***Citation:***

* Winograd, D., Brunkow, A., Cannon, M., Long, P., Kimber, J., & McAndrew, L. (2020, August). *Patients interest in integrating treatment for suicide prevention into treatment for chronic pain.* Poster to be presented at the 128th Annual Convention of the American Psychological Association, Washington, D.C.

**Patients interest in integrating treatment for suicide prevention into treatment for chronic pain**

Darren Winograd, Alye Brunkow, Margeaux Cannon, Phoebe Long, Justin Kimber, Lisa M. McAndrew

**Background.** Patients with chronic pain are at elevated risk for suicidal ideations and suicide attempts (Ratcliffe, Ennus, Belik, & Sareen, 2008), however, few receive treatment for their suicide risk. Only one-third of individuals with chronic pain who die by suicide receive mental-health services within the year prior to suicide (Luoma, Martin, & Pearson, 2002). They do receive treatment for their medical health concerns. Nearly three-fourths of individuals who die by suicide receive medical care in the year prior (Luoma, Martin, & Pearson, 2002). This suggests opportunities to incorporate suicide prevention interventions into treatment for medical conditions, such as pain. The goal of this study was to understand the types of intervention patients with chronic pain and suicide risk are interested in receiving.

**Methods.** The current study was conducted using a national, online, and anonymous survey of 1,090 chronic pain patients. The survey evaluated individual’s interest in seeking behavioral treatment for pain, for hopelessness, along with doctor recommendations.

**Results.** We found individuals with chronic pain and suicide risk were largely not interested in receiving behavioral treatment (33%) or medication (30%) for their hopelessness. They were interested in receiving treatment for their chronic pain including cognitive behavioral therapy (60%), health coaching (59%) behavioral activation (53%), mindfulness (59%) or medication (70%). They were also interested in receiving an integrated problem-solving treatment for chronic pain and hopelessness (55%). Medical providers largely did not recommend behavioral treatments for: hopelessness (30%), pain (23%-41%) or integrated pain and hopelessness (31%). Providers did recommend medication for hopelessness (62%) and pain (78.7%).

**Conclusions.** Results indicate that individuals with chronic pain and hopelessness are not regularly interested in behavioral or medication treatment for hopelessness. They are interested in receiving behavioral and medication treatment for their pain. Importantly, they were also interested in receiving behavioral treatment that integrates treatment for hopelessness within treatment for their chronic pain. Future research should examine the efficacy of integrating suicide prevention treatment into care for chronic pain.

**References**

Luoma, J. B., Martin, C. E., & Pearson, J. L. (2002). Contact with mental health and primary care providers before suicide: A review of the evidence. American Journal of Psychiatry, 159(6), 909–916. https://doi.org/10.1176/appi.ajp.159.6.909

Ratcliffe, G. E., Enns, M. W., Belik, S.-L., & Sareen, J. (2008). Chronic pain conditions and suicidal ideation and suicide attempts: An epidemiologic perspective. *The Clinical Journal of Pain*, *24*(3), 204–210. https://doi.org/10.1097/ajp.0b013e31815ca2a3