

Women who are socially well integrated have lower risk for suicide

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Women who were socially well integrated had a lower risk for suicide in a new analysis of data from the Nurses' Health Study, according to an article published online by *JAMA Psychiatry*.

Suicide is among the top 10 leading causes of death among middle-age women in the United States. Most of the work in the field emphasizes

the psychiatric, psychological or biological determinants of [suicide](#).

Alexander C. Tsai, M.D., Ph.D., of Massachusetts General Hospital, Boston, and coauthors estimated the association between [social integration](#) and suicide using data from 72,607 nurses (ages 46 to 71 years) who were surveyed about their [social relationships](#) beginning in 1992 and followed up until death or until June 2010. The extent of social integration was measured on an index of seven items that included questions about marital status, social network size, frequency of contact with social ties, and participation in religious or other social groups.

The majority of study participants were classified into the highest (31,071 of 72,607) category of social integration. Socially isolated women who were less socially integrated were more likely to be employed full time, were less physically active, consumed more alcohol and caffeine, and were more likely to smoke than socially integrated women.

Overall, there were 43 suicides from 1992 to 2010 and the most frequent means of suicide were poisoning by solid or liquid substances (21 suicides), followed by firearms and explosives (eight suicides) and strangulation and suffocation (six suicides).

The authors found the risk of suicide was lowest among women in the highest and second-highest categories of social integration. Increasing or consistently high levels of social integration also were associated with a lower risk for suicide.

"Interventions aimed at strengthening existing social network structures, or creating new ones, may be valuable programmatic tools in the primary prevention of suicide," the study concludes.

In a related editorial, Eric D. Caine, M.D., of the University of

Rochester Medical Center, Rochester, N.Y., writes: "The long tradition of sociological research that is devoted to suicide, or that explores the influences that contribute to mental disorders, challenges us to develop new, more nuanced research designs that truly address the 'social' in the biopsychosocial medical model, even as we have been enhancing the depth and breadth of 'bioresearch.' The social part has always been the weakest link of this paradigm and needs invigoration. Just as important, we already know - in broad terms - the positive and deleterious effects of social forces and factors in the development and evolution of conditions that are behaviorally and emotionally based. Like heart disease 50 years ago, we do not need to have absolute certainty about the mechanism of action to begin to test and implement essential, broadly targeted preventive interventions."

More information: *JAMA Psychiatry*. Published online July 29, 2015. [DOI: 10.1001/jamapsychiatry.2015.1002](https://doi.org/10.1001/jamapsychiatry.2015.1002)
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