Treating Sleep Disturbances May Help Prevent Suicide

From Science to Practice

Using Research to Promote Safety and Prevent Suicide

Issue

People with sleep disturbances are at increased risk for suicidal ideation and behavior.[1,2,3] Certain sleep disturbances may also be proximal or acute risk factors for suicide death.[1,4] Patients with mental health conditions and people with chronic pain who have comorbid sleep disturbances are especially at risk for suicidal behavior.[5,6,7,8] However, not all sleep disturbances confer the same risk.[1] Treatment for sleep disturbances may reduce suicide risk, but more research is needed.[9,10,11]

Key Findings

Insomnia — the most common sleep disturbance[12] — is associated with an increased risk for suicidal ideation and behavior.[4] Other sleep disturbances, including nightmares and sleep apnea, are significantly associated with suicidal ideation but not necessarily suicidal behavior.[3,9,13]

Insomnia

- Insomnia is a risk factor for suicidal ideation and behavior, independent of other known risk factors, such as anxiety, depression, and substance use disorders.[3,14]
- One study found that patients with insomnia and a mental health condition were 18 times more likely than patients with neither to attempt suicide.[14]
- Among people with a history of suicide attempts, past-year remission from attempting suicide and from suicidal ideation was associated with no trouble sleeping.[15]

Nightmares

- Nightmares are associated with suicidal ideation even after controlling for other risk factors (e.g., depression and insomnia); whether they increase one's risk for suicidal behavior independent of other risk factors is uncertain.[3,16,17,18]
- One study found that people with posttraumatic stress disorder who experienced nightmares were more likely than those who did not to report suicidal behavior.[19] The relationship between nightmares and suicidal behavior may be partially explained by feelings of defeat, entrapment, and hopelessness.[19]
- Among people with a history of suicide attempts, nightmares are associated with an increased risk for repeat suicidal behavior.[20] Nightmare frequency seems to play a role: People with frequent nightmares (weekly) were more likely to have a history of repeated suicide attempts.[21,20]

Other Sleep Disturbances

- Sleep apnea is associated with suicidal ideation and suicide planning, even after controlling for covariates.[13,22] One study found that suicidal ideation decreased among people treated with continuous positive airway pressure, or CPAP.[23]
- People with restless legs syndrome are significantly more likely than people without the condition to attempt or die by suicide, even after controlling for other risk factors.[24]
- Nocturnal wakefulness itself — a result of sleep disturbances — may contribute to suicide risk, since suicides overall are most likely to occur at night (11 p.m. – 6 a.m.).[25,26] There is some variance by age group, however: Suicides peak at night among people ages 18–39 but during the day among people age 40 and older.[25]
- Shift work has been identified as a risk factor for suicidal ideation.[27]

Implications

Assessing for and treating sleep disturbances may prevent suicide. When considering treatments for patients with sleep disorders, be aware that hypnotic medications, including zolpidem, carry their own risks for suicidal ideation and behavior.[28,29]

Ways You Can Help

- If you are a sleep clinician, screen all new patients for suicide risk and repeatedly screen patients who previously screened positive, especially if their sleep problems worsen.[30]

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- Ask about sleep health in your clinical assessments. The 2019 VA/DoD Clinical Practice Guideline for the Assessment and Management of Patients at Risk for Suicide ***(www.healthquality.va.gov/guidelines/MH/srb)*** recommends including insomnia in suicide risk evaluations and the VA/DoD Clinical Practice Guideline for the Management of Chronic Insomnia Disorder and Obstructive Sleep Apnea ***(www.healthquality.va.gov/guidelines/CD/insomnia/VADoDSleepCPGFinal508.pdf)*** contains guidance on how to screen for and manage sleep disorders.
- Consider referring patients with unexplained daytime sleepiness to a sleep clinic to investigate whether sleep apnea is the cause.
- Explore with patients the relationship between sleep and their suicidal thoughts. If they identify increased suicidal desire during nighttime waking, address this in their safety plans.
- Discuss with patients the importance of good sleep habits, including not using electronic devices with light-emitting screens around bedtime and avoiding regular use of nonprescription sleep aids.
- While helpful, small changes to sleep habits typically do not relieve chronic insomnia. Cognitive behavioral therapy for insomnia (CBT-i) is the first-line treatment for chronic insomnia and may, in turn, help with reducing suicide risk.[31] Brief CBT-i can be delivered in the primary care setting. VA clinicians can access a brief CBT-i protocol through the Evidence-Informed Interventions for Primary Care Mental Health Integration Clinicians portal: ***http://vhasyrapp6.v02.med.va.gov/mrIWeb/mrIWeb.dll?I.Project=EII.*** And the CBT-i Coach app for Veterans ***(mobile.va.gov/app/cbt-i-coach)*** is a helpful adjunct to treatment. Also direct patients to the Path to Better Sleep website ***(https://www.veteranstraining.va.gov/insomnia/index.asp)*** for more information and self-directed relaxation techniques. Patients whose response to this type of therapy is limited may benefit from pharmacotherapy.
- For patients who struggle with nightmares, consider imagery rehearsal therapy, which involves documenting one's nightmares, rewriting them to end positively, and thinking about the replacement dream before falling asleep.[32]

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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