Sleep **Deprivation &** Suicidality in Adolescent Males

PRESENTERS:

Lubna Qureshi, BSN, RN Tracy R. Vitale, DNP, RNC-OB, C-EFM, NE-BC Cheryl Holly, EdD, RN, ANEF, FNAP

BACKGROUND

- Sleep deprivation and insomnia is associated with self-harm behaviors, suicidal ideation and suicidal attempts in adolescents (1, 3, 4).
- Suicide: 2nd leading cause of death in US (2).
- Global increase: 7.4 to 10.3 per 100,000 (5)
- 2010 to 2019, adolescent suicide mortality increased significantly from 18.5 to 22.4/100,000 in males VS. 5.2 to 6.8/100,000 in females (6)

WHY ADOLESCENT MALES?

The number of completed deaths by suicides in adolescent males is higher than females*



Adolescent males are UNDERSERVED in "health-care delivery systems, public health and policy, and research arena"

METHODOLOGY

KEYWORDS: Adolescent; depression; dyssomnia; gender; Insomnia; mental health; suicidal behavior; suicide; sleep deprivation; sleep disturbance; sleep duration; students.

Types of Participants

Adolescent male between the ages of 13 and 18 (± 1) , that engaged in suicidal behavior; have suicidal thoughts, attempted or have died by suicide and reported disturbed sleep. Any country of origin, race, ethnicity, socio-economic status, or educational level. Settings

Primary care clinics, acute care hospital, community mental health centers, schools, and private practices. **Methodological Quality**

Studies assessed independently by two reviewers for methodological validity prior to inclusion, appraised to meet criteria and extracted using JBI SUMARI.

RESULTS

Insufficient sleep is associated with an increased likelihood of suicidal ideation, planning and attempts in adolescent males.

	Study	Participant characteristics	Groups	Outcomes measured	Main description of results
	Jang SI,	Adolescent	Total 5244	18% sleep	(OR)=0.96, 95% (CI)=0.84 to 1.09
	Lee KS,	males	adolescent	deprived	(Suicidal Ideation)
	Park EC.	(7-12th	males		(OR)=0.94, 95% (CI)=0.72 to
	2013.	grade)	944 reported		1.22(Suicidal Attempts)
			sleep		
n			deprivation		
	Park WS,	Adolescent	Total 24371	77% sleep	N=2178
	Kim S,	males	adolescent	deprived	9.09% reported Suicidal ideation
	Kim H.	(7-12th	males		
les	2019.	grade)	18829		
*			reported		
			sleep		
n			deprivation		
	Gong Q,	Adolescent	Total 768	21% sleep	(OR)=2.18, 95% (CI)=1.97 to 3.98
	Li S,	males	adolescent	deprived	(Suicidal Ideation)
	Wang S,	(7th grade)	males		(OR)=2.97, 95% (CI)=1.39 to 6.38
a;	Li H, Han	Data collected	159 reported		(Suicidal Attempts)
	L. 2020.	2016 and 2018	sleep		*Adjusted odds ratio after logistic analysis
		for follow up	deprivation		from follow up study

NATIONAL SUBJECTION PREVENTION 1-800-273-TALK (8255) suicidepreventionlifeline.org

The Healthy People 2030 objective is to reduce the rate of suicide attempts from 8.9 to 1.8 attempts per 100 adolescents. (health.gov)

Excluding some Asian countries such as India. Sri Lanka and China as well as ba. Ecuador and El Salvador, the ideation and attempts are however higher n females than in males in all reported studies



DISCUSSION

• The prevalence rates in the included studies provide adequate support to better understanding the impact sleep deprivation has on suicidal and self injurious behaviors in male youth.

• The data provided in this review requires devoting additional efforts in highlighting the need for suicide prevention studies and the issues surrounding overall mental health for this population.

 More understanding of mediating factors is needed to target the interventions such as cellphone use, alcohol and drug use, as well as co-occurring neurological or physiological disorders (narcolepsy, sleep apnea).

SUSTAINABILTY EVIDENCE TRANSLATION

Findings of this review will be included in quality improvement project in developing a pilot study to include sleep screening at intake to address sleep in a child and adolescent partial unit.

IMPLICATIONS:

Clinical Practice

This review supports the need for routine and thorough assessment for sleep disturbances and/or sleep hygiene in young adolescent males and intervene as early as possible.

Healthcare Policy

The prevalence reported in this review define the need for improved screening, increased education, better research and overall improved coordination of care in the community.

Quality/Safety

The project emphasizes the need for better detection of sleep problems to decrease related injuries and/or fatalities.

Economics

Addressing sleep deprivation related suicidality has a clear fiscal incentive and doing so can save costs for the entire healthcare system.

- https://doi.org/10.1192/bjp.bp.114.146514
- https://doi.org/10.1136/bmjopen-2015-008766
- Medicine, 15(2), 248–254. <u>https://doi.org/10.1016/j.sleep.2013.11.780</u>
- https://doi.org/10.1016/j.jadohealth.2015.09.014
- https://apps.who.int/gho/data/node.main.MHSUICIDEASDR?lang=en.
- and-mental-disorders/reduce-suicide-rate-mhmd-01



1. Hysing, M., Sivertsen, B., Stormark, K. M., & O'Connor, R. C. (2015). Sleep problems and self-harm in adolescence. The British Journal of Psychiatry, 207(4), 306–312.

2. Ivey-Stephenson, A. Z., Demissie, Z., Crosby, A. E., Stone, D. M., Gaylor, E., Wilkins, N., Lowry, R., & Brown, M. (2020). Suicidal Ideation and Behaviors Among High School Students—Youth Risk Behavior Survey, United States, 2019. MMWR Supplements- Centers for Disease Control and Prevention, 69(1), 47–55. https://doi.org/10.15585/mmwr.su6901a6 3. Kim, J.-H., Park, E.-C., Lee, S. G., & Yoo, K.-B. (2015). Associations between time in bed and suicidal thoughts, plans and attempts in Korean adolescents. BMJ Open, 5(9), 3-9.

4. Sarchiapone, M., Mandelli, L., Carli, V., Iosue, M., Wasserman, C., Hadlaczky, G., Hoven, C. W., Apter, A., Balazs, J., Bobes, J., Brunner, R., Corcoran, P., Cosman, D., Haring, C., Kaess, M., Keeley, H., Keresztény, A., Kahn, J.-P., Postuvan, V., ... Wasserman, D. (2014). Hours of sleep in adolescents and its association with anxiety, emotional concerns, and suicidal ideation. Sleep

5. Kõlves, K., & De Leo, D. (2016). Adolescent Suicide Rates Between 1990 and 2009: Analysis of Age Group 15–19 Years Worldwide. Journal of Adolescent Health, 58(1), 69–77.

6. World Health Organization. (2021, February 9). GHO Suicide rate estimates, age-standardized - Estimates by country. World Health Organization.

7. Reduce the suicide rate - MHMD-01. Reduce the suicide rate - MHMD-01 - Healthy People/objectives-and-data/browse-objectives/mental-health-