

**Department of
Veterans Affairs**

Memorandum

Date: DEC 24 2009

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: Recent VHA Findings Regarding Chronic Pain Conditions and Suicide Risk

To: Network Director (10N1-23)

1. The purpose of this memorandum is to provide additional guidance to clinicians regarding suicide risk among VHA patients with clinical diagnoses of non-cancer pain conditions.
2. Recent findings from the Serious Mental Illness Treatment Research and Evaluation Center (SMITREC) indicate that individuals with certain non-cancer pain-related conditions are at greater risk for suicide than individuals without these diagnoses. Study analyses included Veterans who received VHA health services between fiscal years 2001 and 2006.
3. Pain-related conditions were extremely common in VHA patients with over 54 percent of all patients receiving a diagnosis of one or more non-cancer pain condition from their VA providers. No increased risk of suicide was seen in patients the two most common pain conditions (arthritis and back pain). However, elevated risks of suicide was seen in those who were diagnosed with psychogenic pain (Hazard Ratio (HR): 2.95; 95 percent Confidence Interval (CI): 2.38, 3.66), unspecified headache symptom (HR: 1.65; 95 percent CI: 1.44, 1.88), migraine (HR: 1.54; 95 percent CI: 1.33, 1.79), fibromyalgia (HR: 1.49; 95 percent CI: 1.28, 1.73) or neuropathic pain (HR: 1.43; 95 percent CI: 1.27, 1.61). The positive association between these pain conditions and suicide risk was slightly reduced, but not fully explained, by the presence of other psychiatric disorders. That is, diagnoses of psychogenic pain, unspecified headache symptoms, migraine, fibromyalgia and neuropathic pain appear to have an independent influence on suicide risk separate from other mental health disorders in some analyses, arthritis was associated with a *lower* risk of suicide.
4. These findings are broadly consistent with prior research that has documented a fairly consistent relationship between increased pain level and heightened risk of suicidal behaviors. However, these new findings provide a greater degree of specificity than was available previously, highlighting that levels of suicide risk differ by specific pain condition. Several issues should be considered in interpreting these findings. First, these are clinical diagnoses that were obtained from treatment records, and the accuracy of these diagnoses likely varies.

Also, as a group, those conditions that had the strongest association with increased risk of suicide are somewhat less common than other pain conditions and are subject to controversy about the validity or accuracy of the diagnosis (e.g., psychogenic pain).

5. These findings support the following recommendations for clinic programs and providers: a) There is a need for increased awareness of suicide risk in Veterans with certain pain conditions, namely psychogenic pain, unspecified headache symptoms, migraine, fibromyalgia and neuropathic pain. b) In working with Veterans with any pain conditions, clinicians should carefully evaluate other potential indicators of suicide risk, depression and other mental health conditions, suicidal thoughts, plans or prior attempts, and/or substance misuse.
6. Suicide Prevention Coordinators and teams should review and disseminate these findings and be prepared to discuss implications for suicide risk assessment and prevention.
7. Questions regarding this memorandum can be directed to Jan Kemp, RN, PhD, VA National Suicide Prevention Coordinator via e-mail (Jan.Kemp@va.gov) or telephone at (585) 393-7939.


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