Individual- and population-level effects of childhood adversity and emotional problems on early-onset suicide plans and/or attempt(s)

The Harvard community has made this article openly available. Please share how this access benefits you. Your story matters

Citation

Published Version
doi:10.1186/2049-3258-73-S1-P39

Citable link
http://nrs.harvard.edu/urn-3:HUL.InstRepos:22856828

Terms of Use
This article was downloaded from Harvard University’s DASH repository, and is made available under the terms and conditions applicable to Other Posted Material, as set forth at http://nrs.harvard.edu/urn-3:HUL.InstRepos:dash.current.terms-of-use#LAA
Individual- and population-level effects of childhood adversity and emotional problems on early-onset suicide plans and/or attempt(s)

Philippe Mortier¹, K Demyttenaere², RP Auerbach³, JG Green⁴, RC Kessler⁵, G Kiekens², MK Nock⁶, R Bruffaerts²

From Methods in Epidemiology Symposium
Leuven, Belgium. 17 September 2015

Background
Childhood adversity and emotional problems are strong and potentially modifiable predictors for early-onset severe suicidal thoughts and behaviors (STB).

Objectives
To identify individual-level and population-level risk factors for STB in young people.

Methods
Web-based selfreport data from incoming KULeuven freshmen (n=4,921; RR=65.4%) were used to calculate multivariate odds ratios (OR), and multivariate population attributable risk proportions (PARP) for the association between lifetime suicide plans and/or attempt(s) on the one, and six types of childhood adversity and 6 types of emotional problems on the other hand.

Results
Lifetime prevalence (P) of suicide plans and/or attempt(s) was 6.9% (SE=0.3) with an average age of onset of 14.3 years (SE=0.2; SD = 2.5). Multivariate associations were found with frequent victimization of childhood abuse at home (p=3.4%; SE=0.3; OR=3.8; PARP=10.4%), frequent childhood bully victimization (p=10.1%; SE=0.5; OR=2.4; PARP=13.5%), lifetime risk for internalizing disorders (p=37.0%; SE=0.5; OR=6.5; PARP=65.7%), one or more eating disorder symptoms (p=12.0%; SE=0.3; OR=2.6; PARP=15.5%), and one or more psychotic symptoms (p=7.5%; SE=0.3; OR=3.3; PARP=12.0%).

Limitations
The cross-sectional study design precludes causal inference, and college student findings may not be fully representative for early-onset STB among the general population.

Conclusion
Early-onset STB is mostly attributable to proximal risk factors such as internalizing mental disorders, eating disorders, and psychotic symptoms. However, distal risk factors like bully victimization and childhood abuse also play a considerable role in the onset of STB among young people. In terms of prevention, our data suggest that resources should preferably be allocated to the early detection of internalizing disorders.

Authors’ details
¹KULeuven, Leuven, Belgium. ²Research Group Psychiatry, Department of Neurosciences, KU Leuven University, Leuven, Belgium. ³Harvard Medical School; McLean Hospital, Center for Depression, Anxiety and Stress, Belmont, MA, USA. ⁴School of Education, Boston University, Boston, MA, USA. ⁵Harvard Medical School, Department of Health Care Policy, Harvard University, Cambridge, MA, USA. ⁶Department of Psychology, Harvard University, Cambridge, MA, USA.

Published: 17 September 2015

doi:10.1186/2049-3258-73-S1-P39
Cite this article as: Mortier et al. Individual- and population-level effects of childhood adversity and emotional problems on early-onset suicide plans and/or attempt(s). Archives of Public Health 2015, 73(Suppl 1):P39.