

More doctor visits lead to less suicide attempts for fibromyalgia patients

September 19 2018

Fibromyalgia patients who regularly visit their physicians are much less likely to attempt suicide than those who do not, according to a new Vanderbilt University Medical Center study published in *Arthritis Care & Research*.

Patients who did not attempt suicide were at the doctor an average of 50 hours per year versus less than one hour per year for the group who committed self-harm, according to lead author Lindsey McKernan, Ph.D., assistant professor of Psychiatry & Behavioral Sciences, Physical Medicine & Rehabilitation.

"Fifty hours versus one hour—that's a staggering difference," McKernan said. "They might have been at one appointment in a year and this disorder, [fibromyalgia](#), takes a lot to manage. It takes a lot of engagement."

Doctors already know that fibromyalgia patients are 10 times more likely to die by suicide than the general population, but this study is the first to successfully apply machine learning to reliably detect suicide risk in fibromyalgia patients and also to explain that risk in clinically meaningful ways, according to senior author Colin Walsh, MD, MA, assistant professor of Biomedical Informatics.

"The study suggests a possible path for intervention," Walsh said. "Perhaps we can connect those individuals to an outpatient provider, or providers, to improve their care and reduce their [suicide risk](#). We also

might see patients at-risk establish meaningful relationships with providers whom they can contact in times of crisis."

Walsh said, on average, those who presented at some point with suicidal thoughts spent 1.7 hours in clinic per person per year while those who did not present with suicidal thoughts were in clinic on average 5.9 hours per person per year.

The difference was even more substantial for those who presented with [suicide attempts](#): less than one hour per year in clinic for attempters and over 50 hours per year on average for non-attempters, he said.

The case-control study looked at large-scale electronic health record (EHR) data collected from 1998-2017, including 8,879 individuals with fibromyalgia, with 34 known suicide attempts and 96 documented cases of suicidal thoughts, examining factors that increase and decrease risk of suicide in this population.

Researchers converted time-based-billing codes to equivalent minutes to estimate face-to-face provider contact. Risk factors specific to suicidal thoughts included complaints such as fatigue, dizziness and weakness. Risk factors specific to suicide attempts included obesity and drug dependence.

"It's not just about risk factors; it is about what keeps people from hurting themselves, protective factors," McKernan said. "If you really break it down the people who were having [suicidal thoughts](#) weren't going into the doctor as much. I think about the people who might be falling through the cracks. Chronic pain in and of itself is very isolating over time."

McKernan noted that part of living with and managing fibromyalgia is being engaged with care such as physical therapy, working with a

psychologist or mental health provider, doing exercise and self-management in addition to seeing a primary care provider and rheumatologist.

"We looked at thousands of people in this study and not one who received [mental health services](#) of some kind went on to attempt [suicide](#)," she said.

"Often, when you are hurting, your body tells you to stay in bed. Moving is the last thing that you want to do. And when you are tired, when your mood is low, when your body aches, you don't want to see anybody, but that is exactly what you need to do—contact your doctors, stay in touch with them, and move. It really can make a difference."

More information: Lindsey C McKernan et al, Outpatient Engagement Lowers Predicted Risk of Suicide Attempts in Fibromyalgia, *Arthritis Care & Research* (2018). [DOI: 10.1002/acr.23748](#)

Provided by Vanderbilt University Medical Center

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