

# Patient interest in integrating treatment for suicide prevention into treatment for chronic pain



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## Background

- ❖ Individuals with chronic pain are twice as likely to die by suicide as compared to the general population (Racine, 2018; Tang, & Crane, 2006).
- ❖ Patients with chronic pain rarely access mental health services (Edmond et al., 2018), with a greater proportion of these patients accessing primary care, rather than psychological care, in the year prior to suicide (Luoma, Martin, & Pearson, 2002).
- ❖ This suggests that one way to better treat suicidality among patients with chronic pain is integrating suicide prevention treatment into primary care.
- ❖ Little work has evaluated patients' interest in pain and suicide prevention treatments, or referrals provided by physicians for these types of treatments.
- ❖ Therefore, the goal of this study was to understand what types of interventions patients with chronic pain and self-reported hopelessness are interested in receiving, and if preferred treatments are recommended to them by physicians.

## Participants

- ❖ We surveyed 1,090 patients with chronic pain via Amazon's Mechanical Turk (Mturk), with data collected via PsychData.
- ❖ To participate, individuals had to report chronic pain, hopelessness, be over 18, and be eligible to receive healthcare in the U.S.

Table 1: Sample Demographics

Demographics	Statistic
Age	$M = 37.43$ ( $SD = 11.846$ )
Race	White (76.9%)
Gender	Female (59.6%)
Work	Employed full-time (52.3%)
Veteran status	Veteran or active duty (10.9%)
Community status	Rural (39.3%)

## Measures

- ❖ Patients were asked about their interest in, and if they had received recommendations for, treatments for pain (i.e., Cognitive Behavioral Therapy, Health Coaching, Behavioral Activation, Mindfulness, Positive Practice, and medication for pain), hopelessness (i.e., Suicide Prevention Treatment and medication for depression), and integrated pain and hopelessness (i.e., Problem-solving Therapy).
- ❖ Items about treatment interest were scored on a 4 point Likert scale from "yes very interested" to "not interested at all" while recommendation receipt items were scored dichotomously (Y/N).

## Results

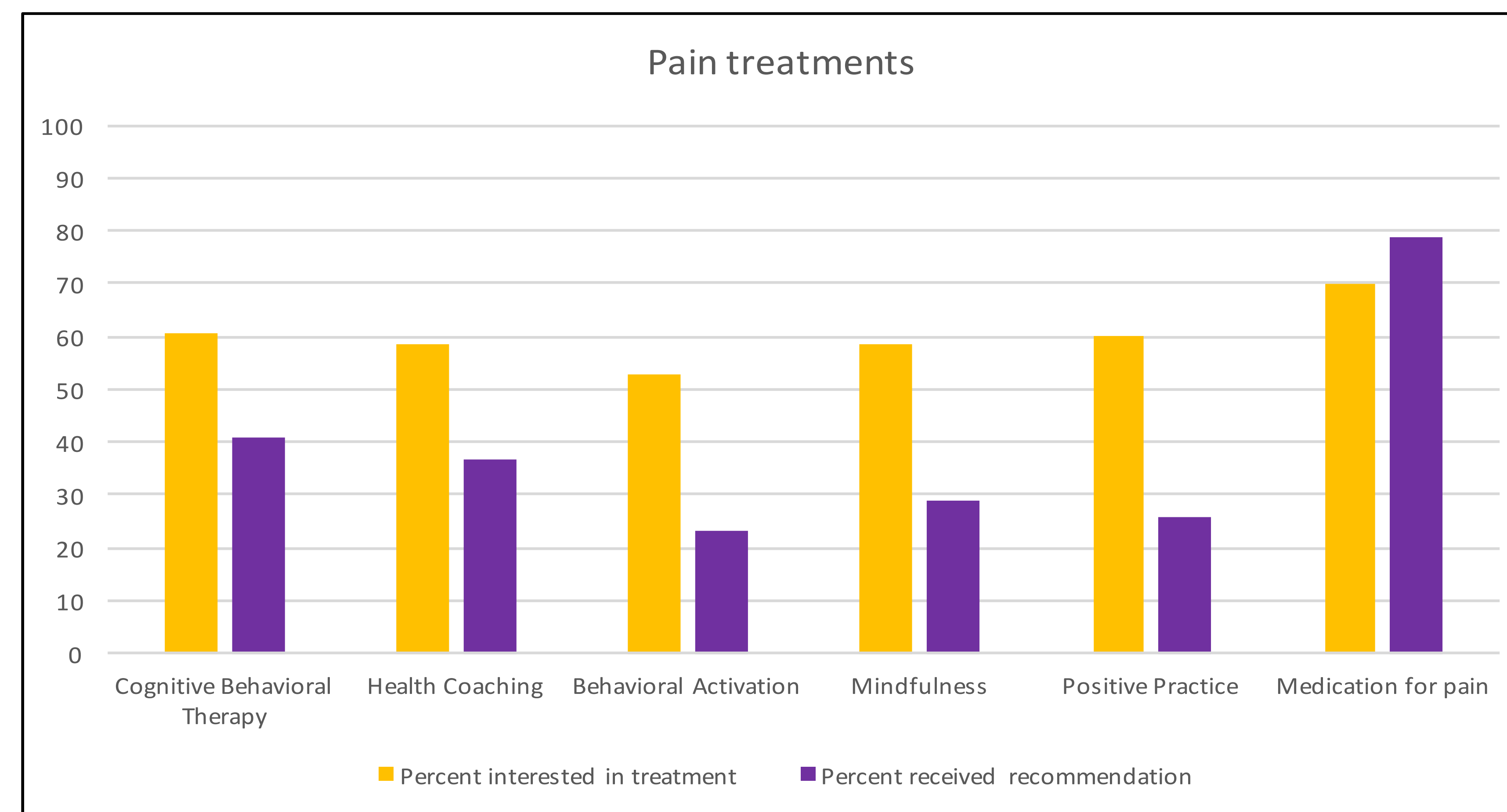


Figure 1: Interest and received recommendations for pain treatments

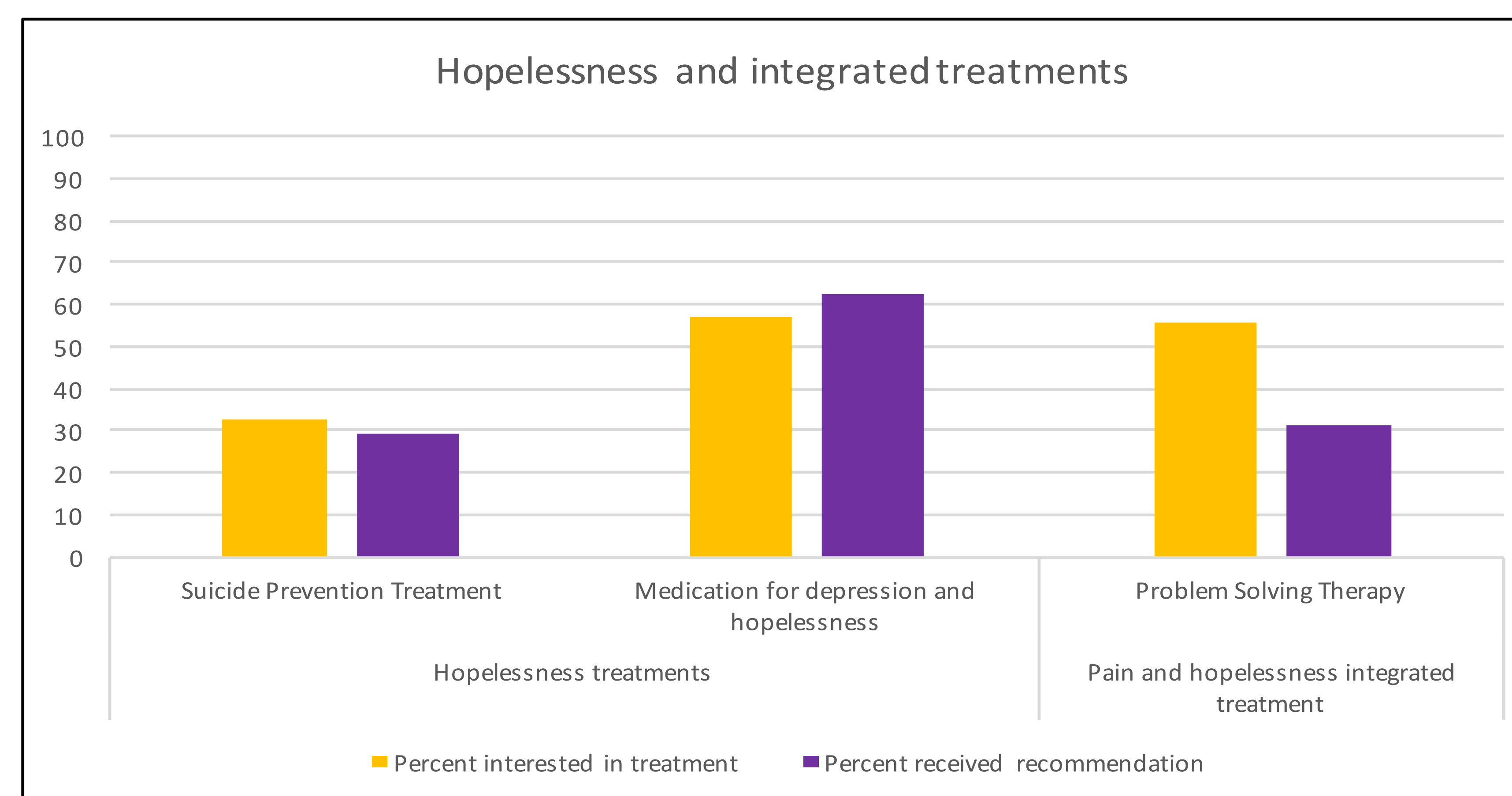


Figure 2: Interest and received recommendations for hopelessness and integrated treatments

Table 2: Interest and Recommendation Frequencies

Treatment foci	Treatments	Interest in treatment	Received recommendations
Pain	Cognitive Behavioral Therapy	60.60%	41.10%
	Health Coaching	58.80%	36.80%
	Behavioral Activation	53%	23.30%
	Mindfulness	58.60%	29.10%
	Positive Practice	60.20%	26%
	Medication for pain	70.10%	78.80%
Hopelessness	Suicide Prevention Treatment	32.40%	29.40%
	Medication for depression and hopelessness	56.90%	62.30%
Integrated	Problem Solving Therapy	55.70%	31%

- ❖ Respondents were more interested in medication for pain (70.1%) than medication for hopelessness (56.9%).
- ❖ Patients were more interested in non-pharmacological treatments for pain (53.0% - 60.6%) and integrated treatment (55.7%), as compared to non-pharmacological hopelessness treatment (32.4%).
- ❖ Doctors recommend pharmacological treatments (62.3% - 78.8%) more than non-pharmacological treatments for pain (23.3% - 41.1%), hopelessness (29.4%), or pain and hopelessness (31.0%).

## Conclusions

### Discussion and Implications

- ❖ People with chronic pain are interested in suicide prevention treatment if it's integrated with pain treatment.
- ❖ One method of effective suicide prevention for this patient population may be **integrating suicide prevention treatments into primary care for pain**.
- ❖ The majority of patients reported interest in both pain and integrated pain and hopelessness non-pharmacological treatments, despite physicians rarely recommending these treatments.
- ❖ **Increasing non-pharmacological treatment recommendations for patients with chronic pain** may improve patient access to treatments which can mitigate suicide risk.

### Future Directions

- ❖ Future consideration should be given to **studying the effectiveness of integrating suicide prevention within primary care for chronic pain**.