

Sleep disorders and suicidal ideation in patients with depressive disorder

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Abstract

An intrinsic association between suicidal ideation and sleep disorders in patients with depressive disorder has been observed in recent studies. This study was conducted in order to examine the relationship between suicidal ideation and sleep disorders, such as insomnia and excessive sleepiness, in outpatients with major depressive disorder. Seventy patients with diagnoses of major depressive disorder were interviewed and assessed with the Sleep Habits Questionnaire and the Beck Scale for Suicidal Ideation (SSI). Data analyses were performed through descriptive analysis, Students *t*-test, Chi-square test and logistic regression model, with a statistical significance of 5%. In this study, depressed patients had high SSI scores (6.12 ± 2.67), particularly for active suicidal ideation (1.61 ± 0.39) and specific plans for suicide components (1.51 ± 0.40). Depressed patients with insomnia had significantly higher SSI scores (7.39 ± 2.84), in relation to patients with excessive sleepiness (3.68 ± 1.73). Furthermore it was observed that insomniac patients had significantly higher scores on the following components: active suicide ideation, specific plans for suicide and previous suicide attempts. The results of multivariate analysis showed that only insomnia had a significant association with suicidal ideation. Thus, sleep disturbances, particularly insomnia, should be considered in the assessment of suicidal risk in outpatients with depressive disorder.

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1. Introduction

Sleep disorders are frequently associated with a wide range of psychiatric illnesses and are regarded as a characteristic feature of depressive disorder. Depressed patients often report inadequate or non-restorative sleep, as well as difficulty in falling asleep, frequent nocturnal and early morning awakening, decreased total

sleep and disturbing dreams (Ohayon, 2000; ICSD, 2001).

Suicidal patients habitually report problems with their sleep. Although sleep-related complaints and electroencephalographic changes are generally encountered in psychiatric disorders, sleep complaints, such as insomnia, hypersomnia and nightmares, are more common in suicidal patients (Agargun and Cartwright, 2003; Bernert et al., 2005). Dream variables collected during rapid eye movement (REM) interruptions and REM sleep abnormalities have also been related to suicidal tendencies in depressed patients (Agargun et al.,

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1998; Agargun and Cartwright, 2003), as well and the frequency of nightmares has been directly related to suicide risk (Tankensen et al., 2001). Sleep studies have reported various polysomnographic findings including increased REM time and activity in suicidal patients with depression. One mechanism that may be responsible for the association between suicide and sleep is low function in patients who attempted and/or completed suicide (Singareddy and Balon, 2001).

Previous epidemiological studies have indicated that sleep disorders, particularly insomnia, can be associated with suicidal risk (Duggan et al., 1992; Agargun et al., 1997a). Severe insomnia at the time of depression diagnosis has been recognized as one of the few clinical predictors of completed suicide in the first year of follow-up (Fawcett et al., 1990). Moreover, suicidal thinking during depression is frequent in patients with insomnia in comparison to depressed patients without insomnia (Sabo et al., 1991). Recent studies have demonstrated a correlation between suicidal ideation and suicide attempts that can result in an elevated suicide risk at some point in the future (Bertolote and Fleishmann, 2002; Schmidtke et al., 2004). Therefore, the importance of the clinical evaluation of sleep disorders in patients with major depressive disorder is due to its link to severe depression, suicidal ideation and suicidal risk.

2. Methods

2.1. Design and setting

The study design was descriptive, quantitative and cross-sectional with a sample composed of 70 outpatients. The study was conducted in the Onofre Lopes University Hospital Psychiatry Unit, a public tertiary general hospital in Natal, Rio Grande do Norte, Brazil. Data collection was done during the period of April to July 2005.

2.2. Participants

The selection of patients was according to the inclusion criteria of age between 18 and 65 years old and patients with diagnoses of major depressive disorder. This diagnosis was provided through clinical interview using the Diagnostic and Statistical Manual of Mental Disorders criteria (DSM-IV, 1994) for major depressive disorder by five psychiatrists responsible for the clinical evaluation of the patients. After the interviews, medical records were reviewed to assess the physician's recognition of major depressive disorder. All patients consecutively admitted in the psychiatric outpatient unit that met the inclusion criteria of this study

were interviewed. The exclusion criteria were as follows: psychoactive substance use, post-traumatic stress disorder, post-puerperal depression, bipolar disorder, and epilepsy.

2.3. Procedures

The interviews were conducted by one of the study investigators who had been trained to apply the methodological instruments (Sleep Habits Questionnaire and Beck Scale for Suicide Ideation). All subjects gave written informed consent to participate in this study. The project was approved by the Ethics Committee of the Federal University of Rio Grande do Norte, Natal, Brazil.

Data concerning the duration of major depressive disorder in months were obtained from medical records. Suicidal ideation was assessed with the Beck Scale for Suicidal Ideation (SSI), a clinician rating scale with a semi-structured interview format. This questionnaire is a well-established instrument for assessing suicidal ideation (Beck et al., 1979). It consists of 19 items that evaluate the following dimensions of suicide ideation: active suicide desire, specific plans for suicide, passive suicide desire, and previous suicide attempts. Each item is rated on a scale from 0 to 2, and these items are grouped into four components: active suicide ideation, specific plans for suicide, passive suicide ideation and previous suicide attempts. Higher scores are related to severe suicidal ideation. A total SSI score equivalent to 6 or more is considered as a cutoff threshold for clinically significant suicidal ideation. In this study, the validated version in Brazil was used to assess suicidal ideation (Cunha, 2001).

Sleep assessment was conducted using the Sleep Habits questionnaire (SHQ) and the International Classification of Sleep Disorders diagnostic criteria for sleep disorders due to mood disorders (ICSD, 2001). The SHQ consists of a standard and validated self-evaluating protocol with 32 questions, out of which 10 items are related to the patients' health and use of stimulants, and 22 items concern sleep disturbances. The SHQ is utilized to assess sleep disorder complaints, notably insomnia and excessive sleepiness, and to classify patients as having insomnia, excessive sleepiness or none of these sleep disturbances. It does not provide an adequate assessment of other sleep disorders, e.g., the obstructive sleep apnea or hypopnea syndrome, nightmares, and restless leg syndrome/periodic limb movements in sleep. Insomnia was defined as difficulty in initiating sleep, disrupted sleep, early morning awakening and insufficient amount of sleep (decreased total duration of

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