Quality of life in patients with nonsuicidal self-injury: the role of suicidal ideation.  
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Table 1: Demographics

|                      | NSSI (N=13) | NSSI (N=39) | p-value |
|----------------------|-------------|-------------|---------|
| Age                  | 25.62 (5.6) | 25.82 (5.38) | 0.815*  |
| Gender               |             |             |         |
| Male                 | 2 (15.4%)   | 4 (10.5%)   | 0.728** |
| Female               | 11 (84.6%)  | 35 (89.5%)  |         |
| Educational level    |             |             |         |
| High school          | 0 (0%)      | 3 (7.7%)    | 0.227** |
| College              | 3 (23.1%)   | 9 (23.1%)   |         |
| Higher education     | 5 (38.5%)   | 12 (30.8%)  |         |
| completed            | 6 (46.2%)   | 16 (41.0%)  |         |
| Occupation status    |             |             |         |
| Specialist           | 6 (46.2%)   | 20 (51.3%)  | 0.728** |
| Technical personal   | 2 (15.4%)   | 9 (23.1%)   |         |
| Student              | 5 (38.5%)   | 9 (23.1%)   |         |
| No occupation        | 0 (0%)      | 3 (1.6%)    |         |
| Source of income     |             |             |         |
| Salary               | 4 (30.8%)   | 16 (41.0%)  | 0.259** |
| Family support       | 8 (61.5%)   | 23 (59.0%)  |         |
| Pension              | 1 (7.7%)    | 0 (0%)      |         |
| Marital status       |             |             |         |
| Single               | 4 (30.8%)   | 16 (41.0%)  | 0.111** |
| Married              | 3 (23.1%)   | 7 (17.9%)   |         |
| Other relationship   | 6 (46.2%)   | 8 (20.5%)   |         |
| Schizophrenia spectrum disorder | 0 (0%) | 15 (41.0%) | 0.317** |
| Bipolar              | 1 (7.7%)    | 13 (33.3%)  |         |
| Depressive disorder  | 5 (38.5%)   | 18 (46.2%)  | 0.503   |
| Anxiety and stress disorders | 2 (15.4%) | 8 (20.5%)   | 0.275** |
| Personality disorder | 5 (38.5%)   | 7 (17.9%)   | 0.417** |

*Mann-Whitney U test; **Fisher’s exact test

Table 2: Scores on the WHOQOL-100

|                      | mean (SD) | p-value |
|----------------------|-----------|---------|
| Physical health      | 10.54 (2.80) | <0.001  |
| Pain/discomfort      | 10.85 (2.79) | 0.318   |
| Energy and fatigue   | 9.08 (3.50)  | 0.202   |
| Sleep and rest       | 12.00 (4.37) | 0.339   |
| Psychological        | 11.31 (2.82) | 0.202   |
| Positive feelings    | 12.00 (3.16) | 0.201   |
| Thinking, learning, memory and concentration | 12.08 (2.98) | 0.207   |
| Self-esteem          | 12.31 (3.64) | 0.203   |
| Social image and appearance | 12.61 (3.90) | 0.048   |
| Negative feelings    | 9.29 (3.75)  | 0.035   |
| Level of independence | 12.77 (5.17) | 0.077   |
| Mobility             | 15.46 (4.77) | 0.055   |
| Activities of daily living | 12.54 (5.67) | 0.024   |
| Dependence on medicinal substances and medical aids | 11.54 (4.36) | 0.070   |
| Work capacity        | 12.88 (3.53) | 0.098   |
| Social relations     | 12.74 (2.68) | 0.036   |
| Personal relationships | 11.31 (2.91) | 0.247   |
| Social support       | 14.08 (4.77) | 0.251   |
| Sexual activity      | 12.85 (5.17) | 0.078   |
| Environment          | 13.32 (2.14) | 0.056   |
| Freedom, physical safety and security | 12.88 (3.06) | 0.043   |
| Home environment     | 13.59 (4.91) | 0.032   |
| Financial resources  | 9.32 (3.17)  | 0.384   |
| Health and social care: accessibility and quality of life | 13.85 (3.92) | 0.027   |
| Opportunities for acquiring new information and skills | 16.38 (2.84) | 0.016   |

Introduction

Lower quality of life (QoL) scores are associated with suicidal behavior, both in the general population and in psychiatric patients. Nonsuicidal self-injury (NSSI) behavior is a public health concern because of its increasing prevalence and high risk of lifetime suicide attempt. Despite its significance, QoL in patients with NSSI is underinvestigated. There is a gap in knowledge on the influence of suicidal ideation (SI) on certain domains and facets of QoL in patients with NSSI.

Objectives

To assess the impact of SI on QoL in patients with NSSI.

Methods

We conducted a case-control study (1:3): 13 consecutive patients (11 female) with non-psychotic mental disorders and NSSI without lifetime SI were compared to 39 age and gender matched patients with NSSI and SI. All patients were evaluated by a psychiatrist, underwent Self-Injurious Thoughts and Behaviors Interview (Nock MK et al., 2007) and filled out the World Health Organization Quality of Life Assessment 100 (WHOOQOL-100). Mann-Whitney and Fishers exact test were used as statistical methods.

Results

The overall QoL (p=0.001) and the perception of life (p=0.005) were significantly higher in patients without SI. Patients with SI had a lower scores in psychological (p=0.002), social (p=0.036) and spiritual (p=0.005) domains as well as lower rates in energy (p<0.02); positive emotions (p=0.001); thinking, learning, memory and concentration (p=0.007); self-esteem (p=0.013); negative emotions (p=0.035); activities of daily living and participation (p=0.014) and opportunities for recreation/leisure facets (p=0.007).

Discussion

Although earlier research has highlighted that psychiatric comorbidity significantly impact patients’ QoL, few studies have examined the relationship between NSSI and QoL, and no data were available on the impact of SI on QoL among psychiatric patients with NSSI. Although we cannot establish a causal relationship, it is clear that SI is associated with worse quality of life in people with NSSI, disregarding any type of psychiatric comorbidity.

Conclusion

SI in people with NPMD and NSSI is associated with severe QoL impairment, suggesting different therapeutic and rehabilitation approaches.