VA | U.S. Department of Veterans Affairs

# Suicide and Patients with Chronic Pain

## Why Should We Be Concerned?

Pain conditions independently increase risk for suicidal ideation (SI) and suicide attempts[1–5] and chronic pain is estimated to double the risk of death by suicide.[6]

**It is estimated that twenty-two Veterans die by suicide every day[9]**

- Individuals with chronic pain have a high prevalence of co-morbid psychiatric disorders, including depression, which are strongly associated with suicidal behaviors[3,7]
- Longer duration of opioid utilization has been associated with increased risk of developing depression[1]
- The presence of pain may impair the detection and treatment of depression and other psychiatric disorders[6–8]
- Depression in those with and without chronic pain is associated with SI, suicide attempts and death[6–8]

It is estimated that 45% of people who ultimately die from suicide were seen by their primary care provider within one month of their suicide.[9] Patients with chronic pain who are using prescribed opioids have ready access to lethal medication. Opioid prescriptions are the most common medications present in drug overdose deaths.[10] Therefore, weighing the risks and benefits of opioid use for all Veterans is essential.

**It is very important to identify suicidal thoughts and take necessary action to reduce suicide attempts.**

| What Should I Look For (Risk Factors, Warning Signs and Protective Factors)? |
|---|
| **Risk Factors and Warning Signs[11]** |
| • **Suicidal ideation and intent**: wish to die<br>• **Previous suicide attempt(s)** or family history of<br>• **Current/past psychiatric diagnosis:** e.g., mood or anxiety disorder, substance use disorder/ withdrawal or family history of depression<br>• **Precipitants/Stressors/Interpersonal:** triggering event leading to humiliation, shame or despair (e.g. breakups, financial or legal problems, grief, suicide of relative), history of assault (physical, emotional, sexual), terminal disease, limited social support |

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## What Should I Look For (Risk Factors, Warning Signs and Protective Factors)?

### Pain-Specific Risk Factors and Warning Signs[3,6,8–18]

- **Pain:** severe pain intensity, chronicity (>3 months), and pain location with > risk (headache, abdominal, low back, generalized); pain-related helplessness and/or losses (e.g. job, relationship, hobbies)
- **Precipitants/Stressors/Interpersonal:** insomnia/poor sleep quality, catastrophizing behavior, social withdrawal, perceived burdensomeness, impulsivity, medication misuse, physical and/or mental impairments affecting normal activities

### Protective Factors*

- Resilience, religious beliefs, higher frustration tolerance, responsibility to family or pets, positive therapeutic relationships (e.g. longitudinal and positive relationship with health care providers), social supports, employment

*Protective factors, even if present, may not counteract significant acute risk

## Strategies for Working with Patients to Reduce Suicide

***Always ask specific questions about suicidal thoughts, plans, behavior and intent***

- ✓ **Screen** patients with chronic pain, mental health and substance use disorders by asking about SI and behaviors
- ✓ **Assess** suicide risk factors, warning signs and protective factors in patients with chronic pain; repeat assessments with appropriate frequency when increased risk is detected
- ✓ **Refer** as needed for mental health treatment and behavioral management of chronic pain (e.g., Cognitive Behavioral Therapy) and refer for emergency psychiatric evaluation if evidence of SI, intent, and/or behavior is present
- ✓ **Consider** high acute risk for suicide attempt and acute psychiatric instability (e.g. severe depression) to be a contraindication to opioid therapy unless Veteran is closely monitored; discontinue opioids as appropriate*, offer patients safer drug and nondrug pain treatments and provide frequent follow up **(*discontinuing without proper safeguards can increase suicide risk)**
- ✓ **Arrange** for risk stratified frequent follow-up and offer a naloxone kit as part of opioid overdose education
- ✓ **Provide** Veterans Crisis Line information: 1-800-273-8255, press 1 or **Veterans Crisis Line Website**

## What Additional Steps Can I Employ to Reduce Suicide Risk in Patients Taking Opioids?[15,18]

- ✓ Perform consistent and frequent urine drug screens
  - Opioid risk classification*: moderate (at least 2/year); high (at least 3–4/year)
  - Follow-up on inconsistent results and order confirmatory testing when appropriate
- ✓ Follow-up within 4 weeks after initiation of opioids especially with long acting opioids
- ✓ Avoid sedative co-prescriptions with opioids
- ✓ Ensure that patients with diagnosed substance use disorders (SUD) are actively receiving SUD specialty treatment and/or SUD specific pharmacotherapies while on opioid therapy

*Please see page 8 of the Opioid Safety-Educational Guide for additional information on risk classification (**VA Pain Management Opioid Safety Initiative Toolkit Website**)

## What Should I Do If I Suspect My Patient Is Suicidal?

| Suicide Risk and Suggested Actions[11] | | |
|---|---|---|
| **ACUTE Risk for Suicide Attempt** | **Indicators for Suicide Risk** | **Initial Action Based on Level of Risk** |
| **High** | • Persistent SI or thoughts<br>• Strong intention to act or has a plan<br>• Not able to control impulses or recent suicide attempt | • Maintain direct observational control of patient<br>• Limit access to lethal means (e.g. drugs, weapons, other avenues for self-harm)<br>• Immediate transfer with escort to urgent/emergency care setting for hospitalization |
| **Intermediate** | • Current SI or thoughts<br>• No plan or intention to act<br>• Able to control the impulse<br>• No recent attempt, preparatory behavior or rehearsal of act | • Contact behavioral health provider to determine acuity of referral<br>• Refer to behavioral health provider for complete evaluation and intervention<br>• Limit access to lethal means of self-harm |
| **Low** | • Recent SI or thoughts<br>• No plan or intention to act<br>• Able to control the impulse<br>• No planning or rehearsing a suicide act<br>• No previous attempt | • Consider consultation with behavioral health to determine the need for referral/treatment<br>• Treat presenting problems<br>• Address safety issues |
| **Undetermined** | • Difficulty determining risk<br>• Provider concern despite denial of ideation or intent | • Refer to behavioral health provider to determine acuity of referral and/or for complete evaluation and intervention<br>• Limit access to lethal means of self-harm |
| **Always Document: risk level and rationale; treatment plan to address/reduce current risk. Make close follow-up appointment(s) to re-evaluate stability and provide contact information to patient.** | | |
| **Modifiers that increase risk:** acute state of psychiatric symptoms or disorder, substance abuse or precipitating event(s); access to means (firearms, medications, toxins); multiple risk factors or warning signs; lack of protective factors | | |
| For complete information on assessment and management of patients at risk for suicide: **VA/DoD Clinical Practice Guidelines Web page** | | |

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**These are general recommendations only; specific clinical decisions should be made by the treating provider based on an individual patient's clinical condition.**

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