Chronic Pain and Suicide

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In a recent report to this journal, Stenager et al. [1] demonstrated that somatically ill suicide attempters are more likely than nonsomatically ill suicide attempters to be older, to be psychotic, to have higher depression scores and to have pain. I would like to comment further on the issue of pain and its potential importance to suicide attempts and suicide completion. These comments are outlined below:

Convergent lines of evidence indicate that one can expect a high rate of completed suicide for patients with pain. Patients with chronic pain are at a high risk for developing some form of depressive illness [2]. Conversely, depressive illness appears to be more common in medical inpatients who suffer from pain [3]. A number of case reports have reported that patients with chronic pain unresponsive to treatment do complete suicide [4, 5]. As Dr. Stenager has pointed out, migraine sufferers have been shown to be at risk for suicide attempts [6]. The suicide attempts occurred independent of coexisting major depression and other disorders and appeared to be related to pain.

A risk factor is a statistical concept and is defined as an association between some characteristic of the individual, group, or the environment and an increased probability of some disease [7].

Clinicians can use risk factors to identify high-risk patients.

Recently, Fishbain et al. [8] demonstrated that age-associated chronic pain patient suicide completion rates were significantly greater than that of the general population. This data was in conflict with data presented by Stensman [9], who found that chronic low back pain and chronic benign patients were not at greater risk for suicide completion than the general population. This issue therefore is in dispute. I believe that the study of Stenager et al. [1] would indicate that this issue, at least, requires further research.

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