

Religiosity and suicidality among patients with Bipolar Disorder

Carolina Olmos, M.D.^{1,2}, Sudhakar Selvaraj, M.D. PhD¹, Lokesh Shahani M.D.², Jair C. Soares, M.D. PhD^{1,2} and Marsal Sanches, M.D., PhD^{1,2}.

¹UT Center of Excellence on Mood Disorders, Department of Psychiatry and Behavioral Sciences, UT Health McGovern Medical School, Houston, TX

²UT Harris County Psychiatric Center, Department of Psychiatry and Behavioral Sciences, UT Health McGovern Medical School, Houston, TX

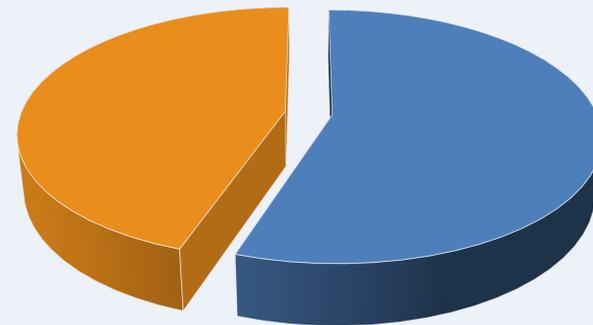
Background

- The relationship between religiosity and suicide risk has been regarded as an area of great interest, not only from an academic perspective but also due to its potential clinical implications
- While several studies indicate that religiosity is a protective factor against suicidal behaviors, it is not clear if that protective effect is consistent across specific diagnostic categories
- We carried out a study to assess the impact of religiosity on suicidal behavior among inpatients with bipolar disorder (BD)

Methods

- Our sample consisted of 346 inpatients (174 males, 172 females; mean age = 32.71 +/-10.70 years) who met DSM-IV criteria for BD
- All patients completed the Duke University Religion Index questionnaire (DUREL) upon admission
- Patients with (n=155) and without (n=191) a history of suicidal attempts (SA) were compared with regards to the different dimensions of the DUREL: organizational religiosity (ORA), non-organizational religiosity (NORA), and intrinsic religiosity (IR).
- The statistical analysis was performed using the Student “t” test, and a 0.05 significance level was adopted

Sample Distribution Regarding History of Suicide Attempts

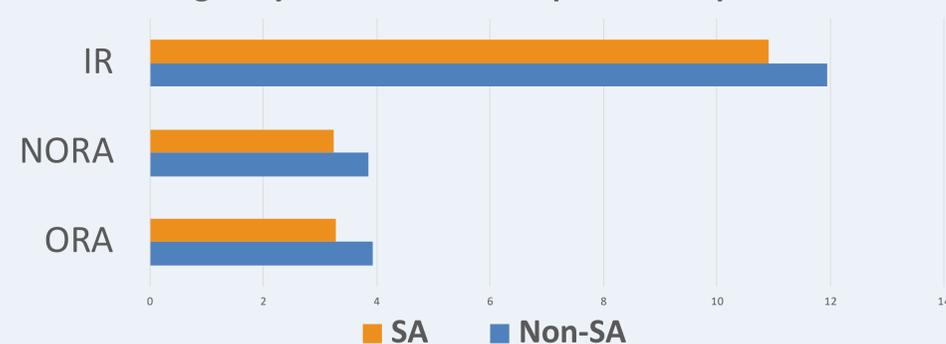


■ Non Suicide Attempters (n=191) ■ Suicide Attempters (n=155)

Results

- Statistically significant higher religiosity scores were found among patients without a history of suicide attempts compared to the ones with a positive past history of suicide attempts in all three dimensions of the DUREL questionnaire (ORA: 3.92 vs. 3.28, p<0.001; NORA: 3.85 vs. 3.24, p<0.002; 11.95 vs. 10.90, p<0.006)

Religiosity and suicide attempts in BD inpatients



ORA: Organizational religious activities; NORA: Non-organizational religious activities, IR: Intrinsic religiosity, SA: Suicide Attempters, Non-SA: Non-Suicide Attempters

Conclusion

- Our results are in agreement with previous findings supporting the role of religiosity as a protective factor against suicidal behavior
- It also suggests that this protective role is specifically present among inpatients with BD
- Considering the potential impact of religiosity in suicidal behavior, having a deeper assessment of patient’s religiosity might have an increased importance in evaluating risk factors for these patients
- Future studies are still needed with larger samples in more variable conditions, to improve our understandings of this protective factor

References

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