How Women's Reproductive Cycles and Sexual Health Affect Their Suicide Risk

From Science to Practice

Using Research to Promote Safety and Prevent Suicide

Issue

Suicide disproportionately affects Veteran women, who are almost twice as likely as their civilian peers to die by suicide.[1] While the suicide rate among all women in the United States has increased in recent years, the rate is increasing faster among women Veterans. Between 2001 and 2014, the suicide rate for women in the U.S. civilian population increased by 40.1% while the rate among women Veterans increased by 62.4%; the rate for male Veterans increased by 29.7%.[2] Among the many factors that can influence suicide risk, the effects of reproductive and sexual health are uniquely relevant for women. Clinicians can help by assessing women Veterans for risks that uniquely affect them.

Key Findings

Suicide Risk and Women's Menstrual Cycles

- Women who have premenstrual dysphoric disorder (PMDD) have a greater likelihood of having suicidal thoughts or making suicidal plans and attempts.[3]

Suicide Risk During Pregnancy and After Childbirth

- The perinatal period (during pregnancy and after childbirth) is not necessarily protective against suicide risk. For example, up to 20% of postpartum deaths are suicide related.[4]
- Perinatal women who die by suicide are less likely than nonperinatal women who die by suicide to be receiving psychiatric treatment at the time of death.[5]
- Pregnancy is a major cause of discontinuing antidepressants.[6]
- Women can have a rapid onset of severe bipolar depression in the first six weeks after childbirth.[7]
- In rare cases, a postpartum woman with suicidal thoughts may also have thoughts of killing her baby (infanticide). This may be due to psychotic symptoms (e.g., believing that killing the baby will prevent the baby from being tortured by a demon) or from "altruistic" depressive thoughts (e.g., believing that it is wrong to subject a baby to such a cruel world).[8] Note that a woman can also have intrusive ego-dystonic thoughts about harming her infant, which are not associated with actual urges to harm the baby.

Suicide Risk and the Menopause Transition

- During perimenopause, women have increased risk for suicidal ideation compared with pre- and post-menopausal women, as well as compared with men.[9]

Suicide Risk and Sexual Dysfunction

- Reported rates of sexual dysfunction in women Veterans have ranged from approximately 16% to 50%, depending on the population and type of sexual dysfunction studied.[10,11]
- Emerging research with women Veterans suggests that sexual dysfunction is associated with suicidal ideation, even after accounting for mental health diagnoses, branch of service, and demographic characteristics.[12]
- The association between sexual dysfunction and suicidal ideation is even stronger in women Veterans who have experienced sexual assault.[13]

VA | U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Mental Health and Suicide Prevention

Implications

Stages in a woman's reproductive life cycle can affect her risk for suicide. Effective recognition, assessment, and treatment of mental health issues associated with the premenstrual, perinatal, and perimenopausal stages can help reduce the risk for suicide. Provider-initiated discussions about sexual health are also important. Research shows that VA providers tend to underaddress and underassess sexual functioning,[14,15] even though these conversations can alleviate shame and help in tailoring care.

Ways You Can Help

- Screen women Veterans for premenstrual mood problems. Assess suicide risk in women with PMDD. Understand and offer effective treatments for PMDD.
- Discuss pregnancy plans as part of mental health assessments for women of reproductive age. For those planning pregnancies or at risk of unintended pregnancies, discuss the risks of untreated symptoms versus the risks of treatment during pregnancy. When prescribing antidepressants, consider those that have been well studied in human pregnancy and found to pose few perinatal risks.
- Assess suicide risk in pregnant and postpartum women. Assess postpartum women who have suicidal thoughts for thoughts of infanticide and do so in an empathic, nonjudgmental manner.
- For women at midlife who have mental health problems, screen for symptoms of perimenopause. Assess suicide risk in perimenopausal women.
- Routinely assess all women Veterans for sexual dysfunction and its effects on suicidal ideation and other quality-of-life domains. Consider interdisciplinary consultation and referral to ensure comprehensive treatment.

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.

References

1 Office of Mental Health and Suicide Prevention. 2018. *Veteran data report, 2005–2016*. Washington, DC: U.S. Department of Veterans Affairs.

2 Office of Mental Health and Suicide Prevention. 2017. *Suicide among Veterans and other Americans 2001–2014*. Washington, DC: U.S. Department of Veterans Affairs.

3 Pilver, C. E., D. J. Libby, and R. A. Hoff. 2013. Premenstrual dysphoric disorder as a correlate of suicidal ideation, plans, and attempts among a nationally representative sample. *Social Psychiatry and Psychiatric Epidemiology* 48, no. 3:437–46.

4 Lindahl, V., J. L. Pearson, and L. Colpe. 2005. Prevalence of suicidality during pregnancy and the postpartum. *Archives of Women's Mental Health* 8, no. 2:77–87.

5 Khalifeh, H., I. M. Hunt, L. Appleby, and L. M. Howard. 2016. Suicide in perinatal and non-perinatal women in contact with psychiatric services: 15 year findings from a UK national inquiry. *The Lancet Psychiatry* 3, no. 3:233–42.

6 Petersen, I., R. E. Gilbert, S. J. Evans, S. Man, and I. Nazareth. 2001. Pregnancy as a major determinant for discontinuation of antidepressants: An analysis of data from The Health Improvement Network. *The Journal of Clinical Psychiatry* 72, no. 7:979–85.

7 Munk-Olsen, T., T. M. Laursen, S. Meltzer-Brody, P. B. Mortensen, and I. Jones. 2012. Psychiatric disorders with postpartum onset: Possible early manifestations of bipolar affective disorders. *Archives of General Psychiatry* 69, no. 4:428–34.

8 Friedman, S. H., D. R. Hrouda, C. E. Holden, S. G. Noffsinger, and P. J. Resnick. 2005. Child murder committed by severely mentally ill mothers: An examination of mothers found not guilty by reason of insanity. *Journal of Forensic Science* 50, no. 6:JFS2005132-6.

9 Usall, J., A. Pinto-Meza, A. Fernández, et al. 2009. Suicide ideation across reproductive life cycle of women Results from a European epidemiological study. *Journal of Affective Disorders* 116, no. 1–2:144–47.

10 Gilhooly, P. E., J. E. Ottenweller, G. Lange, L. Tiersky, and B. H. Natelson. 2001. Chronic fatigue and sexual dysfunction in female Gulf War veterans. *Journal of Sex & Marital Therapy* 27, no. 5:483–87.

11 Sadler, A. G., M. A. Mengeling, S. S. Fraley, J. C. Torner, and B. M. Booth. 2012. Correlates of sexual functioning in women veterans: Mental health, gynecologic health, health status, and sexual assault history. *International Journal of Sexual Health* 24, no. 1:60–77.

12 Blais, R. K., L. L. Monteith, and J. Kugler. 2018. Sexual dysfunction is associated with suicidal ideation in female service members and veterans. *Journal of Affective Disorders* 226:52–7.

13 DiMauro, J., K. D. Renshaw, and R. K. Blais. 2018. Sexual vs. non-sexual trauma, sexual satisfaction and function, and mental health in female Veterans. *Journal of Trauma & Dissociation* 19, no. 4):403–16.

14 Helmer, D. A., G. R. Beaulieu, C. Houlette, D. Latini, H. H. Goltz, S. Etienne, and M. Kauth. 2013. Assessment and documentation of sexual health issues of recent combat veterans seeking VHA care. *The Journal of Sexual Medicine* 10, no. 4:1065–73.

15 Hosain, G. M. M., D. M. Latini, M. Kauth, H. H. Goltz, and D. A. Helmer. 2013. Sexual dysfunction among male veterans returning from Iraq and Afghanistan: Prevalence and correlates. *The Journal of Sexual Medicine* 10, no. 2:516–23.

VA | U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Mental Health and Suicide Prevention