

HIGH RATES OF SUICIDAL IDEATION, PRIOR SUICIDE ATTEMPT AND INTENTIONAL OVERDOSE IN PEOPLE WITH OUD

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Background

People with opioid use disorder (OUD) have higher rates of suicidal ideation than the general population. We aimed to assess SI prevalence in people with OUD, and associations with demographics, drug use, mental health (MH), and infectious diseases.

Methods

LOOP is a prospective cohort study of individuals with OUD within 3 years in Washington, DC and Baltimore, MD in the United States. Participants complete surveys assessing demographics, behaviors and sleep (PSQI). Suicidal ideation (SI) is assessed by PHQ-9, DSM-V Crosscutting and ASQ. Fisher's exact test was used for statistical analysis.

Results

121 participants were predominantly cis-male(83,68%), middle-aged(57yo), and Black(105,85%). Nineteen(16%) participants endorsed SI at screening.

Of people who endorsed SI, 7(37%) had thoughts of hurting him/herself, and 17(89%) had thoughts that they would be better off dead, though none(0%) endorsed an active plan. At the time of SI, 11(58%) reported engagement in MH-care, and those not engaged were all(8,100%) interested in MH referral.

When comparing people with and without SI, those with SI were significantly more likely to screen positive for depression(84% vs 29%; $p=0.0001$), anxiety(83% vs 50%; $p=0.01$), and poor sleep(95% vs 61%, $p=0.003$). They were also more likely to endorse prior suicide attempt(64% vs 18%; $p=0.001$) and to endorse physical abuse(39% vs 12%; $p=0.009$). There was no significant difference in drug use frequency, injecting drug use, being on medication for OUD($P>0.05$) or prior overdose(79% vs 60%; $p=0.19$). However, people with SI were more likely to endorse history of intentional overdose(29% vs 5%; $p=0.008$). There was no significant difference in HIV status, rates of HCV infection, treatment or cure($p>0.05$).

Conclusions

In this cohort of people with OUD, we found high rates of SI associated with depression, anxiety, history of suicide attempt and intentional overdose, but notable willingness to engage in mental healthcare. Screening and interventions to address mental health and SI are critical to reduce OUD related deaths.

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