

The strong link between pain killers and suicide in the elderly

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A paper published in the current issue of *Psychotherapy and Psychosomatics* has investigated the relationship between pain killers and suicidal behavior in the elderly.

This study aims to examine the association between suicidal vulnerability and analgesic consumption in a population based study. Authors hypothesized that people with a past history of suicide attempts (i.e. carrying suicidal vulnerability) will be more prone to consuming analgesics than subjects without such a history. They selected subjects among a cohort recruited in communitydwelling people over 65 years of age between 1999 and 2001.

A standardized interview assessed demographic characteristics, general health, medical history, hospitalization, self-reported social isolation and current alcohol and [tobacco consumption](#).

Chronic illnesses included cardiac ischemic disease, diabetes, hypertension, asthma, thyroid pathology and cancer. Prescriptions for analgesics were classified according to the WHO analgesic ladder . We considered two grades of medication: grade I for nonopioid drugs (step 1 for low-to-moderate [pain](#)) and grade II for opioid drugs (steps 2 and 3 for severe pain). The use of non-prescribed drugs was also recorded. The sample was divided into three groups: (1) suicide attempters (SA, n = 41) having a lifetime history of [suicide attempt](#), (2) affective controls (AC, n = 410) having a history of major depression (DSM-IV criteria) or current high [depressive symptoms](#) (CES-D score >16) without history

of suicide attempt and (3) healthy controls (HC, n = 406) having no psychiatric history and current low depressive symptoms.

Only opioid consumption was significantly increased in subjects having a history of depression, with the highest risk of opioid consumption in former SA. It was not related due to differences in health status or care accessibility. As depression in the elderly is commonly associated with painful symptoms, AC should have been prone to taking [analgesics](#) if their consumption only depended on their depressive state. Moreover, there were no between-group differences in antidepressant consumption, which modulates both depression and pain. As a whole, it may suggest the involvement of a modified pain perception in suicidal vulnerability, possibly linked to the opioid system. The strengths of this study are the inclusion of community-dwelling people and the assessment of exhaustive prescriptions during the follow-up.

More information: Olié E. et al. History of Suicidal Behaviour and Analgesic Use in Community-Dwelling Elderly *Psychother Psychosom* 2013;82:341-343 [DOI: 10.1159/000350504](https://doi.org/10.1159/000350504)

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