

Managing Chronic Pain May Protect Against Suicide Risk



From Science to Practice

Using Research to Promote Safety and Prevent Suicide

Overview

Over 24% of the U.S. adult population lives with chronic pain and over 8% live with high-impact chronic pain.¹ Veterans are at greater risk for chronic pain than the general population.² As many as 45% of Veterans within the Veterans Health Administration (VHA) experience chronic pain.^{3-4,5,6} People with chronic pain may be at increased risk for suicidal ideation and behavior.^{7,8,9} With proper risk assessment, pain management, and mental health treatment engagement in pain treatment settings, clinicians may be able to lower Veterans' suicide risk and help them improve their overall quality of life.

Key Findings

Chronic Pain and Suicide Risk

- Lifetime prevalence of suicidal ideation in people with chronic pain is about 29%, and 11% for suicide attempts.⁸ Over 10% of Americans who died by suicide had chronic pain.¹⁰ Chronic pain diagnoses were nearly three times more prevalent in individuals who died by suicide compared with those who did not.¹¹
- People with moderate or severe pain are two times more likely to have lifetime suicidal ideation, two times more likely to experience a current suicide attempt, have 52% increased odds for lifetime suicide attempts, and 83% increased odds for dying by suicide than people without pain.¹² Risk of suicide attempt is higher among those with moderate or severe pain in the six months prior to initiating specialty pain care. Moderate and severe pain were also associated with greater risk of reattempt in the year after initiating care.¹³
- The following factors may increase suicide risk: frequent pain episodes;¹⁴ longer pain duration;⁷ chronic pain-related conditions;^{12,14,15} pain-related sleep problems;^{7,14,16} comorbid medical or mental health conditions;^{7,8,9,16,17,18} poorer perceived mental health;¹⁴ and higher levels of pain-related catastrophizing.^{14,19}

- Every unit increase in chronic pain heightened the odds of attempting suicide by 67% and doubled the risk of death by suicide.⁹ Depression was found to mediate the relationship between suicide and chronic pain.⁹
- Compared to individuals with medically explained chronic pain, individuals whose chronic pain is medically unexplained report higher rates of suicidal ideation (28.4% vs. 18.3%) and suicide attempts (12.2% vs. 6%).²⁰

Chronic Pain and Comorbid Conditions

- People with chronic pain who die by suicide often have a comorbid medical or mental health condition.^{7,10,11} A case-control study found that suicide decedents with a chronic pain diagnosis had more medical and mental health comorbid diagnoses throughout their lifetime, including most major common mental health disorders compared to individuals diagnosed with chronic pain who had not died by suicide.¹¹
- A retrospective analysis found that, among suicide decedents with chronic pain, over 54% had at least one chronic medical condition and over 51% had a mental health disorder.¹⁰
- Suicidal ideation among Veterans is associated with PTSD and the interference of pain in daily activities and function.⁶ Veterans with comorbid chronic pain and probable PTSD were four times more likely to attempt suicide compared to Veterans with probable PTSD only.¹⁷
- A study of over 4.8 million Veterans found that migraine, back, and psychogenic pain were associated with increased suicide risk, after controlling for age, sex, and mental health conditions.^{12,21}
- Veteran pain management may be uniquely challenging as they are more likely than civilians to suffer from limb loss, musculoskeletal injuries, and the polytrauma clinical triad.^{22,23}

Chronic Pain and Opioid Use

- Higher dose opioid prescriptions (≥ 100 milligrams) doubled suicide risk for Veterans.²⁴ Veterans receiving prescription medications for pain increased from 17% to 24% between 2001-2009.²⁵ However, VA reduced the

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percentage of Veterans receiving opioid prescriptions within VHA by 67% from 2012- 2023.²⁶

- Increasing opioid dose does not improve pain symptoms.^{27,28,29} Yet, patients taking opioids for chronic pain often have their doses increased over time due to tolerance or lack of pain relief.³⁰ Opioid dose reductions and opioid discontinuation are associated with increased suicide and overdose risk.^{31,32,33} Individuals unable to tolerate and manage their pain are more likely to experience increased pain intensity and psychological distress.^{7,19}
- A study of VHA patients prescribed opioid analgesics found that opioid initiation and discontinuation were risk periods for suicide and overdose.³³ And the greater length of time a Veteran received opioids, the greater the risk for suicide or overdose with opioid discontinuation.³³

Nonpharmacologic Treatments for Chronic Pain

- Nonpharmacological treatments may reduce risk for accidental overdose, substance use disorders, and suicidal thoughts and behaviors. A study of Veterans diagnosed with chronic pain found that nonpharmacological treatments resulted in 17% fewer self-inflicted injuries and 12% fewer cases of suicidal ideation.³⁴

- VA's Cognitive Behavioral Therapy for Chronic Pain (CBT-CP) has been shown to improve overall quality of life and reduce pain intensity, pain interference in daily life, and pain catastrophizing,³⁵ which is associated with greater suicide risk as it increases depression.¹⁹ Brief CBT-CP in primary care settings rapidly improves pain interference and related outcomes³⁶ and is acceptable to patients and providers for improving access to pain self-management skills.^{37,38} Group delivery of a brief version of CBT-CP is well tolerated among primary care Veterans, including those with elevated suicide risk.³⁹

Pain Management Programs and Behavioral Activation for Chronic Pain

- Pain management programs may reduce suicide risk in patients with chronic pain. A trial of a four-week educational pain management program found that, of those who reported suicidal ideation at baseline, over half no longer had suicidal ideation post-intervention.⁴⁰ In a trial that tested a behavioral activation intervention in Veterans with chronic pain and PTSD, patients reported improved PTSD symptoms, pain severity, pain interference, and quality of life post-treatment.⁴¹

Ways You Can Help

- Screen patients with chronic pain for suicidal ideation and behaviors and refer for treatment as needed.
- Familiarize yourself with the Biopsychosocial Model and the [VA Stepped Care Model for Pain Care](#). Providing whole person pain care requires a team approach.
- VA offers CBT-CP as an effective treatment for reducing the negative impacts of chronic pain on Veterans' lives. Clinicians can visit [VA's CBT-CP for Providers website](#) for a clinician manual, fact sheet, and more. Several Brief CBT-CP resources, including the therapist manual and patient guidebook, are available at the [Center for Integrated HealthCare SharePoint site](#).
- Opioid therapy is not recommended in Veterans with acute suicide attempt risk or psychiatric instability unless closely monitored; offer patients safer drug and nondrug pain treatments and provide frequent follow-up and utilize the resources such as the [VA's Opioid Taper Decision Tool](#). ***Discontinuing without proper safeguards can increase suicide risk.** Provide support, treatment, and wraparound services during transition periods of starting or stopping prescription opioid therapy for pain.
- Educate Veterans and family members about opioid overdose risk and offer a naloxone kit. VHA patients at-risk for opioid overdose are eligible for [free naloxone and naloxone training](#).
- Consider switching appropriate Veterans from long-term opioid therapy (LTOT) to Buprenorphine. The VA provides [guidance](#) on when Buprenorphine may or may not be appropriate.
- Use [contingency management](#) to retain Veterans on medications for opioid use disorder (MOUD).⁴² Learn more about contingency management and see if the contingency management program is offered at your local VA medical center. Providers can access the "[Contingency Management for Abstinence \(Abstinence CM\) Manual](#)" through the VA intranet network.

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- Familiarize yourself with [VA Whole Health resources](#) and share them with Veterans. Whole Health has been shown to significantly reduce how much chronic pain interferes with daily life and functioning.⁴³ Whole Health focuses on biopsychosocial rehabilitation strategies and meaning, purpose, and quality of life as core elements of care.
- Ensure Veterans are aware of the [Veteran Crisis Line \(VCL\)](#). VCL provides 24/7 confidential crisis support for Veterans, Service members, National Guard and Reserve members, and their loved ones. They can dial 988 and then press “1” on their phone, or text 838255, or access the online chat.
- Visit [VHA TRAIN](#) for free continuing medical education courses, including courses on chronic pain and pain management.
- Visit [VA's Suicide Prevention website](#) to explore the *From Science to Practice* series and other resources that delve into suicide risk and protective factors, prevention strategies, and related topics to help better support Veterans.

There is no single cause of suicide. It is often the result of a complex interaction of risk and protective factors at the individual, interpersonal, community, and societal levels. To prevent Veteran suicide, we must maximize protective factors and minimize risk factors at all of these levels.

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