Current evidence suggests that people who experience chronic pain are at increased risk for a number of adverse health outcomes, including opioid overdose and suicide. Among this population, researchers have identified a variety of factors that can increase suicide risk among this group. Understanding these factors can help prevention practitioners and health care providers identify individuals experiencing chronic pain who may be at risk for suicide and implement interventions to address it.

**FACTORS THAT MAY INCREASE THE RISK OF SUICIDAL BEHAVIOR AMONG PEOPLE WITH CHRONIC PAIN**

**Desire to escape from pain.** Some individuals with chronic pain may wish to escape both the physical pain and its associated emotional pain.

**Duration of pain.** People who have pain that lasts 6 to 12 months—namely, patients with chronic pain—are at increased risk for suicide compared to those who experience acute pain.

**Helplessness, hopelessness.** Individuals who feel that nothing can help with their pain and believe that positive outcomes aren’t possible may be at increased risk for suicide.

**Insomnia,** common among patients with pain, is associated with increased risk of suicide.

**Passive coping strategies,** such as hoping for the pain to go away, increased the risk of suicide.

**Pain catastrophizing.** Cross-sectional studies have found that pain catastrophizing described as thinking the worst about one’s pain, feeling helpless over it, or magnifying it, is associated with intentional overdose and suicidal ideation.

**Pain interference.** A cross-sectional study of approximately 1,500 patients with chronic pain found that high pain interference (that is, the degree to which an individual’s pain prevents them from engaging in everyday life) is associated with suicidal ideation after controlling for depression and other key risk factors.

**Pain severity.** Although evidence is mixed, longitudinal data suggests a link between severe pain and both suicide attempts and deaths. A cross-sectional study found mixed evidence after controlling for factors like depression.
Perceived burdensomeness and/or thwarted belongingness. Distress in interpersonal relationships and self-perceived burden, such as feeling like a burden on someone and feelings of not belonging, are associated with suicidal ideation.\(^7,^12\)

Prescription pain medication access, when other factors are present. Several factors, including prescription pain medication dose, taking pain medications and anxiety medication (like in addition to benzodiazepines) concurrently, and having an alcohol use disorder or mood disorder while on prescription pain medication can increase suicide in chronic pain patients.\(^13^,^14\)

Specific pain diagnoses. A Department of Veterans Affairs’ study of more than five million veterans found that back pain, psychogenic pain (that is, pain with medically unexplained physical symptoms) and migraines were all associated with an increased risk for suicide, after taking into consideration other factors that could increase these individuals risk of suicide.\(^15\)

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