background, we attempted to examine the roles of resilience and social support in predicting moderate-severe suicidal ideation among outpatients with depression and/or anxiety disorders. As an outcome variable, suicidal ideation was chosen because it has been shown to be a key indicator of future suicide attempts in a continuum model of suicide and thus, suicide prevention has been focused on this stage [27]. To identify the independent and interaction effects of resilience and social support, multivariate logistic regression models were used after controlling for suggested risk factors for suicide including demographic and clinical variables, childhood maltreatment, and various psychiatric symptoms.

2. Methods

2.1. Participants and procedures

During the period between February 2011 and May 2013, patients who first visited the Anxiety and Mood Disorder Clinic at Seoul St. Mary's Hospital, The Catholic University

of Korea and met the DSM-IV criteria for depressive and/or anxiety disorders were recruited consecutively. Diagnosis was conducted by a psychiatrist using semi-structured interviews of the Mini-International Neuropsychiatric Interview (M.I.N.I.) [28]. Eligibility criteria included being 18–65 years of age and literate in Korean. Exclusion criteria included a lifetime diagnosis of psychotic disorder, bipolar disorder, mental retardation, any mental disorder due to general medical condition, and significant personality disorders and/or medical problems likely to interfere with study participation. A total of 449 psychiatric outpatients who met the inclusion and exclusion criteria consented to participate and filled in a battery of self-report questionnaires. Restricting analyses to those who had completed all measures, the final sample included 436 (of 449) patients. The study procedure was approved by the Institutional Review Boards of the ethical committee of the Seoul St. Mary's Hospital at the Catholic University of Korea (IRB no. KC09FZZZ0211).

2.2. Measures

2.2.1. Demographic, clinical information, and suicide ideation

Demographic and medical data were collected from participants and hospital charts. Current suicidal ideation was assessed by measuring responses of Beck Depression Inventory (BDI) item 9. Responses were grouped into two categories: with none-mild suicidal ideation (0–1) and with moderate-severe suicidal ideation (2–3) [29].

2.2.2. Childhood maltreatment

Childhood or adolescent maltreatment experiences were assessed using the short form of Childhood Trauma Questionnaire (CTQ) [30]. The CTQ is a self-report questionnaire consisting of 28 items (25 clinical and three validity items). It measures five categories of childhood maltreatment including emotional and physical neglect as well as emotional, physical, and sexual abuse. Each subscale has 5 items with a 5-point frequency of occurrence and scores of each subscale range from 5 to 25. Based on the manual of CTQ specifying cutoff points for the levels of none, low, moderate, and severe, we used the moderate to severe cutoff scores for each subscales in determining an exposure to childhood trauma in that category [31]. The reliability and validity of the Korean version of CTQ were demonstrated [32].

2.2.3. Resilience

The Korean version of Connor–Davidson Resilience Scale (CD-RISC) [33] was used to measure resilience. The CD-RISC was developed for clinical practice as a measurement of coping ability in the face of adversity [34]. It consists of 25 items, each on a 5-point Likert scale, ranging from 0 (not true at all) to 4 (true nearly all the time). Higher total scores indicate greater resilience. The CD-RISC is regarded as one of the best resilience measures in

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