A study of 873 suicide cases and 17,460 controls indicated that the relationship among physical illness, suicide risk, and depression is complex and can vary with diagnosis, sex, and age. The authors of an article on this research suggest that although further work is needed to clarify these relationships, their results support the need to train health care providers in suicide risk assessment and management.

An analysis of data from the General Practice Research Database in the United Kingdom revealed that clinical depression was largely responsible for the elevated suicide risk found in people suffering from coronary heart disease, stroke, and chronic obstructive pulmonary disease. The exception to this pattern was osteoporosis, which was associated with elevated suicide risk independent of the presence of depression.

Breaking the data out by sex revealed a complicated relationship among suicide risk, depression, and physical illness. Among men, osteoporosis was the only condition associated with a statistically significant increase in suicide risk. The authors suggest that this may indicate that it is disability, rather than illness, that elevates suicide risk in men. Among women, only cancer and coronary heart disease increased suicide risk independent of depression. However, women had a much greater danger of elevated suicide risk associated with physical disease than did men. And women diagnosed with cancer, coronary heart disease, stroke, chronic pulmonary disease, and osteoporosis were 2-3 times more at risk for suicide than women not diagnosed with these conditions. Overall, suicide risk in women was greatest among younger women with a physical illness and older women with more than one physical illness. The presence of depression only partly explained these associations. The authors speculated that the relationship between suicide risk and physical illness among women was confounded by (1) a fear of death among younger women diagnosed with a life-threatening disease, (2) the sheer burden of being diagnosed with more than one disease when older, and (3) a reaction to mastectomy among breast cancer patients. However, the data used in this study did not allow the authors to test these theories.

SPRC Commentary

Although the relationship between physical illness and suicide risk is complex, this research confirms how important it is for primary care physicians to ask patients with major physical diseases about depression, suicidal thoughts, and suicidal behavior. This line of questioning is especially critical when the patient is a woman suffering from cancer, coronary heart disease, stroke, chronic pulmonary disease, or osteoporosis, given that women with these conditions were found to have 2-3 times the suicide risk of other women. SPRC’s Suicide Prevention Toolkit for Rural Primary Care contains the information and tools needed to implement suicide prevention practices in primary care settings.
